

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G557		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/13/2013	
NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 617 LOON CT PLYMOUTH, IN 46563			
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: 11/25, 11/26, 11/27 and 12/13/2013.</p> <p>Facility number: 001071 Provider number: 15G557 AIM number: 100245470</p> <p>Surveyor: Amber Bloss, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/18/13 by Ruth Shackelford, QIDP.</p>	W000000					

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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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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.</p> <p>Based on observation, record review, and interview, for 1 of 3 sample clients (Client #2), the facility failed to implement the ISP (Individual Support Plan) in regards to a communication goal when formal and informal opportunities existed.</p> <p>Findings include:</p> <p>On 11/25/13 between 4:21 PM and 5:52 PM, group home observations were conducted. At 4:33 PM, Client #2 was observed to assist with placing shirt protectors on the dining room table before dinner. At 4:37 PM, Client #2 sat at the dining room table waiting for dinner with no activity. At 4:43 PM, Client #2 was still sitting at the table while DSP (Direct Support Professional) #2 put napkins at each spot at the dining room table. Client #6 and Client #4 were also seated at the dining room table waiting for dinner. At 4:51 PM, clients #2, #6, and #3 remained seated at the dining room table without activities. Between 5:00 PM and 5:37 PM, dinner was served. At 5:20 PM, Client #2 was finished with dinner and took off his shirt protector. At 5:22 PM, DSP #3 verbally prompted Client #2 to take his dishes to the kitchen which he did. At 5:52 PM, Client #2 was in his room alone listening to music. Throughout the observation, no picture communication system was used or offered to Client #2.</p>	W000249	<p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive 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.</p> <p>The QDP revised client #2's ISP and communication goal to accommodate the method of communication client #2 prefers. The communication boards and pictures were eliminated. Instead, the IDT agreed that</p>	01/12/2014			

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	<p>On 11/26/13 between 6:24 AM and 8:38 AM, group home observations were conducted. At 6:24 AM, Client #2 was at the dining room table wearing a shirt protector. Client #2 ate a bowl of cereal, eggs, toast, and juice for breakfast. At 6:51 AM, Client #2 was assisted with medication administration by DSP #4. At 8:00 AM, Client #2 began to attend the in-home day service program. Throughout the observation, Client #2 was not offered a picture communication system to use to communicate.</p> <p>On 11/27/13 at 12:25 PM, record review indicated Client #2's diagnoses included, but were not limited to, profound intellectual disabilities, cerebral palsy, and chronic seizures. Client #2's ISP (dated 03/06/13) indicated Client #2 had a "residential informal goal" to "choose a destination from picture choices as independently as possible." Client #2's ISP also indicated Client #2 had a communication goal at day program to "improve communication/choice making." Client #2's goal indicated "[Client #2] is learning to use pictures to improve his communication skills. During day programming time, when it is time for [Client #2] to utilize a picture exchange system (such as choosing what to order at a restaurant, choosing an activity, snack, etc.) then pull out the category pertinent to the situation, and have him select the photo of his choice." The methodology of Client #2's communication goal indicated "Praise all attempts, and train often, so that [Client #2] becomes accustomed to the picture exchange system." The methodology indicated staff should "train at every opportunity."</p> <p>On 11/27/13 at 11:26 AM during interviews with the Residential Manager (RM) and the QIDP (Qualified Intellectual Disabilities Professional), the RM indicated Client #2 had refused to use the</p>		<p>a more appropriate communication goal is to prompt client #2 from choosing</p> <p>between two items and/or activities. The</p> <p>QDP changed client #2's goal on 12/28/13 (see attachment C1-C2) and all staff</p> <p>were formally trained on the changes on 12/30/13 (see attachment A) and again</p> <p>on 1/3/14 (see attachment B1-B2).</p> <p>To ensure this deficiency does not occur again, the QDP and</p> <p>Residential Manager will increase observations to once per week on each shift</p> <p>until staff demonstrate competency in implementing the new goal. Once competency has been established, the</p> <p>Residential Manager and QDP will resume their normal observation schedule.</p> <p>Residential Manager</p> <p>and QDP responsible</p>				

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	<p>picture exchange system and staff have been offering him two objects to choose from instead. The QIDP indicated Client #2's ISP goals should have been taught during every opportunity. The QIDP indicated Client #2's ISP communication goal should have been taught to Client #2 as written in his ISP.</p> <p>9-3-4(a)</p>			

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W000257	<p>483.440(f)(1)(iii) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.</p> <p>Based on observation, record review, and interview, the QIDP (Qualified Intellectual Disability Professional) failed to revise a BSP (Behavior Support Plan) when 1 of 3 sampled clients (#1) failed to progress.</p> <p>Findings include:</p> <p>On 11/26/13 between 4:21 PM and 5:52 PM, group home observations were conducted. At 4:21 PM, Client #1 was crying and yelling "I want to go home" repeatedly. At 4:27 PM, DSP (Direct Support Professional) #1 assisted Client #1 with medication administration. Client #1 yelled "don't want it" several times but DSP #1 verbally redirected Client #1 to take her medication. At 4:37 PM, DSP #1 and Client #1 sat down at the dining room table and did a puzzle. At 4:51 PM, Client #1 was pacing throughout the living room and kitchen area yelling she wanted to go home. At 4:56 PM, Client #1 was yelling "I don't want to go" repeatedly. DSP #2 redirected Client #1 to assist in getting serving spoons for dinner. DSP #2 got the serving spoons and Client #1 walked beside her while DSP #2 placed them at the table. Between 5:00 PM and 5:32 PM, dinner was served. The dining area contained two dining tables and Client #1 sat at the end of one table by herself through her meal. At 5:19 PM, Client #1 took her cups into the kitchen independently and was quiet. At 5:22 PM, Client #1 started clapping</p>	W000257	<p>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.</p> <p>The QDP revised client #1's behavior plan to remove the intervention strategy of ignoring client #1's behavior to redirecting client #1's behavior by giving attention and engaging her in an activity. (See attachments D1-D6) DSPs were trained on the updated behavior</p>	01/12/2014			

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	<p>and singing loudly. Client #3 told Client #1 to stop clapping and "go take a shower." DSP #2 verbally prompted Client #1 to take her dish into the kitchen. Client #1 remained in the kitchen to assist with putting dishes into the dishwasher. At 5:32 PM, Client #1 begin to yell again "I want to go home." At 5:37 PM, Client #1 was still yelling without redirection or intervention. Client #1 continued to yell until DSP #1 offered to color with her at 5:44 PM. At 5:48 PM, Client #1 was done coloring and walked into the kitchen and started clapping again and yelled "I want to go!" repeatedly. At 5:48 PM, DSP #2 offered to read a book with Client #1 and they went to pick a book to read. Client #1 was quiet while DSP #2 read her a book.</p> <p>On 11/27/13 between 6:24 AM and 8:38 AM, group home observations were conducted. At 6:36 AM, Client #1 woke up and walked into the living area with her pajamas on. DSP #3 indicated Client #1 had a BSP (Behavior Support Plan) for the yelling which she stated was to "direct her to activities she enjoys." At 7:09 AM, Client #1 walked into the living area dressed for the day and began to loudly clap and sing while walking around. At 7:14 AM, Client #1 was assisted with medication administration by DSP #3. During an interview at 8:38 AM, the Residential Manager (RM) indicated Client #1 does not always sit by herself at dinner. The RM stated Client #3 will choose to sit with Client #1 "unless she is being loud."</p> <p>On 11/27/13 at 10:40 AM, record review indicated Client #1's diagnoses included, but were not limited to, severe intellectual disabilities, dental prophylaxis, bipolar disorder, and seizures. Client #1's ISP (Individual Support Plan) dated 7/10/13 indicated Client #1 had a Behavior Support Plan (BSP) dated 7/2013. Client #1's BSP indicated</p>		<p>plan on 12/30/13 (see attachment A).</p> <p>Additionally, on 1/3/14 the QDP was retrained that the QDPs are responsible for monitoring behavior data on a regular basis and analyzing the behavior data on a monthly basis.</p> <p>The QDP was retrained to modify plans that that did not show progress towards positive outcomes. (See attachment E)</p> <p>To ensure this deficiency does not occur again, the Director will monitor consumer plans, effectiveness of plans, and staff competency in implementing those plans during quarterly observations and paperwork review in the group home. Additionally, the Residential Manager and QDP is responsible for monitoring consumer plans,</p>				

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	<p>Client #1 "tends to engage in echolalic (immediate and involuntary repetition of speech) and repetitive speech patterns." The BSP indicated Client #1 "may display excessive vocal behavior such as yelling, screaming, and whispering; and excessive motor behaviors such as pacing and hand flapping and/or aggression towards others." Client #1's BSP indicated behaviors "may" indicate Client #1 is "uncomfortable with [her] surroundings, such as when [her] environment is unstructured and/or over-stimulating." The BSP indicated target behaviors as physical aggression, excessive vocalizations, excessive motoric behavior, and sleeplessness. The BSP indicated "intervention strategies" for "excessive vocalizations" included the following: "if I become excessively vocal withdraw your attention from me and remove anything from the environment, which I might find threatening. As soon as I become quiet assure me of my safety using short phrases containing key words paired with relevant gestures or pictures. Give me a good deal of attention and engage me in an activity following the proactive measures listed above."</p> <p>Review of Client #1's BSP behavior tracking indicated the following data for "excessive vocalizations":</p> <p>12/2012: 29 1/2013: 52 2/2013: 43 3/2013: 41 4/2013: 47 5/2013: 63 6/2013: 52 7/2013: 65 8/2013: 65 9/2013: 52 10/2013: 44</p>		<p>effectiveness and staff competency in implementing plans during weekly observations in the home.</p> <p>Adult Services</p> <p>Director, Residential Manager, and QDP responsible</p>				

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	<p>Review of Client #1's 10/2013 Physician Order Sheet indicated Client #1 was prescribed the psychotropic medication Seroquel (antipsychotic) 700 mg/daily (dated 9/6/13) and Lexapro (antianxiety) 5 mg/daily (dated 9/6/13) for behavior management.</p> <p>Record review indicated Client #1 was ordered a weighted vest on 10/7/13 for "anxiety." Record review indicated a "Pressure and Weighted Vest" protocol for Client #1 dated 10/8/13 and signed by HRC (Human Rights Committee) on 10/9/13.</p> <p>On 11/27/13 at 11:26 AM, during interviews with the Residential Manager (RM) and the Qualified Intellectual Disabilities Professional (QIDP), the RM stated he did not interpret Client #1's "excessive vocalizations" interventions to mean "planned ignoring". The RM indicated he believed Client #1's BSP indicated staff should ignore the source of her vocalizations. The RM stated "for instance" if Client #1 was upset about the weather, staff should not talk about the weather. The RM indicated staff talking about what was upsetting Client #1 upsets her further. The RM indicated he did not find the group home to be disruptive with Client #1's repetitive vocalizations and yelling. The RM indicated "some consumers enjoy the loud noise." The QIDP stated Client #1's BSP indicated staff should turn their attention away from Client #1 when she engages in "excessive vocalizations" because "for example, if we offer her a puzzle while she is vocalizing, she will ignore the request." The QIDP indicated Client #1's BSP did not include formal strategies of redirecting Client #1 to use an appropriate volume of speech or in redirecting her away from other clients. The QIDP indicated the BSP was not updated as they intended to try the weighted vest for anxiety. The QIDP stated the "Pressure and Weighted Vest" protocol was not in</p>			

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	<p>place yet because it took "awhile" for the weighted vest to be approved by Client #1's IDT (Interdisciplinary Team) and for HRC (Human Rights Committee) consent. The QIDP indicated the weighted vest had just arrived but had not yet been implemented as part of Client #1's ISP (Individual Support Plan). The QIDP indicated Client #1 needed to have an Physical Therapy appointment to finish the "Pressure and Weighted Vest" protocol because they needed further instruction on how much weight to use in the vest and how long Client #1 should wear it. The QIDP indicated Client #1's data indicated she did not progress with her current BSP. The QIDP indicated they adjusted Client #1's psychotropic medication but did not adjust the techniques used in Client #1's BSP.</p> <p>9-3-4(a)</p>						

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W000488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview, for 5 of 6 clients (clients #1, #2, #3, #4, and #5) who lived in the group home, the facility failed to ensure clients were included in cutting their food with a knife.</p> <p>Findings include:</p> <p>During group home observations on 11/26/13 between 4:21 PM and 5:52 PM, group home observations were conducted. Between 5:00 PM and 5:52 PM, clients ate dinner.</p> <p>1) At 5:05 PM, DSP #2 cut Client #1's pears with the side of a spoon without her assistance. At 5:08 PM, DSP #2 cut Client #1's green beans with scissors.</p> <p>2) At 5:00 PM, DSP (Direct Support Staff) #1 cut Client #2's sausage on his plate with scissors at the table without assistance from Client #2.</p> <p>3) At 5:10 PM, DSP #3 cut Client #3's sausage on her plate using scissors. At 5:11 PM, DSP #2 gave Client #3 a piece of bread that had already been buttered by staff.</p> <p>4) At 5:05 PM, DSP #1 cut Client #4's sausage on her plate with scissors at the table without her assistance. At 5:11 PM, DSP #2 put a piece of buttered bread on Client #4's plate and cut the bread into bite size pieces using scissors.</p> <p>5) At 5:04 PM, DSP #1 cut Client #5's sausage on his plate with no assistance from him. At 5:08 PM, DSP #1 cut Client #5's pears on his plate using</p>	W000488	<p>The facility must assure that each client eats in a manner consistent with his or her development level.</p> <p>The QDP revised client #1, 2, 4, 5's ISPs to include the use of kitchen shears when attempts with using a kitchen knife is unsuccessful.</p> <p>(See attachments F1-F4) Client #3 does not have difficulties using a kitchen knife and will be prompted to use a knife to cut her own food. Additionally, on 12/30/13 and again on 1/3/14 all staff were retrained that they should encourage all individuals to cut their own food and only intervene when</p>	01/12/2014

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	<p>scissors. At 5:11 PM, DSP #2 put a piece of buttered bread on Client #5's plate and cut it into bite size pieces using a scissors.</p> <p>During interview on 11/27/13 at 11:26 AM with the Residential Manager (RM) and the Qualified Intellectual Disabilities Professional (QIDP), the RM indicated staff use scissors to cut clients #1, #2, #3, #4, and #5's food because it helps them achieve the correct texture of food required for each client. The RM indicated the scissors were a more sanitary means to achieve the correct food texture. The RM indicated he believed the clients still experienced a home-like dining experience with the use of scissors for cutting. The QIDP stated the staff just began using the scissors to cut the food and she believed it was a "great idea." The QIDP indicated the scissors were easier to use for some of the clients. The QIDP stated "for example", Client #3 may not be able to use a knife but "may be able to use the scissors." The QIDP indicated the use of the scissors was not addressed in clients #1, #2, #3, #4, and #5's ISPs (Individual Support Plans). The QIDP indicated clients should have assisted in cutting their own food as their abilities allow. The QIDP indicated she could see how the use of the scissors could limit the teaching opportunities for clients to learn to use their knives during meal times.</p> <p>9-3-8(a)</p>		<p>necessary. When intervention is necessary</p> <p>staff have been prompted to use hand over hand assistance. (See attachments</p> <p>G1-G2).</p> <p>To ensure this deficiency does not occur again, the QDP and</p> <p>Residential Manager will increase observations to once per week on each shift</p> <p>until staff demonstrate competency in implementing the new goal. Once competency has been established, the</p> <p>Residential Manager and QDP will resume their normal observation schedule.</p> <p>Residential Manager</p> <p>and QDP responsible</p>		