STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G549	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 12/07/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARDINAL SERVICES INC OF INDIANA	330 E COLUMBIA LOGANSPORT, IN46947

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
W0000	This visit was for an annual fundamental recertification and state licensure survey. Dates of Survey: December 5, 6, and 7, 2011 Facility number: 001063 Provider number: 15G549 AIM number: 100245450 Surveyor: Tracy Brumbaugh, Medical Surveyor III/QMRP These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed on 12/12/2011 by Dotty Walton, Medical Surveyor III.	W0000		
W0249	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, the facility failed for 2 of 4 sampled clients (clients #2 and #3) to	W0249	QDP trained staff on 12-20-11 over implementation of goals. Staff were trained over medication goals and informed	12/20/2011

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.

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	ensure the medication goals were implemented per their Individualized Support Plans (ISPs). Findings include: On 12-6-11 from 6:15 a.m. until 7:30 a.m. an observation at the home of clients #2 and #3 was conducted. At 6:41 a.m. client #3 was observed during his medication administration. Direct care staff (dcs) #6 punched out client #3's medication, took the medications to him at the breakfast table, dcs #6 prompted him to "get them all," then she told him "good job." Client #6 took his medications with water. At 6:55 a.m. dcs #7 took out client #2's medications. Dcs #7 asked client #2 "do you know what this is ?" Dcs #7 indicated to client #2 it was her birth control pill. Dcs #7 continued the medication administration with client #2 naming each of the medications she was administering to client #2. On 12-6-11 at 10:15 a.m. a record review for client #3 was conducted. The ISP dated 1-4-11 indicated client #3 had a goal to improve his medication skills. The baseline indicated client #3 would identify his medication with 2 verbal prompts. The objective indicated client #3 would identify his Zoloft independently. Client #3 was not		that goals should be ran at every training opportunity. See attachment A.Nurse reviewed medication Core A standards of communication during medication passes. See attachment A, B.	

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	prompted by dcs #6 at his medication administration on 12-6-11 at 6:41 a.m. to identify any of his medications. On 12-6-11 at 11:00 a.m. a record review for client #2 was conducted. The ISP dated 3-21-11 indicated client #2 had a goal to improve her medication administration skills. The baseline indicated client #2 would name her pills independently. The objective indicated client #2 would repeat the reason she was taking her Luvox (for depression). Client #2 was not prompted by dcs #7 at her medication administration on 12-6-11 at 6:55 a.m. to repeat the reason she was taking her Luvox. On 12-7-11 at 11:30 a.m. an interview with the Qualified Mental Retardation Professional indicated medication goals should be implemented at medication administrations per client #2 and #3's ISPs. 9-3-4(a)			
W0383	Only authorized persons may have access to the keys to the drug storage area. Based on observation and interview, the facility failed for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6, and #7) to ensure only authorized persons had access to the keys	W0383	QDP and RM trained staff on keeping the medication closet keys on their person. Staff will keep keys on their person at all times during their shift. See	12/20/2011

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	to the drug storage area. Findings include: On 12-5-11 from 3:15 p.m. until 5:15 p.m. an observation, at the home of clients #1, #2, #3, #4, #5, #6, and #7, was conducted. At 3:45 p.m. direct care staff (dcs) #1 was observed to hang the medication keys on the unlocked office wall. Clients #3, #4, and #6 were sitting in their living room with access to the medication keys as the door was kept open to the office. On 12-6-11 from 6:15 a.m. until 7:30 a.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, and #7 was conducted. At 6:51 a.m. dcs #7 went to the office to get the medication keys. The medication keys were not on the hook in the office. Dcs #7 found the keys lying on the kitchen counter under the medication cabinet. Clients #1, #2, #5, and #7 were in their home with access to the medication keys. On 12-7-11 at 11:30 a.m. an interview with the House Manager and Qualified Mental Retardation Professional indicated the medication keys were not kept with an authorized person but instead kept in the unlocked office.		attachment A.	

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W0455	9-3-6(a) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, the facility failed to maintain proper hygiene practices and prevent cross contamination, during medication administration, for 1 of 4 sampled clients (client #4), whose oral medication stuck to the bubble pack and was removed by staff with their bare hands. Findings include: On 12-6-11 from 6:15 a.m. until 7:30 a.m. an observation at the home of client #4 was conducted. At 6:33 a.m. direct care staff (dcs) #6 was observed to punch out client #4's Divalproex (for seizures) from his bubble pack. The Divalproex tablet did not pop out of the bubble all the way and dcs #6 was observed to touch the pill with her bare hands and place it in the medication cup. Dcs #6 then administered the Divalproex to client #4. The facility nurse was interviewed on 12-7-11 at 11:30 a.m. The nurse indicated dcs #6 should not have touched the pills with her bare hands.	W0455	Nurse trained staff on 12-20-11 over medication Core A standards. Nurse reminded staff that they need to maintain proper hygiene practices during medication passes. She informed staff that since this is a medication that sticks regularly, they need to put gloves on before punching this medication. They are to not touch medications with their bare hands. See attachment A, C.	12/20/2011

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W0460	9-3-7(a) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review, and interview, the facility failed for 1 of 1 client (client #3) on a mechanical soft diet, to ensure his diet was prepared in accordance with his diet order. Findings include: On 12-5-11 from 3:15 p.m. until 5:15 p.m. an observation at the home of client #3 was conducted. At 5:00 p.m. client #3 was observed to eat his supper which consisted of a whole grilled tuna melt sandwich, coleslaw, and macaroni and cheese. Client #3's sandwich was not cut into bite size pieces or moistened. On 12-6-11 at 10:15 a.m. a record review for client #3 was conducted. Client #3's dietary review dated 8-9-11 indicated client #3 was on a mechanical soft diet. On 12-7-11 at 11:00 a.m. a review of the Mechanical Soft Diet guidelines dated 5-6-08 indicated bread was to be broken into pieces and moistened. The guidelines indicated "no sandwiches"-use meat salads and break into pieces and moisten	W0460	QDP and Nurse retrained staff on nutritional guidelines on 12-20-11. She gave instructions of mechanical soft diet and gave several examples. See attachment A, D, E.	12/20/2011

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	bread/crackers. The guidelines indicated a grilled cheese sandwich was "prohibited." On 12-7-11 at 11:30 a.m. an interview with the facility nurse indicated client #3's mechanical soft diet should be followed per the guidelines. 9-3-8(a)			