

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  08/23/2024
NAME OF PROVIDER OR SUPPLIER  Robin Run Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident when there is a significant change in condition</p> <p>37981</p> <p>Based on record review and interview, the facility failed to initiate a Minimum Data Set (MDS) significant change assessment after a change in condition for 3 of 3 residents reviewed for hospice change in condition (Residents 14 and 49).</p> <p>Findings include:</p> <p>1. On 8/20/24 at 1:35 p.m., Resident 14's record was reviewed.</p> <p>A physician order, dated 6/22/24, indicated for her to be admitted to a local hospice.</p> <p>Her Minimum Data Set (MDS) assessments were reviewed. A significant change was not completed after her admission to hospice.</p> <p>Her diagnoses included, but were not limited to, malignant neoplasm of the pancreas (cancer of the pancreas), Alzheimer's disease (brain disorder), and a history of breast cancer.</p> <p>Her hospice care plan, dated 5/8/24, indicated she was on hospice and would enjoy small group activities.</p> <p>Her cancer care plan, dated 6/24/24, indicated she had a terminal prognosis related to pancreatic cancer and was on hospice.</p> <p>38768</p> <p>2. On 8/20/24 at 11:23 a.m., Resident 49's medical record was reviewed.</p> <p>He was a long-term care resident who resided on the secured memory care unit with a diagnoses which included, but was not limited to, dementia (a degenerative brain disease which includes memory loss and cognitive decline).</p> <p>A physician's order for hospice care was initiated on 3/15/24.</p> <p>A nursing progress note, dated 3/15/24, at 11:40 a.m., indicated Resident 49 had been admitted to hospice.</p> <p>(continued on next page)</p>

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.

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

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  08/23/2024
NAME OF PROVIDER OR SUPPLIER  Robin Run Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Upon review of his MDS assessments, no significant change assessment had been initiated.</p> <p>During an interview on 8/20/24 at 1:38 p.m., the MDS Coordinator indicated the facility followed the Resident Assessment Instrument (RAI) for comprehensive assessment scheduling and a Significant Change Assessment should be completed when a resident was admitted to Hospice.</p> <p>The Centers for Medicare &amp; Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated October 2023, indicated a significant change MDS was required to be performed when a terminally ill resident enrolls in a hospice program or changed hospice providers and remained a resident at the nursing home. The significant change MDS must be completed within 14 days from the effective date of the hospice election. A significant change MDS must be performed regardless of whether an assessment was recently conducted on the resident.</p>

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  08/23/2024
NAME OF PROVIDER OR SUPPLIER  Robin Run Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46414</p> <p>Based on record review, interview, and record review, the facility failed to appropriately code the Minimum Data Set (MDS) with accurate information for 3 of 5 residents reviewed (Resident 11, 1, and 211).</p> <p>Findings include:</p> <p>1. On 8/18/24 at 12:59 p.m., a record review was conducted for Resident 11. She had the following diagnoses which included schizoaffective disorder, diabetes mellitus type 2 (high blood sugar), anxiety disorder, and chronic kidney disease.</p> <p>She had a level II completed on October 28, 2021 due to having schizoaffective disorder. Her MDS, dated [DATE], indicated she did not require a level II assessment.</p> <p>2. On 8/20/24 at 11:01 a.m., a record review was conducted for Resident 1. She had the following diagnoses but not limited to paranoid schizophrenia, major depression, heart failure, insomnia, and unspecified dementia.</p> <p>She had a level II, completed on January 22, 2024, due to having paranoid schizophrenia. Her MDS, dated [DATE] indicated she did not require a level II assessment.</p> <p>3. On 8/20/24 at 9:59 a.m., a record review was conducted for Resident 211. She had the following diagnoses which included, but was not limited to, hypertension, anxiety, diabetes mellitus (high blood sugar), and degenerative disease of the nervous system.</p> <p>She admitted to the facility with hospice services on 7/31/24. The Minimum Data Set (MDS), dated [DATE], did not indicate Resident 211 was receiving hospice services.</p> <p>Requested an interview with the MDS coordinator several times on 8/20/24, 8/21/24, 8/22/24, and 8/23/24 without success.</p> <p>A policy, dated March 2022, titled, Resident Assessments, was provided by the Administrator (ADM) on 8/21/24 at 11:39 a.m. It indicated, The interdisciplinary team uses the MDS form currently mandated by federal and state regulation to conduct the resident assessment</p>		

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  08/23/2024
NAME OF PROVIDER OR SUPPLIER  Robin Run Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46414</p> <p>Based on record review and interview, the facility failed to implement a fall care plan for a resident with a history of falls for 1 of 5 residents reviewed (Resident 60).</p> <p>Findings include:</p> <p>On 8/20/24 at 10:37 a.m., a record review was conducted for Resident 60. He had the following diagnoses which included, but were not limited to, myocardial infarction (MI) (heart attack), hypertension, and vitamin D deficiency.</p> <p>He was admitted to the facility on [DATE] with a history of falls. His medical record lacked documentation of a care plan to address his risk for falls and interventions included to prevent falls from occurring.</p> <p>During an interview with the Director of Nursing (DON) on 8/23/24 at 10:28 a.m., she indicated she could not find the fall care plan and he was only at facility for a short time.</p> <p>A policy dated March 2022 titled, Care Plans, Comprehensive Person-Centered was provided by the Executive Director (ED) on 8/22/24 at 9:17 a.m. It indicated, The interdisciplinary team (IDT) in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident.</p> <p>3.1-35(a)</p>		

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  08/23/2024
NAME OF PROVIDER OR SUPPLIER  Robin Run Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>38768</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident (Resident 43) received comprehensive assessments treatment and services to maintain or improve her nutritional status for 1 of 2 residents reviewed for nutritional services, and failed to administer formula through a resident's gastrostomy tube who was losing weight for 1 of 2 residents reviewed for nutritional services (Resident 53).</p> <p>Findings include:</p> <p>1. On 8/19/24 at 9:56 a.m., Resident 43 was observed in her room on the secured memory care unit. She laid on top of her mattress at the edge of the bed, as to make room for three realistic baby dolls which were swaddled beside her. Her back was to the rolling over-bed table where her breakfast tray had been placed. The lid remained over the plate. Her silver wear remained wrapped up in a napkin, and her beverages and Magic Cup (a type of nutritional caloric supplement) was unopened. When her breakfast lid was lifted, her breakfast plate was observed undisturbed, and 0% of the meal had been consumed. Alternative food was not offered.</p> <p>On 8/19/24 at 2:42 p.m., Resident 43 was observed as she attempted to pack up her personal belongings and indicated, 'she needed to get to school.' Resident 43's lunch tray was observed on her over-bed table. Her plate was covered, her silver wear was wrapped, and her beverages were unopened. Resident 43 waved her hand over the tray and made a disgusted face and shook her head no. An alternative meal was not offered when her tray was removed.</p> <p>On 8/22/24 at 12:54 p.m., Resident 43 was observed in the main dining room area, seated at a table with several of her peers. Her lunch plate was in front of her and 0% of her meal had been consumed.</p> <p>During an interview on 8/22/24 at 1:03 p.m., the Memory Care Director, indicated, several of the residents did not eat their lunch, so she had requested an alternative which she was told was rice and fish. When asked if it was normal for Resident 43 not to eat, the Memory Care Director indicated, it was pretty normal that Resident 43 did not eat very much or anything at all. She was a very picky eater, and it was hard to tell what she liked as Resident 43 was more or less non-verbal and could not say what she liked or preferred.</p> <p>On 8/22/24 at 1:25 p.m., a Dietary Assistant brought a cart of several supplemental lunch meals into the secured memory care unit. The cart was a rolling activity cart which was uninsulated, and the lunch meals had been placed in uninsulated, clear plastic containers. By the time the alternative meal choice arrived on the unit, Resident 43 had become agitated and refused to come back to the dining room table.</p> <p>On 8/20/24 at 9:39 a.m., Resident 43's medical record was reviewed. She admitted as a long-term care resident who resided on the secured memory care unit with diagnoses which included, but were not limited to, unspecified dementia (an irreversible, degenerative brain disease with memory loss, and an overall decline in cognitive function), malnutrition, and an iron deficiency.</p> <p>(continued on next page)</p>		

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  08/23/2024
NAME OF PROVIDER OR SUPPLIER  Robin Run Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An admission nutritional assessment, dated 3/15/24, indicated Resident 43 was at risk for malnutrition. Her body mass index (BMI) was less than 22%, she usually left 25% of more uneaten of her meals and had altered nutritional related lab values.</p> <p>A mini nutritional assessment, dated 6/4/24, indicated Resident 43 remained at nutritional risk with a score of 9.</p> <p>Resident 43's upcoming/next due assessments were reviewed, and on 8/18/24 her next comprehensive nutritional assessment was 5 days overdue.</p> <p>Resident 43' comprehensive care plans were reviewed and lacked documentation of implementation of a nutritional care plan.</p> <p>A Physician's Admission Progress Note, dated 3/4/24, indicated, .She appears to have some difficulty expressing her wants and needs verbally. She is able to nod and gesture and attempts to communicate her wants and needs .moderate protein-calorie malnutrition- Resident with thin, frail body habitus. Continue mirtazapine [an antidepressant medication often used as an appetite stimulant] . will add order for mighty shakes with all meals. Encouraged liberalized regular diet with snacks as desired</p> <p>A Physician's Progress note, dated 3/6/24, indicated, .seen today to follow up on recent lab results. She is noted to have some mild hypercalcemia, which is consistent with prior lab values. She also has a slight decrease in hemoglobin and hematocrit . she has a low BMI, with reported weight from prior facility of 88 lbs [pounds]. She has been noted to have somewhat poor intake</p> <p>A Physician's Progress note, dated 4/24/24, indicated, .she continues to exhibit poor appetite. Her weight is stable within 2 pounds of admission weight. She is unable to verbalize comprehensibly and therefore does not contribute to today</p> <p>A Physician's Progress note, dated 7/15/24, indicated, .continue mighty shakes with all meals will add magic cup to provide more calorie dense food options. Encouraged liberalized regular diet with snacks as desired. Resident with poor intake of meat and eggs</p> <p>An admission physician's order indicated, weight on admission, repeat weekly x [times] 3 weeks in the morning every 7 day(s) for 4 weeks. There was no admission weight for 3/4/24</p> <p>Resident 43's weight log was reviewed. On 6/14/24 she weighed 90.5 lbs. On 7/9/24 she weighed 89.2 lbs. and on 8/22/24 she weighed 87.2 lbs.</p> <p>On 08/14/24 Resident 43 was sent out to the hospital for increased shortness of breath and returned on 8/16/24. Upon her re-admission, a physician's indicated, weight on admission, repeat weekly x 3 weeks in the morning every 7 day(s) for 4 weeks. There was no re-admission weight on 8/17/24.</p> <p>Nursing progress notes, dated 3/29/24 at 10:46 a.m., it was indicated she ate .50% or less for 2 or more meals in the day. Resident has poor appetite, receives supplements as ordered The note lacked documentation the physician or dietician was notified.</p> <p>(continued on next page)</p>		

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  08/23/2024
NAME OF PROVIDER OR SUPPLIER  Robin Run Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Nursing progress notes, dated 6/26/24 at 9:32 a.m., indicated she .50% or less for 2 or more meals in the day. Resident has a poor appetite r/t dementia supplement given as ordered The note lacked documentation the physician or dietician was notified.</p> <p>Nursing progress notes, dated 8/13/24 at 12:33 p.m., it was indicated she ate, .50% or less for 2 or more meals in the day. Resident provided snacks and supplemental drinks The note lacked documentation the physician or dietician was notified.</p> <p>Nursing progress notes, dated 8/14/24 at 8:55 a.m., it was indicated she ate, .50% or less for 2 or more meals in the day. Resident offered supplemental drink The note lacked documentation the physician or dietician was notified.</p> <p>Nursing progress notes, dated 8/18/24 at 1:13 p.m., it was indicated she ate, .50% or less for 2 or more meals in the day. Resident has a poor appetite supplement taken freely The note lacked documentation the physician or dietician was notified.</p> <p>During an interview on 8/23/24 at 10:11 a.m., the Director of Nursing (DON) and Dietician were present. The Dietician indicated, Resident 43 was initially assessed by another Dietician who was on medical leave at the time of survey, therefore, she had not seen Resident 43 and or had been requested by the nursing staff to see her. It was her plan to visit Resident 43 that morning as she had recently returned from a hospital stay. The DON indicated Resident 43 admitted in March, but went out to the hospital for a while, and was a new admission. Upon review of the census timeline with the DON and Dietician, they indicated she had not been discharged for an extended period of time, and her nutritional assessment was overdue. The Dietician indicated Resident 43 was at nutritional risk, but her weight had remained stable within three pounds since her admission. The Dietician indicated, she was not aware and had not been notified of the resident's several documented instances that she ate 50% or less for 2 or more meals in a day, which would have triggered Resident 43 for an acute visit. The DON and Dietician indicated a comprehensive care plan should have been developed.</p> <p>On 8/20/24 at 2:30 p.m., the Executive Director (ED) provided a copy of current facility policy titled, Care Plans, Comprehensive Person-Centered, revised 3/2022. The policy indicated, A comprehensive, person-centered care plan that includes measurable objective and timetables to meet the resident's physical, psychosocial and functional needs is developed an implemented for each resident . the comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required MDS assessment (Admission, Annual or Significant Change in Status). And no more than 21 days after admission</p> <p>(continued on next page)</p>

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  08/23/2024
NAME OF PROVIDER OR SUPPLIER  Robin Run Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/21/24 at 1:45 p.m., the ED provided a copy of current facility policy titled Food and Nutrition Services, revised 10/2017. The policy indicated, Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident . the multidisciplinary staff, including nursing staff, the attending physician and the dietician will assess each resident's nutritional needs, food likes, dislikes and eating habits, as well as physical, functional, and psychosocial factors that affect waiting and nutritional intake and utilizations. A resident-centered diet and nutrition plan will be based on this assessment . nursing personnel, with the assistance of the food and nutrition services staff, will evaluate (an document as indicated) food and fluid intake of residents with, or at risk for, significant nutritional problems. Variations from usual eating or intake patterns will be recorded in the resident's medical record and brought to the attention of the nurse. I nurse will evaluate the significance of each information and report it, as indicated, to the attending physician or dietician</p> <p>46414</p> <p>2. On 8/18/24 at 11:54 a.m., a record review was conducted for Resident 53. He had the following diagnoses which included but were not limited to cerebral infarction (CI) (stroke), anemia, dysphagia (difficulty swallowing) and muscle weakness.</p> <p>Resident 53's April 2024 weight was 150.0 pounds. His weight on 8/16/24 was 133.4 pounds. He had a weight loss of 16.6 pounds over a 4-month period. This was a significant weight loss at 11.07%.</p> <p>Resident 53's record indicated he was unable to have oral nutrition related to dysphagia. He had an order, dated 7/25/24, for Osmolite 1.2 cal oral liquid give 75 ml (milliliter)/hr (hour) via g-tube (gastrostomy) every shift for continuous feeding, flush 30 ml every hour, turn off from 2:00 p.m. until 6:00 p.m.</p> <p>Resident 53 had a care plan, dated 5/29/24, that indicated he was nothing by mouth (NPO) due to dysphagia from CVA (stroke). He was at risk for aspiration. The goal, dated 5/29/24, indicated Resident 53 would receive nutrition and fluids through g-tube (gastrostomy).</p> <p>A nutrition/dietary note, dated 8/14/24 at 2:58 p.m., indicated Resident 53 required tube feeding as means of nutrition due to dysphagia. Current weight was 132.4 pounds and held for 30 days. BMI (body mass index) was acceptable although resident had a thin appearance. Plan was to continue current enteral feeding plan and continue to monitor.</p> <p>During an observation was made on 8/21/24 at 8:53 p.m. His feeding pump was disconnected from his feeding tube. His formula was supposed to be infusing at 75 ml per hour per feeding tube.</p> <p>During an observation was made on 8/21/24 9:00 p.m., LPN 13 went into resident's room with a bag of formula and started his feeding tube. This was 3 hours late per order.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 8/19/24 at 1:49 p.m., she indicated she did not know why Resident 53 was losing weight.</p> <p>(continued on next page)</p>		

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  08/23/2024
NAME OF PROVIDER OR SUPPLIER  Robin Run Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Registered Dietician (RD) on 8/23/24 at 10:17 a.m., she indicated she was aware of Resident 53's pump being turned off when it was supposed to be on. She added 3 additional hours to make up for the loss. She indicated she had not made any changes to his feeding because he was gaining weight (1 pound) and there have been no negative outcomes related to the observation.</p> <p>A policy titled, Weight Assessment and Intervention, dated March 2022, was provided by the Executive Director (ED), on 8/22/24 at 9:16 a.m. It indicated, .The threshold for significant unplanned and undesired weight loss . 6 months-10% weight loss is significant; greater than 10% is severe</p> <p>On 8/21/24 at 2:25 p.m., the ED provided a copy of current facility policy titled, Weight Assessment and Intervention, revised 3/2022. The policy indicated, Resident's weights are monitored for undesirable or unintended weight loss or gain. Resident are weighed upon admission and at intervals established by the interdisciplinary team . the physician and the multidisciplinary team identify conditions and medications that may be causing anorexia, weight loss or increasing the risk of weight loss. For example: cognitive or functional decline . environmental factors . increased need for calories and/or protein . care planning for weight loss or impaired nutrition is a multidisciplinary effort and includes the physician, nursing staff, the dietician, the consultant pharmacist, and the resident or residents legal surrogate. Individualized care plan shall address to the extent possible: the identifiable causes of weight loss, goals and benchmarks for improvement and time frames and parameters for monitoring and reassessment</p> <p>3.1-46</p>		

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  08/23/2024
NAME OF PROVIDER OR SUPPLIER  Robin Run Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>46414</p> <p>Based on record review and interview, the facility failed to reconcile medications upon discharge for 2 of 5 residents reviewed for medication disposition (Residents 60 and 58).</p> <p>Findings include:</p> <p>1. On 8/20/24 at 10:37 a.m., a record review was conducted for Resident 60. He had the following diagnoses which included but were not limited to myocardial infarction (MI) (heart attack), falls, hypertension, type 2 diabetes mellitus (high blood sugar), and vitamin D deficiency.</p> <p>Resident 60 discharged to home on 5/20/24. There was no record of the following medications reconciled at the time of discharge.</p> <ul style="list-style-type: none"> <li>a. Aspirin (ASA) 81mg (milligrams) by mouth daily</li> <li>b. Atorvastation (used for high cholesterol) 40 mg by mouth daily</li> <li>c. Crestor (used for high cholesterol) 20 mg by mouth daily</li> <li>d. Dorzolamide HCL Timolol Mal Ophthalmic Solution 2-0.5% both eyes daily</li> <li>e. Eliquis (blood thinner) 20 mg by mouth daily</li> <li>f. Plavix (blood thinner) 75 mg by mouth daily</li> <li>g. Metoprolol tartrate (blood pressure) 25 mg by mouth two times daily</li> <li>h. Gabapentin (nerve pain) 100 mg 2 capsules by mouth three times daily</li> <li>i. Cephalexin (antibiotic) 250 mg by mouth four times daily</li> <li>j. Acetaminophen (pain) 325 mg 2 tablets by mouth every 4 hours/as needed</li> <li>k. Melatonin (sleep aide) 3 mg 2 tablets by mouth every 24 hours/as needed</li> <li>l. Ondansetron (nausea and vomiting) 4 mg by mouth every 8 hours/as needed</li> </ul> <p>2. On 8/2 0/24 at 10:51 a.m., a record review was conducted for Resident 58. She had the following diagnoses which included but were not limited to presence of artificial hip, age-related physical debility, chronic kidney disease, and age-related osteoporosis (bone disease).</p> <p>Resident 58 passed away on 6/6/24. There was no record of the following medications reconciled at the time of discharge.</p> <p>(continued on next page)</p>		

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  08/23/2024
NAME OF PROVIDER OR SUPPLIER  Robin Run Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>a. Aspirin (ASA) 81mg by mouth daily</p> <p>b. Miralax (stool softener 17 grams by mouth daily</p> <p>c. Paroxetine sodium (antidepressant) by mouth daily</p> <p>d. Bisacodyl suppository 10mg per rectum every 24 hours/as needed</p> <p>e. Morphine sulfate (pain) 20mg/ml (milliliters) 0.25mg every 4 hours/as needed</p> <p>On 8/23/24 at 10:28 a.m. during an interview with the Director of Nursing (DON), she indicated she provided all she could find for both resident's discharge medications.</p> <p>A policy titled, Discharge Medications, was provided by the Executive Director (ED) on 8/22/24 at 9:16 a.m. It indicated, The nurse shall complete the medication disposition record, including . i. the signatures of the person receiving the medications and the nurse releasing the medications . The nursing staff shall forward completed drug disposition records to medical records. The complete list of the resident's medications shall also be provided to the resident upon discharge</p> <p>3.1-25(a)</p> <p>3.1-25(b)</p> <p>3.1-25(1)</p> <p>3.1-25(c)</p>

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  08/23/2024
NAME OF PROVIDER OR SUPPLIER  Robin Run Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>46414</p> <p>Based on observation, record review, and interview, the facility failed to label tuberculin serum appropriately for 1 of 1 medication room reviewed.</p> <p>Findings include:</p> <p>On 8/19/24 at 10:17 a.m., the north nurse's station was observed in the presence of the Assistant Director of Nursing (ADON). Observed a vial of tuberculin serum that lacked a date to indicate when it was opened.</p> <p>During an interview with the Director of Nursing (DON) on 8/22/24 at 10:30 a.m., she indicated tuberculin serum needed to be dated when it was opened and in the refrigerator when not in use.</p> <p>A policy dated April 2019, was provided by the Executive Director (ED) on 8/21/24 at 11:37 a.m. It indicated, Labels for stock medications include all necessary information, such as: the name and strength of the drug, the lot or control number, the expiration date when applicable, appropriate accessory and cautionary statements and directions for use .</p> <p>3.1-25(j)</p> <p>3.1-25(m)</p> <p>3.1-25(n)</p>

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  08/23/2024
NAME OF PROVIDER OR SUPPLIER  Robin Run Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>37981</p> <p>Based on observation, interview, and record review, the facility failed to ensure the food in the kitchens were dated according to policy for 1 of 1 observation and the refrigerator and freezer temperature logs were completed for 2 of 3 kitchen and pantry observations.</p> <p>Findings include:</p> <p>1. On 8/18/24 at 9:55 a.m., during a tour of the main kitchen with the Dietary Manager (DM) and Chef 12.</p> <p>At 10:04 a.m., the walk-in refrigerator had 3 large bags of fresh thyme, one bag of fresh cilantro, one bag of fresh mint, one bag of fresh dill with no date of arrival or expiration. A large bag of pepperoni was observed not sealed, the expiration date was 8/9/24. A plastic bag of whipped cream was not dated. The feta cheese had no expiration date.</p> <p>At 10:10 a.m., the walk-in freezer had undated items; a plastic bag of crumbled sausage, package of impossible burgers, and a lemon meringue pie.</p> <p>2. On 8/18/24 at 9:45 a.m., during a tour of the satellite kitchenette with the Dietary Manager (DM) the August refrigerator temperature log-in document was observed incomplete.</p> <p>a. No temperatures were logged for opening or closing for 8/1/24 to 8/5/24, 8/7/24, 8/8/24, 8/16/24, and 8/17/24.</p> <p>b. No opening temperatures were recorded for 8/14/24 to 8/18/24.</p> <p>c. No closing temperatures were logged on 8/6/24, 8/9/24 to 8/13/24, 8/16/24, and 8/17/24.</p> <p>On 8/18/24 from 9:55 a.m. to 10:30 a.m., during a tour of the main kitchen with the DM and Chef 10 the August refrigerators and freezer temperature log-in documents were observed incomplete.</p> <p>Reach-In Cooler:</p> <p>a. No temperatures were logged for opening or closing for 8/5/25 to 8/8/24, 8/16/24, and 8/17/24.</p> <p>b. No opening temperatures were recorded for 8/3/24, 8/4/24, 8/16/24, to 8/28/24.</p> <p>c. No closing temperatures were logged on 8/11/24 to 8/13/24</p> <p>Cook Line:</p> <p>d. No temperatures were logged for opening or closing for 8/15/24 to 8/17/24.</p> <p>e. No opening temperatures were recorded for 8/18/24.</p> <p>(continued on next page)</p>		

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  08/23/2024
NAME OF PROVIDER OR SUPPLIER  Robin Run Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>f. No closing temperatures were logged on 8/14/24.</p> <p>Server Station Low Reach-In Cooler:</p> <p>g. No temperatures were logged for opening or closing for 8/15/24 to 8/17/24.</p> <p>h. No opening temperatures were recorded for 8/18/24.</p> <p>i. No closing temperatures were logged on 8/13/24 and 8/14/24.</p> <p>On 8/18/24 at 12:07 p.m., during a tour of the Memory Care (MC) pantry with Registered Nurse (RN) 10 the August refrigerator temperature log-in document was observed incomplete.</p> <p>a. No temperatures were logged from 8/12/24 to 8/18/24.</p> <p>A policy, titled, Food Receiving and Storage, dated October 2017, was provided by the Administrator (Admin), on 8/19/24 at 2:58 p.m. A review of the policy indicated, .All foods stored in the refrigerator or freezer will be covered, labeled and dated</p> <p>A policy, titled, Refrigerators and Freezers, dated December 2014, was provided by the Admin, on 8/19/24 at 2:58 p.m. A review of the policy indicated, .Monthly tracking sheets for all refrigerator and freezers will be posted to record temperatures .Monthly tracking sheets will include time, temperature, initials</p> <p>3.1-21(i)(3)</p>		

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  08/23/2024
NAME OF PROVIDER OR SUPPLIER  Robin Run Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>46414</p> <p>Based on record review and interviews, the facility failed to document resident's blood sugars and insulin administration on the Medication Administration Record (MAR) for 2 of 5 residents reviewed (Resident 20 and 11).</p> <p>Findings include:</p> <p>1. A record review was conducted for Resident 20. He had the following diagnoses which included but were not limited to hypertension, type 2 diabetes mellitus (high blood sugar), unspecified dementia, and chronic kidney disease.</p> <p>His MAR included an order, dated 7/3/24, which indicated Humalog KwikPen subcutaneous (SC) (under the skin) pen injector 100 unit/ml (milliliter) (insulin lispro) inject as sliding scale if blood sugar was 150-200 give 2 units of insulin, 201-250 give 4 units of insulin, 251-300 give 6 units of insulin, 301-350 give 8 units of insulin and if blood sugar is 351 or higher call provider, SC before meals and at bedtime for diabetes type 2.</p> <p>On the following dates and times his insulin documentation was omitted.</p> <ul style="list-style-type: none"> <li>a. 8/6/24 at 6:30 a.m.</li> <li>b. 8/11/24 at 6:30 a.m.</li> <li>c. 8/12/24 at 6:30 a.m.</li> <li>d. 8/9/24 at 11:30 a.m.</li> <li>e. 8/3/24 at 4:30 p.m.</li> <li>f. 8/6/24 at 4:30 p.m.</li> <li>g. 8/7/24 at 4:30 p.m.</li> <li>h. 8/8/24 at 4:30 p.m.</li> <li>i. 8/9/24 at 4:40 p.m.</li> <li>j. 8/12/24 at 4:30 p.m.</li> <li>k. 8/14/24 at 4:30 p.m.</li> <li>l. 8/15/24 at 4:30 p.m.</li> <li>m. 8/3/24 at 9:00 p.m.</li> </ul> <p>(continued on next page)</p>

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  08/23/2024
NAME OF PROVIDER OR SUPPLIER  Robin Run Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>n. 8/6/24 at 9:00 p.m.</p> <p>o. 8/7/24 at 9:00 p.m.</p> <p>p. 8/8/24 at 9:00 p.m.</p> <p>q. 8/9/24 at 9:00 p.m.</p> <p>r. 8/12/24 at 9:00 p.m.</p> <p>s. 8/14/24 at 9:00 p.m.</p> <p>t. 8/15/24 at 9:00 p.m.</p> <p>Resident 20 had a care plan, dated 7/1/24, that indicated he had diabetes mellitus. A goal included he would be free of signs and symptoms of hyperglycemia (high blood sugar). An intervention included to administer diabetes medication as order by physician and monitor/document for side effects and effectiveness.</p> <p>2. A record review was conducted for Resident 11 on 8/20/24 at 1:21 p.m. She had the following diagnoses which included but was not limited to schizoaffective disorder, muscle weakness, type 2 diabetes mellitus, and difficulty walking.</p> <p>Her MAR included orders, dated 7/30/24, for Basaglar KwikPen insulin 100 unit/ml solution pen-injector, inject 34 units SC in the morning for diabetes, hold for blood sugar of 70 or less and notify the Medical Doctor (MD). The following doses of the medication were not documented on the MAR on the following dates.</p> <p>a. 8/6/24 at 5:00 p.m.</p> <p>b. 8/7/24 at 5:00 p.m.</p> <p>c. 8/8/24 at 5:00 p.m.</p> <p>d. 8/9/24 at 12:00 p.m. and 5:00 p.m.</p> <p>e. 8/12/24 at 5:00 p.m.</p> <p>f. 8/14/24 at 5:00 p.m.</p> <p>g. 8/15/24 at 5:00 p.m.</p> <p>She had an order, dated 5/9/24, for Flasp Flex Touch 100unit/ml solution pen-injector 17 units SC with meals for diabetes management. The following doses of the medication were omitted on the MAR.</p> <p>a. 8/6/24/ at 5:00 p.m.</p> <p>b. 8/7/24 at 5:00 p.m.</p> <p>(continued on next page)</p>

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  08/23/2024
NAME OF PROVIDER OR SUPPLIER  Robin Run Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>c. 8/9/24 at 11:30 a.m.</p> <p>d. 8/10/24 at 6:30 a.m.</p> <p>e. 8/12/24 at 6:30 a.m.</p> <p>She had an order, dated 11/19/23, for blood sugars call MD if blood sugar was greater than 350 before meals and at bedtime for diabetes mellitus. Her blood sugar was omitted on the following dates.</p> <p>a. 8/6/24 at 6:30 a.m.</p> <p>b. 8/9/24 at 11:30 a.m.</p> <p>c. 8/10/24 at 6:30 a.m.</p> <p>d. 8/12/24 at 6:30 a.m.</p> <p>Resident 11 had a care plan, dated 10/29/21, that indicated she had diabetes mellitus and a goal that she would have no complications related to diabetes. An intervention included to administer diabetes medication as ordered by the doctor. Monitor/document for side effects and effectiveness.</p> <p>On 8/23/24 at 10:31 a.m., an interview was conducted with the Director of Nursing (DON). She indicated she talked to the staff involved with the omissions. They told her they gave the medication, and they forgot to go back and document that it was administered. She provided education to her staff.</p> <p>A policy titled, Documentation of Medication Administration, was provided by the Administrator (ADM) on 8/21/24 at 11:34 p.m. It indicated, .Administration of medication must be documented immediately after (never before) it is given</p> <p>3.1-3(o)</p> <p>3.1-24(r)</p>