

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G694	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/31/2014
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NAME OF PROVIDER OR SUPPLIER  CARDINAL SERVICES INC OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 10381 S SR 15 SILVER LAKE, IN 46982
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W000000	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: October 28, 29, 30, and 31, 2014</p> <p>Surveyor: Tim Shebel, LSW</p> <p>Facility number: 003094 Provider number: 15G694 AIM number: 200352640</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/10/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000209	<p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate.</p> <p>Based on record review and interview, the facility failed to secure the participation of the guardian for development of the Individual Program Plan for 1 of 4 sampled clients (client #1) having a guardian.</p>	W000209	<p>Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate.</p> <p>To prevent additional incidents</p>	11/30/2014

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>Findings include:</p> <p>Client #1's records were reviewed on 10/29/14 at 8:22 A.M.. Review of the client's IPP (Individual Program Plan), dated 8/19/14, indicated client #1 had been adjudicated incompetent and the client's brother was appointed guardian of client #1. Further review of client #1's IPP indicated the plan was mailed to client #1's guardian on 8/19/14 for review, guardian input, and approval. The review further indicated the facility had not received client #1's IPP with input and approvals from the guardian as of 10/29/14.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/29/14 at 10:27 A.M.. QIDP #1 stated, "[Client #1's guardian] is difficult to get a hold of. We have difficulty getting stuff (Individual Program Plan approvals) back. I sent the plan out to the guardian on August 19th (2014) but it eventually came back because I sent it to the wrong address." QIDP #1 further stated, "The guardian has never made an effort to visit [client #1] and has not been involved in [client #1's] program (Individual Program Plan)."</p> <p>9-3-4(a)</p>		<p>the importance of participation was discussed with the guardian on November 12, 2014 via telephone. The necessary plans needing approvals were mailed to the guardian as discussed on November 12, 2014 (see attachment A).</p> <p>To ensure this deficiency does not occur again, the Residential Manager, QDP and Residential Coordinator will monitor guardian involvement.</p> <p><b>QDP, Residential Manager and Coordinator Responsible.</b></p>		

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W000249	<p>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.</p> <p>Based on record review and interview, the facility failed to implement a dental desensitization plan for 1 of 4 sampled clients (client #1).</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 10/29/14 at 8:22 A.M. A review of the client's Individual Program Plan, dated 8/19/14, indicated a dental desensitization plan had been developed for client #1 on 8/19/14 but had not been implemented. Further review of the client #1's dental desensitization plan indicated the plan had been sent on 8/19/14 to the client's guardian for approval prior to the plan's implementation.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/29/14 at 10:27 A.M.. QIDP #1 stated,</p>	W000249	<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>To prevent additional incidents the importance of participation was discussed with the guardian on November 12, 2014 via telephone. The necessary plans needing approvals were mailed to the guardian as discussed on November 12, 2014 (see attachment A).</p> <p>To ensure this deficiency does</p>	11/30/2014			

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	"We have not yet implemented [client #1's] dental desensitization plan. We are still waiting for his (client #1's) guardian to approve the plan (dental desensitization plan)."  9-3-4(a)				not occur again, the Residential Manager, QDP and Residential Coordinator will monitor guardian involvement.  <b>QDP, Residential Manager and Coordinator Responsible.</b>		