STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155505	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Robin Run Health Center	6370 Robin Run W Indianapolis, IN 46268

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. 38767 Based on observation, record review, and 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). Findings include: 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. 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). Physician's orders for Resident C, included: 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). b. On 4/18/25, budesonide inhalation suspension (corticosteroid) 0.5 mg/2 ml, 2 puffs inhale orally twice daily for SOB. A Medication Administration Record (MAR) for Resident C, dated April 2025, indicated 21 of 22 documented signatures for administrations of nebulized medications were by QMA's 9, 10, 11, 12, 13, and 14. 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. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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]). 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. 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. 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. 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. 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. 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. 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. On 4/25/25 at 10:57 a.m., the ED provided an 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 . (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 3.1-47(a)(6)