

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155505	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  02/29/2016
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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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K 0000  Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 02/29/16</p> <p>Facility Number: 001156 Provider Number: 155505 AIM Number: 100453350</p> <p>At this Life Safety Code survey, Robin Run Health Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has smoke detectors hard wired to the nurses call system in all resident sleeping rooms. The facility has a capacity of 84 and had</p>	K 0000	<p>The following is the Plan of Correction for Robin Run Health Center regarding the Statement of Deficiencies dated 2/29/16. 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.</p>	
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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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K 0046 SS=C Bldg. 01	<p>a census of 80 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached maintenance building which was not sprinklered.</p> <p>Quality Review completed on 03/04/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1 1/2 hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1.</p> <p>Based on record review, observation and interview; the facility failed to document testing of emergency lighting in accordance with LSC 7.9 for 2 of 2 battery powered lights for the most recent 12 month period. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires a functional test to be conducted at 30 day intervals for not less than 30 seconds and an annual test to be conducted on every required battery powered emergency lighting system for not less than 1 1/2 -hr duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all</p>	K 0046	<p>It is the practice of the provider to provide automatically emergency lighting of at least 1 1/2 hour duration. <b>What corrective action(s) will be accomplished for those residents found to be affected by the deficient practice?</b> A testing of 90-minute duration was completed for the outside battery powered emergency lights on March 14, 2016. The result was "Pass". <b>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?</b> A testing of 90-minute duration was completed for the outside battery powered emergency lights on March 14, 2016. The result was "Pass". There are no additional battery powered emergency lights in</p>	03/16/2016

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	<p>residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director from 9:20 a.m. to 11:30 a.m. on 02/29/16, documentation of monthly functional testing and annual testing for not less than 1 ½ -hr duration for facility battery powered emergency lights for the most recent twelve month period was not available for review. Based on observations with the Maintenance Director during a tour of the facility from 11:30 a.m. to 1:00 p.m. on 02/29/16, a total of two battery powered emergency lights were noted at the outside emergency generator location and each battery powered emergency light operated when its respective test button was depressed. Based on interview at the time of the observations, the Maintenance Director stated the battery operated lighting systems were installed within the last twelve months after the outside emergency generator was walled in as an enclosure and acknowledged documentation of monthly functional testing and annual testing for not less than 1 ½ -hr duration for the most recent twelve month period for the two battery powered emergency lights located at the outside emergency generator location was not available for review.</p>		<p>operation for the Healthcare Center. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b> The annual testing of not less than 90-minute duration for the battery powered emergency lights will be added to the Preventative Maintenance Program for the Healthcare Center, and completed as required. The 30-day interval function testing for not less than 30 seconds will continue as a part of the Preventative Maintenance Program. The members of the Engineering Department were re-educated on the requirements for function testing of the battery powered emergency lighting on March 16, 2016. This re-education included, but was not limited to, instruction on the 30-second testing at 30 day intervals, and on the 90-minute test annually. <b>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?</b> The Director of Engineering will monitor compliance of this annual testing per the Preventative Maintenance Program schedule. We respectfully request a consideration for Paper Compliance based upon documentation submitted.</p>				

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K 0144 SS=F Bldg. 01	<p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>Based on record review and interview, the facility failed to ensure a monthly load test for the emergency generator was conducted for 12 of 12 months using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a</p>	K 0144	<p>It is the practice of the provider to provide a monthly load test for the emergency generator using the selected appropriate method. <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b> A contractor completed the 30 minute load test on the generator on March 14,2016. The test met the regulatory standard. The members of the Engineering Department were re-educated on the appropriate technique for load testing of the generator on March 16, 2016. This re-education included, but was not limited to, the requirement for the duration of the monthly load test to be no less than 30 minutes. <b>How other residents having the</b></p>	03/16/2016

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	<p>minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Logbook Report" documentation with the Maintenance Director during record review from 9:20 a.m. to 11:30 a.m. on 02/29/16, documentation of monthly load testing for the twelve month period of 03/25/15 through 02/26/16 indicated the maximum duration of exercising the generator during any monthly load test was 22 minutes. Based on interview at the time of record review, the Maintenance Director stated the facility went to a new reporting format where the run time in</p>		<p><b>potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</b> A contractor completed the 30 minute load test on the generator on March 14, 2016. The test met the regulatory standard. The members of the Engineering Department were re-educated on the appropriate technique for load testing the generator on March 16, 2016. This re-education included, but was not limited to, the requirement for the duration of the test to be no less than 30minutes. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b> The members of the Engineering Department were re-educated on the appropriate technique for load testing the generator on March 16, 2016. This re-education included, but was not limited to, the requirement for the duration of the test to be no less than 30 minutes. <b>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?</b> The Director of Engineering will complete the Quality Assurance Performance Improvement Committee audit tool monthly times three (3) months and quarterly thereafter. The audit tool will be reviewed and evaluated by the Committee.</p>		

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	minutes is recorded rather than meter run time for the generator and acknowledged documentation of monthly load testing for the most recent twelve month period did not state the generator was exercised at least once monthly for a minimum of 30 minutes.  3.1-19(b)		We respectfully request a consideration for Paper Compliance based upon documentation submitted.		