

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 09/22/2020
NAME OF PROVIDER OF SUPPLIER ROBIN RUN HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to ensure Centers for Disease Control (CDC) guidance during a pandemic and infection control practices were implemented for 2 of 2 random observations. Findings include: 1. During an observation on 9/21/20 at 11:08 a.m., Certified Nursing Assistant (CNA) 7 was observed going in and out of multiple resident rooms, without a face shield or goggles. CNA 7 was observed placing trash from residents' rooms into an open trash bag on the floor. She lifted the full, open trash bag from the floor, and placed it on top of a cart, next to beverages being distributed to residents. CNA 7 pushed the cart down a hall, greater than fifty feet, with the full trash bag, and resident beverages, next to each other. On 9/21/20 at 11:10 a.m., CNA 7 was interviewed and indicated she put the trash bag from the floor, onto the cart, next to resident beverages. She did not know the facility policy regarding proper trash disposal, or the cross contamination risk of putting trash next to food and beverage items. She frequently put full trash bags onto drink carts so she didn't have to carry a heavy trash bag down the hall. CNA 7 indicated she was aware of the facility policy to wear a face shield or goggles when in resident rooms. She took her face shield off in a resident's room, and forgot to put it back on. The interim Director of Nursing (DON) was interviewed on 9/21/20 at 11:12 a.m. The DON indicated CNA 7 had been advised she must wear a face shield while in the facility. It was not facility practice to place full, open trash bags next to resident beverages. During an interview with the interim Executive Director (ED) on 9/22/20 at 3:46 p.m., the ED indicated there was no facility policy regarding proper trash disposal, or cross contamination risk when putting trash next to food and beverage items. All staff were aware it was not appropriate to place an open, full trash bag on top of a cart, with resident beverages. ED indicated CNA 7 had been advised she must wear a face shield while in the facility. 2. On 9/21/20 at 4:25 p.m., Dietary Aide 8 was observed in a hall, outside the entry to the kitchen. Dietary Aide 8 was observed going into the kitchen, without a face mask, a face shield, goggles, and without putting on a hairnet. Dietary Aide 8 was observed from the doorway of the kitchen, walking throughout the kitchen without a face mask, a face shield, nor a hairnet. During an interview on 9/21/20 at 4:28 p.m., Dietary Aide 8 indicated she was aware of facility policy to wear a face mask and a face shield while in the facility. Dietary Aide 8 indicated she was not aware she needed to wear a hairnet when in the kitchen. A policy titled, Hair Restraints, dated last revised on 4/2019, was provided by the ED on 9/22/20 at 11:52 a.m. The ED indicated this was the current policy being used by the facility at this time. The policy indicated, All associates working in food preparation areas must wear hair restraints. Acceptable hair restraints are: hairnets, white paper hats, and cloth chef's hats. All hair must be kept covered. A policy titled, What, When, and How Often to Use PPE Personal Protective Equipment Selection Chart: COVID-19 (Skilled Nursing Only), dated last revised on 8/11/20, was provided by the ED on 9/22/20 at 11:30 a.m. The ED indicated this was the current policy being used by the facility at this time. The ED indicated the facility was using, Alert 6 recommendations which indicated, Non-direct care staff should wear a, surgical/ procedural mask and face shield at all times. The policy indicated direct care staff not working with COVID-19 positive residents should wear a, surgical/ procedural mask and face shield at all times. The CDC Guidance regarding use of masks by health care personnel (HCP). - Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 7/15/20, indicated, HCP should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. Universal use of a facemask for source control is recommended for HCP 3.1-18(b)(1)</p>		
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 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.