

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 001156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/25/2023
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) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Residential Complaints IN00406771, IN00406827, and IN00407295.</p> <p>Complaint IN00406771 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00406827 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00407295 - No deficiencies related to the allegations are cited.</p> <p>Survey date: April 24, and 25, 2023</p> <p>Facility number: 001156</p> <p>Residential Census: 52</p> <p>Robin Run Health Center was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Residential Complaints IN00406771, IN00406827, and IN00407295.</p> <p>Quality review completed on May 4, 2023.</p>	R 000		

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

TITLE

(X6) DATE