

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 09/07/2012	
NAME OF PROVIDER OR SUPPLIER ROBIN RUN HEALTH CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 6370 ROBIN RUN W INDIANAPOLIS, IN 46268			
(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
K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 09/07/12</p> <p>Facility Number: 001156 Provider Number: 155505 AIM Number: 100453350</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru survey, Robin Run Health Center was found not in compliance with 410 IAC 16.2-3.1-19(ff).</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 fire alarm system in all resident sleeping rooms. The facility has a capacity of 84 and had a census of 76 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage. The facility was found in</p>			K0000	<p>I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:No residents were found to have been affected by the alleged deficient practice but twenty residents could be affected. The community will provide sprinkler coverage for the four exterior canopies in Clare Bridge.II. 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:Twenty Clare Bridge residents could be affected by the alleged deficient practice and the community will provide sprinkler coverage for the four exterior canopies in Clare Bridge.III. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:There are only four exterior canopies on Clare Bridge and all four will be sprinkled removing the ability for the alleged deficient practice to recur.IV. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:There are only four exterior canopies on Clare Bridge and all four will be sprinkled removing the ability for the alleged deficient practice to</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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	<p>compliance with the state law in regard to smoke detector coverage.</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 by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/11/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>		<p>recur.The alleged deficient practice will be corrected by end of business on 11/30/2012.</p>		

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide sprinkler coverage for 4 of 4 combustible exterior canopies in the Clare Bridge Hall which were each wider than 4 feet. NFPA 13, 1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under combustible exterior roofs or canopies exceeding 4 feet in width. This deficient</p>	K9999	<p>. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:No residents were found to have been affected by the alleged deficient practice but twenty residents could be affected. The community will provide sprinkler coverage for the four exterior canopies in Clare Bridge.II. 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:Twenty Clare Bridge residents could be affected by the alleged deficient practice and the community will provide sprinkler coverage for the four exterior canopies in Clare Bridge.III. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:There are only four exterior canopies on Clare Bridge and all four will be sprinkled removing the ability for the alleged deficient practice to recur.IV. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:There are only four exterior canopies on Clare Bridge and all four will be sprinkled removing the ability for the alleged deficient practice to recur.The alleged deficient</p>	11/30/2012			

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	<p>practice could affect 20 residents, staff and visitors in Clare Bridge Hall.</p> <p>Findings include:</p> <p>Based on observations with the Director of Plant Operations during a tour of the facility from 9:30 a.m. to 11:00 a.m. on 09/07/12, each of four exterior canopies for the Clare Bridge Hall extended five feet from the building, was of wood construction and was not provided with automatic sprinklers. Based on interview at the time of the observations, the Director of Plant Operations acknowledged each of the four exterior canopies for the Clare Bridge Hall extended five feet from the building, was of wood construction and was not provided with automatic sprinklers.</p> <p>3.1-19(ff)</p>		practice will be corrected by end of business on 11/30/2012.		