

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155041	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Northwest Manor Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6440 W 34th St Indianapolis, IN 46224	

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, interview, and record review, the facility failed to ensure expired medications were discarded and a resident's supplements were labeled for 2 of 2 medication storage areas reviewed for medication storage (Resident 72).</p> <p>Findings include:</p> <p>During a medication storage observation on 4/4/24 at 11:05 a.m., the Wing 1 medication room was observed. Inside the refrigerator was a bottle of tuberculin serum (used to test for tuberculosis (TB)). The bottle was undated and was a multidose vial.</p> <p>The Wing 2 Medication cart was observed. A bottle of pro-stat (a supplement used to aid in wound healing) which belonged to Resident 72 was not labeled with the required minimum information.</p> <p>During an interview on 4/4/24 at 11:01 a.m., the Director of Nursing (DON) indicated, all medications for residents should be properly labeled, and the TB serum should have been discarded.</p> <p>On 4/4/24 at 12:58 p.m., the DON provided a copy of current facility policy titled, Storage of Medications, dated 9/18. The policy indicated, .Drugs dispensed in the manufacturer's original container will carry the manufacturer's original expiration date. Once opened, these products will be acceptable to use until the manufacturer's expiration date is reached and unless the medication is: 1. In a multi-dose vial, 2 an ophthalmic medication, 3. An item for which the manufacturer has specified an unstable duration after opening</p> <p>3.1-25(j)</p> <p>3.1-25(m)</p> <p>3.1-25(n)</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: 155041	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Northwest Manor Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6440 W 34th St Indianapolis, IN 46224	

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>38768</p> <p>Based on observation, interview, and record review, the facility failed to ensure puree food items were properly prepared and mixed according to the recipe and the equipment was thoroughly washed and sanitized. This deficient practice had the potential to affect 8 of 8 residents who received pureed food from the kitchen.</p> <p>Findings include:</p> <p>On 4/4/24 at 9:24 a.m., Cook 13 was observed as he prepared pureed lunch for the afternoon meal service.</p> <p>Cook 13 was not observed to conduct hand hygiene. He indicated he had already measured out the vegetables and added water and a blender was observed full of mixed vegetables submerged in water.</p> <p>Cook 13 turned on the blender and after several minutes, indicated the vegetables were done. He did not add any additional ingredients. When he poured the mixture into a pan, it was observed to be very thin and watery. When asked what texture the puree should be, Cook 13 indicated, just like this. When asked if he was going to add anything to the mixture, he indicated no, it was done, and he would put it on the stove to bring it to temperature and hold until lunch.</p> <p>When he finished with the vegetables, Cook 13 took the blender container and top to a 2-compartment sink. He turned on the tap water, rinsed the food particles from the blender, squeezed some down detergent into the container and used his bare, unwashed hands to swipe out the suds and remaining food particles. He did not allow for drying time and placed the dripping wet blender container back onto the base. When asked where/how he usually washed his equipment, Cook 13 indicated, sometimes he would take it across the hall to the dish room, but if he was in a hurry, he would just rinse it out there in the kitchen sink.</p> <p>Next, Cook 13 dumped pre-measured ground beef into the blender. He poured a large, unmeasured quantity of tap water in until the meat was covered and turned the blender on. After several minutes, he indicated it was done, and as he poured the pureed meat into a pan, it was observed to be very thin and watery. When asked about the texture, Cook 13 indicated, most of the water would steam out before lunch to create a thicker texture.</p> <p>During an interview on 4/4/24 at 9:35 a.m., the Dietary Manager (DM) was notified of the puree observations. The DM indicated that all dishes, utensils, and equipment should be run through the dish washing machine to ensure proper cleaning and sanitization. The DM indicated, pureed texture foods should not be too thin like a liquid, but more of the consistency of applesauce or pudding. At this time, copies of the vegetables and ground meat were requested.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155041	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Northwest Manor Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6440 W 34th St Indianapolis, IN 46224	
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>During a second observation on 4/4/24 at 10:04 a.m., Cook 13 was provided the recipes for the vegetables and ground meat, however he failed to properly measure out the ingredients and added an unknown quantity of bread with an unmeasured amount of gravy into the blender. He pureed the bread and gravy, then added it to the ground meat on the stove. The meat was still thin, so Cook 13 added an unmeasured amount of thickener into the pan and stirred until it reached an appropriate texture. Next, he added an unmeasured amount of thickener into the pan of mixed vegetables and stirred until it reached an appropriate texture.</p> <p>On 4/4/24 at 9:50 a.m., the DM provided copies of the recipes for mixed vegetables and cooked roast beef which provided specific and detailed instructions and measurements of ingredients, per serving size, that had not been followed during the observation.</p> <p>On 4/4/24 at 1:47 p.m., the Executive Director (ED) provided a copy of the current, but undated facility policy. The policy indicated, . Those residents who need pureed food shall receive a diet containing the same nutrient value as a regular diet. The pureed food will be seasoned as a regular diet and served at appropriate temperature and as attractively as possible. There is a menu written specifically for pureed diets. The recipe book details the method for preparation and serving size of pureed foods</p> <p>3.1-21(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155041	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Northwest Manor Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6440 W 34th St Indianapolis, IN 46224	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46414</p> <p>Based on observation, record review, and interview, the facility failed to accurately stage a pressure ulcer for 1 of 1 resident reviewed for pressure ulcers (Resident 71).</p> <p>Findings include:</p> <p>On 4/3/24 at 11:20 a.m., a record review was completed for Resident 71. She had the following diagnoses which included, but were not limited to, anemia (a condition in which the body does not have enough healthy red blood cells), hypertension (HTN), hyperlipidemia (HLD), type 2 diabetes, hypothyroidism, history of stroke (CVA), difficulty speaking, and depression.</p> <p>On 7/1/22, her pressure ulcer to her sacrum was referred to as an unstageable (full thickness tissue loss where the depth of the wound is completely obscured by eschar or dead tissue in the wound bed) pressure ulcer.</p> <p>On 7/3/23, a Wound Assessment Report indicated the resident had a stage IV (full thickness tissue loss that extends through the fascia and may expose the muscle, bone, tendon, or joint) pressure ulcer to her sacrum.</p> <p>A Minimum Data Set (MDS) assessment, dated 7/8/23, was coded as resident having a stage IV pressure ulcer.</p> <p>On 7/28/22, her pressure ulcer to her sacrum was referenced as a stage IV.</p> <p>Resident 71 had a care plan dated 8/30/23. It indicated she had a pressure ulcer stage III to her sacrum. The goal indicated the wound would resolve with treatment. An intervention included to treat wound as ordered and weekly skin assessment.</p> <p>On 10/5/23, a Wound Assessment Report indicated resident had a stage III pressure ulcer to her sacrum.</p> <p>A MDS, dated [DATE], was coded as resident having a stage II (partial thickness loss of dermis that presents as a shallow open ulcer with a red or pink wound bed or an intact or ruptured blister) pressure ulcer.</p> <p>A MDS, dated [DATE], was coded as resident having a stage IV pressure ulcer.</p> <p>On 1/9/24, a Wound Assessment Report indicated resident had a stage III pressure ulcer to her sacrum.</p> <p>Resident's 1/7/24 MDS was coded as resident having a stage IV pressure ulcer.</p> <p>On 1/30/24, a Wound Assessment Report indicated resident had a stage III pressure ulcer to her sacrum.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155041	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Northwest Manor Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6440 W 34th St Indianapolis, IN 46224	
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>On 2/6/24, a physician's progress note indicated resident had a stage III pressure ulcer to her sacrum that measured 1.4 centimeters (cm) in length by (x) 1.0cm in width x 0.5cm in depth.</p> <p>Resident's 2/9/24 MDS was coded as resident having a stage IV pressure ulcer.</p> <p>On 2/27/24, a Wound Assessment Report revealed a sacrum wound, stage III (full thickness tissue loss where subcutaneous fat may be visible, but bone, tendon, or muscle was not exposed).</p> <p>On 3/19/24, a Wound Assessment Report revealed a sacrum wound, stage III.</p> <p>She had a current physician's note, dated 4/1/24, which indicated Resident 71 had a stage III pressure ulcer to her sacrum. The wound was named number 3. The treatment was changed to collagen powder to promote extracellular matrix formation [an intricate network composed of an array of multidomain macromolecules organized in a cell/tissue specific manner] and autolytic debridement [a natural process by which endogenous phagocytic cells and proteolytic enzymes break down necrotic tissue] as no odor remains and, as such, no indication for Dakin's solution remains.</p> <p>During an interview with the Director of Nursing on 4/4/24 at 1:00 p.m., the DON indicated the MDS did not down stage pressure ulcers for the purpose of the MDS. They down staged according to current assessment of pressure ulcers. The RAI manual was referenced for accurate coding.</p> <p>A policy titled, Pressure Ulcer Prevention and Managing Skin Integrity, was provided by the DON on 4/4/24 at 12:58 p.m. It lacked documentation surrounding reverse staging or back staging.</p> <p>The NPUAP Position Statement on Staging, 2017 Clarifications January 24, 2017, indicated, .The NPUAP has long maintained this position and issued a position statement recommending against 'down staging' as early as the year 2006. One of the unintended consequences of identifying numerical stages of pressure injuries is that it invites the misinterpretation that 'stage' implies a progression (forward or backward). NPUAP's system implies no progression in any direction</p> <p>According to CMS RAI version 3.0 manual, dated October 2023, .M0300, Step 1: determine the deepest anatomical stage. Pressure ulcers do not heal in reverse sequence, that is the body does replace the types and layers of tissue that were lost during pressure ulcer development before they re-epithelize. Clinical standards do not support reverse staging or back staging as a way to document healing, as it does not accurately characterize what is occurring physiologically as the ulcer heals</p> <p>3.1-50(a)(1)</p> <p>3.1-50(a)(2)</p>		