

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

PRINTED: 06/10/2025

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 00 B. WING		X3) DATE SURVEY COMPLETED 04/25/2025	
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 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
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00455077, and IN00455525.</p> <p>Complaint IN00455077 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00455525 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: April 24, and 25, 2025</p> <p>Facility number: 001156 Provider number: 155505 AIM number: 100453350</p> <p>Census Bed Type: SNF/NF: 54 Residential: 27 Total: 81</p> <p>Census Payor Type: Medicare: 3 Medicaid: 27 Other: 24 Total: 54</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 7, 2025.</p>			F 0000	Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during the Complaint survey 5/21/25		
F 0695 SS=E Bldg. 00	<p>483.25(i) Respiratory/Tracheostomy Care and Suctioning Based on observation, record review, and</p>			F 0695	p="" paraid="72373578"		05/21/2025

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

TITLE

(X6) DATE

Tammy Bledsoe

Executive Director

05/19/2025

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 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>interview, the facility failed to ensure respiratory treatments were provided with professional standards of practice for 2 of 4 residents reviewed for medication administration (Residents C and E).</p> <p>Findings include:</p> <p>During a medication administration observation on 4/25/25 at 8:22 a.m., QMA 10 prepared a nebulizer treatment for Resident E. QMA 10 poured liquids into a nebulizer medication chamber, handed the handheld mouthpiece to the resident, turned on the nebulizer machine, and informed Resident E she would be back in eight (8) minutes to shut off the machine. QMA 10 then left the room. Resident E was not observed having her respiratory status assessed before or after the nebulizer treatment, nor was she monitored during the treatment.</p> <p>1. Resident C's record was reviewed on 4/24/25 at 3:15 p.m. Diagnoses on Resident C's profile included sepsis of an unspecified organism (condition when the body's dysregulated response to an infection cannot be identified), and gastroesophageal reflux disorder (GERD - when acid reflux and heartburn occurs more than twice weekly).</p> <p>Physician's orders for Resident C, included:</p> <p>a. On 4/17/25, albuterol sulfate inhalation nebulizing solution (bronchodilator) 2.5 milligrams(mg) per 3 milliliters (ml) 0.083%, inhale 3 ml orally at bedtime for shortness of breath (SOB).</p> <p>b. On 4/18/25, budesonide inhalation suspension (corticosteroid) 0.5 mg/2 ml, 2 puffs inhale orally twice daily for SOB.</p> <p>A Medication Administration Record (MAR) for Resident C, dated April 2025, indicated 21 of 22</p>				<p>paraeid="{59d204d4-d3e4-40c8-af45-6374c4334120}{4}"&gt;what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident C and E had no adverse effects from observations during survey. A respiratory assessment was completed by nurses on all residents receiving nebulizer treatment. There was no negative outcome from the assessment. The nurses and QMA's were educated on the QMA's scope of practice regarding nebulizer treatment following facility policy. 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 receiving Nebulizer treatment have the potential to be affected. what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; The QMA's will receive education and competencies required for understanding and following what is not in their scope of practice for treatments by the DON/designee. Education will include the oversight of medication passes. Education will be provided during orientation and as indicated by the DON/designee. Licensed nurses and QMA's will be educated on communicating with</p>		

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	<p>documented signatures for administrations of nebulized medications were by QMA's 9, 10, 11, 12, 13, and 14.</p> <p>The resident record lacked a diagnosis supportive of respiratory medications, lacked documentation that Resident C's respiratory status had been assessed by a licensed professional before and after nebulizer treatments had been administered, lacked documentation that the resident was monitored by a licensed professional during nebulizer treatments, and lacked documentation of a care plan related to SOB with interventions to include nebulized treatments.</p> <p>2. Resident E's record was reviewed on 4/25/25 at 11:53 a.m. Diagnoses on Resident E's profile included, but not limited to, acute and chronic respiratory failure with hypoxia (sudden and long-term condition where lungs are unable to provide adequate oxygen to the blood resulting in shortness of breath, rapid breathing, and possibly confusion and cyanosis [bluish tint to the skin]).</p> <p>Physician's orders for Resident E, included: a. On 3/17/25 arformoterol tartrate inhalation nebulization solution (corticosteroid) 15 micrograms (mcg) per 2 ml, inhale 2 ml orally two times a day related to acute and chronic respiratory failure with hypoxia. b. 3/17/25 budesonide inhalation suspension 0.25 mg/2 ml, inhale 2 ml orally two times a day related to acute and chronic respiratory failure with hypoxia.</p> <p>A Medication Administration Record (MAR) for Resident E, dated April 2025, indicated 95 of 98 documented signatures for administrations of nebulized medications were by QMA's 9, 10, 11, 12, 13, 14, 17, and 18.</p>				<p>each other when there is medication and or treatment to be given that is not within the scope of practice for the QMA's. Educate licensed nurses' appropriate assessments for nurses or order set for treatments per policy. 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; and DON/designee will audit to ensure licensed nurses are completing neb resp observation/ assessment for nebulizer treatment 5x/wk. x 4 weeks, then 3x/ wk. x 4 weeks then weekly x 4 months, then as indicated. Audits will be reviewed at least weekly during the morning meeting with the administrator to review compliance. Plan to be updated as indicated by the Quality Assurance Committee. what date the systemic changes for each deficiency will be completed. After submitting an acceptable Plan of Correction, if it is determined that the correction will not be completed by the date previously submitted, The Division needs to be contacted as soon as possible. The facility will need to submit an amended plan of correction with the updated plan of correction date. May 5/22/25</p>		

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	<p>The resident record lacked documentation that Resident E's respiratory status had been assessed by a licensed professional before and after nebulizer treatments had been administered, lacked documentation that the resident was monitored by a licensed professional during nebulizer treatments, and lacked documentation of a care plan related to acute and chronic respiratory failure with hypoxia with interventions to include nebulized treatments.</p> <p>On 4/25/25 at 8:35 a.m., QMA 9 indicated the nurse was responsible for starting the nebulizer. QMA's were not supposed to administer the nebulizer treatment related to infection and resident isolation when a nebulizer was running.</p> <p>On 4/25/25 at 12:25 p.m., Licensed Practical Nurse (LPN) 15 indicated she was the nurse in charge of the health center, but she was a new employee and did not know the QMA responsibilities regarding nebulizer treatments.</p> <p>On 4/25/25 at 12:27 p.m., LPN 16 indicated there were only 2 residents in the health center with orders for nebulizer treatments. QMA's were not allowed to administer nebulizer treatments to the residents.</p> <p>During an interview on 4/25/25 at 1:00 p.m., the Executive Director (ED) indicated the facility had no policy for QMA scope of practice, instead they used State guidelines. The ED indicated that the QMA job description did not have specifics regarding nebulizer treatments, and yearly competencies did not include the QMA score of practice.</p> <p>On 4/25/25 at 10:57 a.m., the ED provided an</p>						

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	<p>Administering Medications through a Small Volume (Handheld) Nebulizer policy, dated October 2010, and indicated the policy was the one currently being used by the facility. The policy indicated, "Preparation: 2. Review the resident's care plan, current orders, and diagnoses to determine the resident needs ...Steps in the Procedure ...6. Obtain baseline pulse, respiratory rate and lung sounds ...17. Remain with the resident for the treatment ...18. Approximately five minutes after treatment begins [or sooner if clinical judgment indicates] obtain the resident's pulse ...26. Obtain post-treatment pulse, respiratory rate and lung sounds ..."</p> <p>The Indiana Qualified Medication Aide (QMA) Scope of Practice, found on the Indiana government website, indicated, "...The following tasks shall not be included in the QMA scope of practice ... [2] Administer medication used for intermittent positive pressure breathing [PPD] treatments or any form of medication inhalation treatments, such as nebulizers ...."</p> <p>3.1-47(a)(6)</p>						