STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G536	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/10/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARDINAL SERVICES INC OF INDIANA	2501 GLAD ST WARSAW, IN 46580

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000000	This visit was for a fundamental recertification and state licensure survey. Dates of survey: September 30, October 1, 2, 3, 7, 8, 9, and 10, 2013. Facility number: 001050 Provider number: 15G536 AIM number: 100245380 Surveyor: Susan Reichert, QIDP The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed October 22, 2013 by Dotty Walton, QIDP.	W000000		
W000149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review, observation and interview, the facility neglected to implement policy and procedures to protect 1 of 4 sampled clients (client #1) from elopement behavior placing him at risk for harm, and failed for 1 additional client (client #6) to protect her from a fall with injury. Findings include: 1. The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 10/1/13 at 10:50 AM.	W000149	W149 The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Cardinal Services is committed to providing supports for people that are free from abuse, neglect or mistreatment. To this end Cardinal Services provides training to all new staff regarding the prevention and reporting of all abuse, neglect and mistreatment. In addition, staff receives annual training regarding the prevention and reporting of	11/09/2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G536	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/10/2013
NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 2501 GLAD ST WARSAW, IN 46580	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	An incident dated 5/6/13 indicated client #1 left his home without staff knowledge and was without staff supervision for "approximately" 25 minutes. Client #1's neighbor called the Residential Coordinator on 5/6/13 to report at 4:20 PM. The neighbor had seen client #1 leave the group home property, cross the street and go into the neighbor's yard before returning to his own yard at which time staff found him outside at 4:45 PM. The report indicated client #1 would be kept within eyesight while in common areas of the home and when in his room would have checks by staff every 15 minutes, and the interdisciplinary team would meet in one month to determine the effectiveness of client #1's increased supervision. An attached investigation completed on 5/9/13 indicated a conclusion, "Staff would appear to have been neglectful of performing their duties on 5/6/13. It did not appear to be intentional on the staff's behalf." A report dated 5/21/13 indicated client #1 left the home again for 5 minutes. The report indicated staff would now remain in the living area of the group home to provide additional supervision for client #1. The report indicated a tracking sheet had been implemented to document client #1's supervision checks by staff. Observations were completed at the group home on 9/30/13 from 5:07 PM until 6:50 PM. Client #1's group home was located at the corner of a residential street and a city thoroughfare and across the street from a movie theater. Client #1's record was reviewed on 10/7/13 at 2:00 PM. Client #1's January, 2013 Self Management Plan included documentation dated 6/18/13 of the facility's Human Rights Committee's approval for a door alarm system to notify staff of doors opening in the home. Client #1's CFA (Comprehensive Functional		abuse, neglect and mistreatment. Staff that failed to follow Client #1's support plan received disciplinary action on May 31, 2013. (see attachment A) Client #1's support staff received additional training providing specific definitions of his plan by May 28, 2013. (see attachment B) To further ensure the safety of Client #1 the IDT determined that door alarms should be activated and on June 18, 2013 HRC approval was obtained and the alarms were activated. (see attachment C) Client #1 has not had any additional incidents of elopement. Staff that failed to secure Client #6's seatbelt received disciplinary action on November 15,2012. (see attachment D) To assure for the safety of Client #6 and her housemates staff working in the Glad St. group home will receive additional by November 8, 2013 stating that staff must commit to using all necessary adaptive equipment and safety devises as needed to ensure that preventable injuries do not occur. (see attachment E) To ensure this deficiency does not occur again, the Residential Manager, QDP and Residential Coordinator will monitor the staff performance through weekly, monthly and quarterly observations. QDP, Residential Manager and Residential Coordinator Responsible.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G536	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/10/2013
NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 2501 GLAD ST WARSAW, IN 46580	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Assessment) dated 1/18/13 indicated he required physical assistance to notify someone of whereabouts before leaving, required verbal assistance to recognize and stay within the boundaries of his yard, and physical assistance to cross streets, and lacked pedestrian safety skills. Client #1's 1/18/13 Case Conference Agreement indicated client #1 was in need of 24 hour supervision. The Qualified Disabilities Professional (QDP) was interviewed on 10/8/13 at 3:20 PM. When asked about client #1's safety during the elopement incidents on 5/6/13 and 5/21/13, he stated, "It placed him at some risk." 2. A BDDS report dated 11/15/13 indicated client #6 fell from her wheelchair after staff failed to refasten her seat belt after being repositioned and her wheelchair hit a bump in a ramp. Client #6 was found with 2 "small abrasions; one on her right knee and the second on her left knee." The report indicated client #6 was 80 years of age. An investigation dated 11/19/12 indicated a conclusion "After interviewing and getting statements from witnesses and all parties involved it has been determined that the cause of this fall was accidental and as a result of staff forgetting to secure [client #6's] wheelchair seat belt...." Client #6's 1/22/13 Mobility Screening was reviewed on 10/8/13 at 3:57 PM and indicated client #6 required staff assistance while mobilizing and used her wheelchair due to her cerebral palsy. "She needs assistance getting in/out of wheelchair and her electric wheelchair. A Hoyer lift should be used for all transfers as [client #6] has a hard time bearing weight... When using the electric wheelchair she needs closely monitored (sic) as she has a tendency to			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G536	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/10/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARDINAL SERVICES INC OF INDIANA	2501 GLAD ST WARSAW, IN 46580

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	bump into things...." The group home nurse was interviewed on 10/8/13 at 3:20 PM and when asked if staff had neglected to implement interventions to address client #6's mobility needs, she stated, "Yes." The facility's policy and procedures "Cardinal Services, Inc. Incident/Abuse/Neglect Policy Persons Served dated 5/13 was reviewed on 9/30/13 at 4:45 PM and indicated in part, "Cardinal Services, Inc. is committed to ensuring the safety, dignity, and protection of persons served. To ensure that physical, mental, sexual abuse, neglect or exploitation of persons served by staff members, other persons served, or others will not be tolerated; incidents will be reported and thoroughly investigated...." Neglect was defined as "Incidents involving persons served which could be construed as neglect (i.e. situations that may endanger his or her life or health...)." 9-3-2(a)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G536	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/10/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARDINAL SERVICES INC OF INDIANA	2501 GLAD ST WARSAW, IN 46580

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review, and interview for 2 of 4 sampled clients (clients #1 and #4), the facility failed to implement individual support plan objectives as written. Findings include: 1. Observations were completed in the group home on 9/30/13 5:07 PM until 6:50 PM. Client #1 ate his dinner without being prompted to use the sign "eat" during or prior to his meal. Observations were completed in the group home on 10/1/13 from 6:55 AM until 8:20 AM. Staff #5 prepared client #1's toast for him and client #3 ate toast placed beside his place setting. Client #1 ate his meal without being prompted to sign "eat." Staff #5 was interviewed on 10/1/13 at 7:19 AM. He indicated clients usually assisted in preparing their meals. Client #3 was interviewed on 10/1/13 at 7:20 AM. He indicated staff #5 had prepared his toast for him. Client #1's record was reviewed on 10/7/13 at 2:00 PM. An ISP (Individual Support Plan) dated 1/18/13 indicated an objective, "will sign	W000249	W249 As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives s identified in the individual program plan. Cardinal Services, Inc. is committed to providing programming that encourages the greatest level of independence possible for those that we serve. To assure that this standard will be met, staff in the Glad Street group home will receive training stating that staff must ensure goals are being ran as written to ensure objectives are met and that staff must encourage each person they support to participate in all daily living skills at every opportunity by November 8, 2013. (see attachment F) To ensure that all people receiving residential services through Cardinal Services' are provided with consistent training opportunities,	11/09/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G536	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/10/2013
NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 2501 GLAD ST WARSAW, IN 46580	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	eat." The plan indicated "Staff will teach me to sign "EAT" in appropriate situations." Client #3's record was reviewed on 10/7/13 at 2:40 PM. An ISP dated 3/13/13 indicated an objective "assist with meal prep." The plan indicated client #3 can "assist with meal preparation by making toast." The QDP (Qualified Disabilities Professional) was interviewed on 10/8/13 at 3:20 PM. He indicated client #3 can make toast, and client #1 should be prompted to sign "eat" during his meals. 9-3-4(a)		all staff will receive training regarding Cardinal Services expectations of consistent, aggressive program implementation by November 8, 2013. (see attachment G) In addition, Residential Managers will receive additional training regarding their responsibility to assure goal implementation and active treatment occurs by November 5, 2013. (see attachment H) To ensure this deficiency does not occur again, the Residential Manager, QDP and Residential Coordinator will monitor the staff performance through weekly, monthly and quarterly observations. QMRP, Residential Manager and Residential Coordinator Responsible.	
W000331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility failed for 1 of 2 additional clients with decreased mobility (client #9) to ensure staff documented/implemented repositioning to prevent pressure ulcers. Findings include: The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 10/1/13 at 10:50 AM. A report dated 11/23/12 indicated client #9 had died on 11/23/12 after being diagnosed with "failure to thrive" on 10/30/12 and was under the care of	W000331	W331 The facility must provide clients with nursing services in accordance with their needs. Nursing services will be provided in accordance with client needs as specified in each client's program plans, risk plans and health care plans. Specific and sufficient health care services will be provided through the implementation of client specific protocols for identified areas of risk. Specifically, the implementation of repositioning documentation will be required to be signed off on every two hours.	11/09/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G536	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/10/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARDINAL SERVICES INC OF INDIANA	2501 GLAD ST WARSAW, IN 46580

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Hospice staff from 11/13/12. An attached Death Investigation (undated) indicated on 11/21/12 the Hospice nurse "observed two stage 2 pressure ulcers, and another area that was beginning to turn black (location of ulcers not indicated). The Hospice nurse stated that this was the beginning of the death process." A November, 2012 position tracking sheet for client #9 was reviewed on 10/2/13 at 12:44 PM. The sheet indicated client #9 was to be repositioned every 2 hours. The form failed to indicate documentation client #9 was repositioned from 10:00 AM to 2:00 PM on 11/1/12, from 4:00 PM on 11/2/12 until 2:00 AM 11/3/12, from 4:00 PM until 12:00 AM on 11/11/12, on 11/19/12 from 10:00 AM until 12:00 PM, and on 11/21/12 from 6:00 PM until 12:00 AM. The facility nurse was interviewed on 10/2/13 at 12:45 PM. She indicated the Hospice nurse had advised facility staff that pressure ulcers were common during the dying process and a repositioning schedule had been developed and implemented to address client #9's pressure ulcers. She stated "they should have repositioned every 2 hours and documented. It was not an open area on 11/13/12." 9-3-6(a)		Staff will receive additional training regarding requirements in implementing repositioning schedules for those we support by November 8, 2013 (see attachment I) To ensure this deficiency does not occur again, the Residential Manager, QDP and Residential Coordinator will monitor the staff performance through weekly, monthly and quarterly observations. Coordinator, Nurse, QDP and Manager Responsible.	