

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155505	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/30/2016
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NAME OF PROVIDER OR SUPPLIER ROBIN RUN HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6370 ROBIN RUN W INDIANAPOLIS, IN 46268
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00203173 and IN00203778.</p> <p>Complaint IN00203173 - Substantiated. Federal/State deficiencies related to the allegations are cited at F 508.</p> <p>Complaint IN00203778 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: June 29 & 30, 2016</p> <p>Facility number: 001156 Provider number: 155505 AIM number: 100453350</p> <p>Census bed type: SNF: 19 SNF/NF: 36 Total: 55</p> <p>Census payor type: Medicare: 9 Medicaid: 29 Other: 17 Total: 55</p> <p>Sample: 14</p> <p>This deficiency reflects state findings in</p>	F 0000	<p>The following is the Plan of Correction for Robin Run Health Center regarding the Statement of Deficiencies dated 6/30/16. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specifications in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective. We are respectfully requesting Paper Compliance for this Plan of Correction</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0508 SS=D Bldg. 00	<p>accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 7/5/16 by 29479.</p> <p>483.75(k)(1) PROVIDE/OBTAIN RADIOLOGY/DIAGNOSTIC SVCS The facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on record review and interview, the facility failed to ensure an x-ray was obtained timely for 1 of 3 residents reviewed for x-ray orders (Resident B).</p> <p>Finding includes:</p> <p>The record for Resident B was reviewed on 6/29/16 at 2:40 p.m. Diagnoses included, but were not limited to, osteoarthritis, chronic kidney disease and lower extremity edema.</p> <p>A physician's note, dated 5/6/16, indicated Resident B had been complaining of increased hip pain over the last couple of days but did not seem in pain at the time of the visit. The physician's plan was to obtain 2 x-ray views of the resident's left hip and continue the pain medication.</p> <p>A physician's order, dated 5/6/16,</p>	F 0508	<p>It is the practice of the provider to ensure that all ordered x-rays are obtained timely. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The radiology service that was ordered for Resident B was completed on May 11, 2016.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? A review has been completed, and there are no other residents with outstanding radiology orders. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Members of the licensed nursing staff were reminded of the importance of processing orders in a timely manner during</p>	07/11/2016

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	<p>indicated 2 views of the left hip were to be obtained.</p> <p>The Nursing Progress Notes, dated 5/6/16, did not indicate the physician visited or wrote physician's orders.</p> <p>A Nursing Progress Note, dated 5/11/16 at 10:30 p.m., indicated the x-ray company was present to x-ray the resident's left hip.</p> <p>The Nursing Progress Notes from 5/6/16 through 5/11/16 at 10:30 p.m. did not indicate an x-ray had been ordered or scheduled.</p> <p>The "Date of Service" on the x-ray report was 5/11/16, which was 5 days after the order was written.</p> <p>During an interview on 6/30/16 at 3:50 p.m., the Administrator indicated she had been informed of the time lapse between the x-ray order and the actual x-ray being done by the resident's family member. The Administrator indicated she had been unable to find a reason or explanation for the delay in obtaining the x-ray.</p> <p>At 4:10 p.m. on 6/30/16, the Administrator indicated she was unable to find a policy or procedure for obtaining x-rays.</p>		<p>meetings held the week of June 27th, 2016. The Director of Clinical Services/Designee will maintain a daily log to track radiology service orders. Any time that this review identifies a need for targeted education with a member of the licensed nursing staff regarding timely processing of new orders, the education will take place promptly. How the corrective action(s) will be monitored to ensure that deficient practice will not recur, i.e., what quality assurance program will be put into place? The daily log will be reviewed by the Interdisciplinary Team in the Morning Clinical Meeting daily ongoing. We are respectfully requesting Paper Compliance for this Plan of Correction</p>	

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	<p>At 4:10 p.m. on 6/30/16, the DCS (Director of Clinical Services) indicated she expected an order for an x-ray to be noted on the day it was written and the x-ray obtained that day.</p> <p>This federal finding relates to Complaint IN00203173.</p> <p>3.1-49(f)(1)</p>				