

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G632	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/25/2016
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NAME OF PROVIDER OR SUPPLIER  CARDINAL SERVICES INC OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 211 S BIRKEY BREMEN, IN 46506
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W 0000  Bldg. 00	<p>This visit was for a predetermined full annual recertification and state licensure survey.</p> <p>Dates of survey: 2/16, 2/17, 2/18, 2/19, 2/22, 2/24, and 2/25/16.</p> <p>Provider Number: 15G632 Facility Number: 001208 AIM Number: 100240170</p> <p>This federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/3/16.</p>	W 0000		
W 0125  Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review, and interview, for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 4 additional clients (clients #5, #6, #7, and #8), the facility failed to ensure clients</p>	W 0125	By 3/26/16, the QDP responsible for obtaining consents and completing assessments for locked household items, will receive training on the agency's procedure for getting consent	03/26/2016

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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	<p>#1, #2, #3, #4, #5, #6, #7, and #8 were allowed access to locked cleaning supplies.</p> <p>Findings include:</p> <p>On 2/17/16 from 6:55am until 9:15am, and on 2/17/16 from 2:30pm until 6:10pm, clients #1, #2, #3, #4, #5, #6, and #7 were observed at the group home. During the observation periods the cleaning supplies were kept locked inside a closet and inside a kitchen cabinet. Client #8 was observed at the group home on 2/17/16 from 6:55am until 9:15am and on 2/17/16 from 2:30pm until 4:00pm. On 2/17/16 at 4:00pm, client #8's guardian arrived to take him into the community for supper. During the observation periods facility staff used a key to access and retrieve secured cleaning supplies. At 3:25pm, clients #1, #3, #6, and #7 indicated they did not have a key to access locked cleaning supplies. During the observation periods clients #1, #2, #3, #4, #5, #6, #7, and #8 were not taught and encouraged to access the locked cleaning supplies with staff.</p> <p>On 2/17/16 at 8:30am, GHS (Group Home Staff) #3 indicated the cleaning supplies were kept locked in the closet and kitchen cabinet. GHS #3 indicated clients #1, #2, #3, #4, #5, #6, #7, and #8</p>		<p>from guardians and assessing persons served ability to access locked items independently. (See attachments A &amp; B) Furthermore, by 3/26/16, all QDPs in the agency will be retrained on this issue as well. Lastly, by 3/26/16, the IDT will determine whether the locked cleaning supplies will remain locked or if the restriction will be lifted. In the event the IDT decides the cleaning supplies will remain locked, the QDP will get consent from the guardians to lock the cleaning supplies in addition to assessing the remaining seven individual's ability to access the locked items independently, by 3/26/16. If an individual is not able to access the locked item independently, the QDP will implement an informal goal for each of the men, teaching them how to access the cleaning supplies. In order to correct this deficiency in the future, the Director will review all IDT notes and consult with the team to ensure the IDT appropriately followed through with procedures and regulation. QDP and Director responsible</p>		

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	<p>did not have access to the locked cleaning supplies at the group home.</p> <p>On 2/17/16 at 3:35pm, GHS #2 indicated clients #1, #2 #3, #4, #5, #6, #7, and #8 did not have access to locked cleaning supplies. GHS #2 indicated clients did not have keys to access locked cleaning supplies at the group home.</p> <p>On 2/17/16 at 5:05pm, GHS (Group Home Staff) #11 stated the cleaning supplies were kept locked because client #5 "drinks" Windex cleaner. GHS #11 indicated clients #1, #2, #3, #4, #6, #7, and #8 did not have a key to access the locked cleaning supplies. GHS #11 indicated clients #1, #2, #3, #4, #6, #7, and #8 did not have an identified need for the cleaning supplies to be kept locked.</p> <p>On 2/18/16 at 12:10pm, client #1's record was reviewed. Client #1's 10/8/15 ISP (Individual Support Plan) and record did not indicate an assessment, consent, and/or notification which included information regarding the facility locking the cleaning supplies in the group home.</p> <p>On 2/19/16 at 11:20am, client #2's record was reviewed. Client #2's 7/23/15 ISP (Individual Support Plan) and record did not indicate an assessment, consent, and/or notification which included</p>			

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	<p>information regarding the facility locking the cleaning supplies in the group home.</p> <p>On 2/19/16 at 12:00noon, client #3's record was reviewed. Client #3's 1/6/16 ISP (Individual Support Plan) and record did not indicate an assessment, consent, and/or notification which included information regarding the facility locking the cleaning supplies in the group home.</p> <p>On 2/18/16 at 12:52pm, client #4's record was reviewed. Client #4's 2/9/15 ISP (Individual Support Plan) and record did not indicate an assessment, consent, and/or notification which included information regarding the facility locking the cleaning supplies in the group home.</p> <p>An interview on 2/25/16 at 9:45am, with the Adult Services Director (ASD), the Residential Manager (RM) and the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The ASD and QIDP both indicated clients #1, #2, #3, #4, #6, #7, and #8 did not have the identified need for the locked/secured cleaning supplies in the group home. The ASD indicated no consents, no assessments, and no further information were available for review. The ASD indicated client #5 had a history of ingesting chemicals orally and the group home had locked the chemicals.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

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	9-3-2(a)				