

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 07/06/2011	
NAME OF PROVIDER OR SUPPLIER  NORTHWEST MANOR HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 6440 WEST 34TH STREET INDIANAPOLIS, IN46224			
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F0000	<p>This visit was for Investigation of Complaint IN00092778.</p> <p>Complaint number IN00092778 substantiated, federal/state deficiencies related to the allegations are cited at F323.</p> <p>Survey date: July 5, 6 2011</p> <p>Facility number: 000015 Provider number: 155041 AIM number: 100273750</p> <p>Survey team: Charles Stevenson RN</p> <p>Census bed type: SNF: 7 SNF/ NF: 107 Total: 114</p> <p>Census payor type: Medicare: 29 Medicaid: 61 Other: 24 Total: 114</p> <p>Sample: 3</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p>Preparation and execution of this response and plan of correction does not constitute an 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 solely because it is required by the provisions of federal and state law. For purpose of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes Northwest Manor Healthcare Center's allegation of compliance in accordance with Section 7305 in the State Operations Manual.</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.

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F0323 SS=D	<p>Quality review completed 7/7/11 Cathy Emswiler RN</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on record review and interview the facility failed to provide adequate supervision to ensure facility policy and procedure was followed for a resident assessed to need assistance of 2 staff members during transfers resulting in a fall for 1 of 3 residents reviewed for transfers in a sample of 3. (Resident B)</p> <p>Findings include:</p> <p>1. An undated facility document titled "Safe Lifting and Movement of Residents" received from the Director of Nursing (D.O.N.) on 7/06/11 at 1:30 p.m. and indicated to be a current facility policy indicated:</p> <p>"In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses</p>	F0323	<p>The facility does ensure the resident's environment remains free of accidents and hazards. Resident B's CNA #1 has been reinserviced on proper lifting/transfer technique with demonstration, including the definition of fall and transfer. Nursing staff have been reinserviced to include, definition of transfer and fall, demonstration of one/two person assisted transfer, sliding board, and mechanical lift. It is the responsibility of staff to know and follow appropriate transfer/lift technique to be utilized for each resident and to ensure appropriate techniques and/or devices are utilized to lift and move residents per facility policy. Information on transfer/lift technique for each resident is located on the Care Delivery Guides. Inservice of nursing staff included review of the Care</p>	07/18/2011	

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	<p>appropriate techniques and devices to lift and move residents...Special transfer/lifting needs will be documented in the resident's plan of care."</p> <p>The record of Resident B was reviewed on 7/06/11 at 11:00 a.m.</p> <p>Diagnoses included, but were not limited to, mixed vascular and Alzheimer's type dementia with delirium, chronic kidney disease, peripheral vascular disease, a history of alcohol abuse, and a history of cerebrovascular accident.</p> <p>A quarterly Minimum Data Set (M.D.S.) assessment dated 6/16/11 indicated Resident B required extensive, 2 person assist for transfers.</p> <p>A Care Plan for Resident B initiated 11/07/10 and updated most recently on 6/26/11 indicated:</p> <p>"Problem/Need: I am at risk for falls/injury related to falls related to decreased mobility, hemiparesis, poor safety awareness at times, and impulsive movements...</p> <p>Goal: I will have no significant injury as a result of falling...</p> <p>Approaches...2 staff members for</p>		<p>Delivery Guides with emphasis on transfer/lift techniques. The Care Delivery Guide information is accessible to nursing staff to instruct them on care for each resident. Quality Assurance monitor has been established to monitor compliance by staff utilizing appropriate lift/transfer technique. This monitor will be completed weekly for six weeks, monthly for three months, then quarterly with reports to the Quality Assurance Committee. Issues/concerns identified through Quality Assurance monitoring will be addressed through additional education and/or disciplinary action as needed. Quality Assurance monitors will be completed by nurse managers, Director of Nursing and the Administrator. Overall compliance will be monitored by the Director of Nursing and the Administrator.</p>		

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	<p>transfers..."</p> <p>A "Fall Risk Assessment" for Resident B dated 6/26/11 had a score of 13, with a score of 10 or above considered high risk for falls.</p> <p>A nurse's note dated 6/26/11 at 9:30 p.m. indicated:</p> <p>"Writer heard CNA call out for assistance. Went to (symbols for "check" and "and") followed CNA into res (resident) room where res was observed sitting on buttocks on floor next to bed...CNA stated during transfer from BSC (bed side commode) to bed res started to buckle (symbol for "and") resident was lowered to floor. Writer examined res noted abrasions to bilat (bilateral) knees..."</p> <p>An "Employee Counseling Report" for CNA #1 dated 6/27/11 indicated "Facts of Incident: Transferring a resident without appropriate number of staff to complete safely...Corrective Goals: Employee will understand Facility Policy (symbol for "with") regards to number of staff to transfer..."</p> <p>During an interview on 7/06/11 at 11:30 a.m. the facility Administrator indicated that on 6/26/11 CNA #1 was cleaning up Resident B after a bowel movement. The</p>						

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	<p>resident became weak and was assisted to the floor. The Administrator indicated Resident B was a 2 person transfer, and CNA #1 should not have been assisting Resident B alone.</p> <p>During an interview on 7/06/11 at 1:30 p.m. Nursing Unit Manager #2 indicated Resident B had been assessed as needing 2 staff for transfers "since last year some time." She indicated CNA #1 was aware Resident B was a 2 person transfer, and should not have attempted to transfer Resident B alone. She also indicate CNA #1 had been counseled and re-educated concerning safe transfer practices.</p> <p>CNA #1 was interviewed on 7/06/11 at 3:30 p.m. She indicated that on 6/26/11 she had stood Resident B up to help clean him up following a bowel movement. She indicated she was aware Resident B was a 2 person transfer, but that since she "just stood him up" she didn't think this qualified as a transfer. She indicated she now understood all lifts or transfers for Resident B required the assist of 2 staff for safety.</p> <p>3.1-45(a)(1)</p>				