

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/31/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155505		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 08/12/2022	
NAME OF PROVIDER OR SUPPLIER ROBIN RUN HEALTH CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 6370 ROBIN RUN W INDIANAPOLIS, IN 46268			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
E 0000 Bldg. --	<p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 06/15/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 08/12/22</p> <p>Facility Number: 001156 Provider Number: 155505 AIM Number: 100453350</p> <p>At this PSR survey to the Emergency Preparedness survey, Robin Run Health Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has 84 certified beds. At the time of the survey, the census was 41.</p> <p>Quality Review on 08/12/22.</p>			E 0000			
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/15/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 08/12/22</p> <p>Facility Number: 001156 Provider Number: 155505 AIM Number: 100453350</p>			K 0000			

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 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 30 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 0354 SS=C Bldg. 01	<p>At this Life Safety Code survey, Robin Run Health Center was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 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 a census of 41 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 on 08/12/22.</p> <p>NFPA 101 Sprinkler System - Out of Service Sprinkler System - Out of Service Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24-hour period, the building or portion of the building affected are</p>						

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	<p>evacuated or an approved fire watch is provided until the sprinkler system has been returned to service.</p> <p>18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25)</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed for the protection of all residents in the event the automatic sprinkler system has to be placed out-of-service for 10 hours or more in a 24-hour period in accordance with LSC, Section 9.7.5. LSC 9.7.5 requires sprinkler impairment procedures comply with NFPA 25. NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 15.5.2 requires nine procedures that the impairment coordinator shall follow. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Watch Procedures" documentation with the Maintenance Director during record review from 10:00 a.m. to 10:25 a.m. on 08/12/22, the fire watch plan for sprinkler system impairment was incomplete. The fire watch policy for automatic sprinkler system impairment failed to state the alarm monitoring company, the building owner and the insurance company would be contacted if the required automatic sprinkler system is out-of-service for 10 hours or more in a 24-hour period. Based on interview at the time of record review, the Maintenance Director agreed fire watch documentation for automatic sprinkler system impairment did not include notification of the alarm monitoring company, the building owner and the insurance company.</p>			K 0354	<p>The following is the Plan of Correction for the deficiencies cited during the Annual Survey Event ID UUU722 dated August 12, 2022. The 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 specific actions in response to identified issues. We have not provided a detailed 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 services and will continue to make changes and improvement to satisfy that objective.</p> <p>K354</p> <p>It is the practice of the provider when the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks</p>		08/31/2022

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	<p>This finding was reviewed with the Maintenance Director during the exit conference.</p> <p>This deficiency was cited on 06/15/22. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>		<p>are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified, including the alarm monitoring company, the building owner and the insurance company if the required sprinkler system is out for 10 hours or more in a 24 hour period.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: All residents could be affected by the alleged deficient practice therefore the facility has updated the Fire Watch Policy. The facility has updated the fire watch plan to include language of if the sprinkler system is out-of-service for 10 hours or more in a 24-hour period the authority having jurisdiction will be notified, including the alarm monitoring company, the building owner and the insurance company.</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: All residents could be affected by the alleged deficient practice therefore the facility has updated the Fire Watch Policy. The facility has updated the fire watch</p>		

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			<p>plan to include language of if the sprinkler system is out-of-service for 10 hours or more in a 24-hour period the authority having jurisdiction will be notified, including the alarm monitoring company, the building owner and the insurance company.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur: The Health Center Maintenance Staff have been educated that the fire watch plan has been updated to include language of if the sprinkler system is out-of-service for 10 hours or more in a 24-hour period the authority having jurisdiction will be notified, including the alarm monitoring company, the building owner and the insurance company.</p> <p>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: As part of the providers Quality Assurance Performance Improvement process, the Maintenance Director of designee will randomly audit of 2 Health Center of Maintenance Staff associates per week for knowledge of the updated Fire Watch Policy. These audits will</p>		

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			be conducted weekly for 90 days and will be reviewed in the monthly QAPI meetings for 90-days. Date of Compliance August 31, 2022		