

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  10/07/2013
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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 IN00136932.</p> <p>Complaint IN00136932 Substantiated, federal/state deficiencies related to the allegations are cited at F441.</p> <p>Survey dates: October 4 &amp; 7, 2013</p> <p>Facility number: 000015 Provider number: 155041 AIM number: 100273750</p> <p>Survey team: Joyce Hofmann, RN</p> <p>Census bed type: SNF/NF: 111 Total: 111</p> <p>Census payor type: Medicare: 29 Medicaid: 65 Other: 17 Total: 111</p> <p>Sample: 6</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed 10/17/2013</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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	by Brenda Marshall Nunan, RN.				

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F000441 SS=D	<p><b>483.65</b> <b>INFECTION CONTROL, PREVENT SPREAD, LINENS</b> The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview, and record review, the facility failed to</p>	F000441	Preparation and/or execution of this plan of correction does not	10/25/2013			

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	<p>ensure staff handled soiled linens in a manner to prevent the spread of infections for 1 of 3 residents observed for infection control in a sample of 6 (Resident D).</p> <p>Findings include:</p> <p>Resident D was observed, on 10/07/13 at 9:47 a.m. during toileting with the assist of CNA #1. Resident D indicated he soiled his pants with urine. CNA #1 was observed to assist the resident with pulling up his pants, and transferred him to his wheelchair. CNA #1 rolled Resident D back into his room and indicated she would get linens to clean him up and change his pants.</p> <p>Interview with Resident D, on 10/07/13 at 9:55 a.m., indicated his pants were wet around the bottom of the pants.</p> <p>CNA #1 was observed to transfer Resident D from his wheelchair to the side of his bed and removed his soiled pants and placed the soiled pants in the wheelchair seat without placing the soiled pants in a disposable plastic bag. After completing hygiene tasks, CNA #1 placed the soiled linens in the wheelchairs seat with the soiled</p>		<p>constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed because it is required by the provisions of federal and state law. I) Resident D was not harmed by the deficient practice. C.N.A. #1 was educated on the proper handling of soiled linen per the facility policy. II) There were no residents harmed by the deficient practice. Nursing staff were educated on the proper handling of soiled linen per the facility policy. III) Nursing staff will carry plastic bags on their person to dispose of soiled linen properly when providing resident care. IV) Charge nurses, nurse management, Unit Managers, nurse supervisors and/or Guardian Angels will provide direct observation to a random selection of nursing staff while they are providing resident care to ensure plastic bags are on their person &amp; available for soiled linen disposal. Proper soiled linen disposal will be validated daily for 2 weeks, weekly for 4 weeks and monthly for 2 months. DON and/or designee to monitor. QAPI committee to review and give direction as appropriate. V) October 25, 2013</p>		

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	<p>pants. CNA #1 dressed Resident D in clean pants and took the soiled linens and soiled pants out of the seat of the wheelchair and laid them on Resident D's clean bed linens. CNA #1 transferred Resident D back into his wheelchair without cleaning the seat. CNA #1 gathered the soiled linens and pants off the bed, but did not change the bed linens which she soiled by placing the soiled linens and soiled pants on the clean bed.</p> <p>Review of the facility's policy and procedure for "Handling of Clean and Soiled Linen," dated 10/06, indicated, "Soiled linen will be bagged in plastic bags at the site and transported to soiled covered containers."</p> <p>This federal deficiency is related to Complaint IN00136932.</p> <p>3.1-19(g)(1)</p>			