

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155041	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/19/2014
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NAME OF PROVIDER OR SUPPLIER NORTHWEST MANOR HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6440 W 34TH ST INDIANAPOLIS, IN 46224
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F000000	<p>This visit was for the Investigation of Complaint IN00161222.</p> <p>Complaint IN00161222 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: December 18, 19, 2014</p> <p>Facility number: 000015 Provider number: 155041 AIM number: 100273750</p> <p>Survey team: Connie Landman RN-TC</p> <p>Census bed type: SNF: 4 SNF/NF: 98 Total: 102</p> <p>Census payor type: Medicare: 16 Medicaid: 68 Other: 18 Total: 102</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC</p>	F000000		
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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.

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F000226 SS=D	<p>16.2-3.1.</p> <p>Quality review completed 12/23/14 by Brenda Marshall, R.N.</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review and interview, the facility failed to implement its policy and procedure for immediately reporting an allegation of abuse to the State agency for 1 of 3 residents reviewed for abuse allegations in a sample of 3 (Resident B)</p> <p>Findings include:</p> <p>During an interview with the Administrator on 12/18/14 at 10:00 a.m., she provided 4 incidents reported to ISDH (Indiana State Department of Health) during the past 3 months. The incidents reported were reviewed at 10:15 a.m. on 12/18/14. During the review, it was noted Resident B had an allegation of abuse investigated and reported on 11/2/14.</p> <p>The record for Resident B was reviewed on 12/18/14 at 2:40 p.m. A Nursing</p>	F000226	<p>F226 I)The facility reports all unusual occurrences per state guidelines. Resident B was reported to ISDH. Management staff was re-inserviced on reporting of unusual occurrences.</p> <p>II) Management was re-inserviced on reporting unusual occurrences. III) The investigation checklist to the facility procedure of completing investigations was updated to include specific date & time notification to Administrator, DON and/or designee. IV) Unusual Occurrences are reported to the Administrator and/or DON. DON and/or designee to monitor the incidents. The Administrator or DON reports to ISDH as required. Reporting to ISDH will be monitored by the Administrator for 3 months to ensure compliance with facility policy. QAPI committee to review monthly in 2015 and give direction as appropriate.</p>	01/02/2015	

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	<p>Note, dated 12/1/14 at 1:32 p.m. indicated Resident B complained of being hit in the face, an investigation was initiated, no injuries were noted on assessment, and a message was left for Resident B's family member.</p> <p>A Social Service Note, dated 12/1/14 at 2:50 p.m. indicated Resident B was upset that afternoon and reported someone had hit her in the right eye, and she used her hand to demonstrate. The entry also indicated Resident B was unable to identify the CNA because of her poor vision.</p> <p>During an interview with the Executive Director on 12/18/14 at 4:20 p.m., he indicated he was unaware of the allegation, and indicated he usually heard about everything going on daily.</p> <p>During an interview with Resident B's "Guardian Angel" (RN #2 who saw and talked to the resident daily) on 12/18/14 at 4:30 p.m., she indicated she was informed of the allegation and spoke with Resident B right away. Resident B reported she had been in her room, and a CNA brushed against her cheek with a trash bag or possibly the privacy curtain. RN #2 indicated she wrote a statement regarding the information provided by the resident. The RN indicated she gave her</p>			

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	<p>statement to the DON.</p> <p>During an interview with the DON (Director of Nursing) on 12/19/14 at 9:15 a.m., she indicated awareness of the allegation of being hit and indicated the situation resolved right after Resident B indicated she had been hit. The DON and Administrator, who also knew about it, indicated they thought the allegation was an extension of the first incident and didn't think it needed to be reported.</p> <p>During an interview with the Administrator on 12/19/14 at 9:45 a.m., she indicated she had been told it was an accident, a CNA had brushed against the resident with a trash bag and Resident B didn't hear her say she was sorry, but the CNA came back a second time and told her again she was sorry. The Administrator indicated she didn't think anything more about it until it was brought to her attention on 12/18/14 that it had been written as an allegation.</p> <p>During an interview with LPN #1 on 12/19/14 at 11:20 a.m., she indicated when Resident B complained of being hit in the face, she (LPN #1) informed the Unit Manager, who informed the DON and Administrator, and the Administrator had said to get the SSD (Social Services Director) involved.</p>			

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	<p>During an interview with the SSD on 12/19/14 at 11:25 a.m., she indicated she did not remember who came and informed her of the allegation, but she (SSD) went to the Administrator right away to let her know. The SSD indicated she talked to Resident B, and indicated the Administrator and DON told her to involve Resident B's "Guardian Angel."</p> <p>A current facility policy, dated 7/31/14, was titled "Incidents of Alleged Abuse, Neglect, Financial Exploitation and/or Misappropriation of Property" was provided by the Administrator on 12/18/14 at 10:15 a.m. The policy indicated: "Purpose: To ensure that each resident is free of physical, mental, verbal and sexual abuse, corporal punishment, mental and physical neglect, and involuntary seclusion.... ...Special Note: Any suspicion of abuse must be reported immediately to the Administrator or designee. The Administrator will be responsible to coordinate the abuse investigation process.... ...Procedure: Should any type of abuse, neglect, financial exploitation and/or misappropriation of property occur or is</p>			

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	<p>alleged to have occurred, the following procedure is to be followed:...</p> <p>...10. All alleged incidents of resident abuse and/or neglect must be 'immediately' reported to the Indiana State Department of Health...These reports are to be made regardless of any verification or investigative process that may be conducted or its eventual outcome...."</p> <p>3.1-28(c)</p>				