

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G294	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/18/2014
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NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 1763 HARTZLER WARSAW, IN 46580
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: July 15, 16, 17, and 18, 2014</p> <p>Facility number: 000813 Provider number: 15G294 AIM number: 100235010</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/23/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, the facility failed to assure 2 of 4 sampled clients who wore eyeglasses</p>	W000436	<p>W436 The facility must furnish, maintain in</p>	08/17/2014

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>(clients #3 and #4) wore their eyeglasses.</p> <p>Findings include:</p> <p>Clients #3 and #4 were observed during the day program observation period on 7/15/14 from 1:23 P.M. until 2:00 P.M., and during the group home observation periods on 7/15/14 from 3:56 P.M. until 5:30 P.M. and on 7/16/14 from 5:45 A.M. until 7:45 A.M. During all the observation periods, clients #3 and #4 did not wear their prescribed eyeglasses nor did direct care staff #1, #2, #3, and #4 prompt or assist clients #3 and #4 to wear their eyeglasses.</p> <p>Client #3's record was reviewed on 7/16/14 at 9:10 A.M. A review of the client's 4/29/14 vision exam indicated client #3 was to be wearing eyeglasses.</p> <p>Client #4's record was reviewed on 7/16/14 at 10:03 A.M. A review of the client's 5/13/14 vision exam indicated client #4 was to be wearing eyeglasses.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/16/14 at 10:15 A.M. QIDP #1 stated, "[Clients #3 and #4] are always wearing their eyeglasses."</p> <p>9-3-7(a)</p>		<p>good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces and other devices identified by the interdisciplinary team as needed by the client.</p> <p>The facility will provide training on adaptive equipment as assessed and outlined in individual program plans, specifically eye glasses according to prescribed use. Direct Support staff in the Group Home received training to implement ongoing training as needed for persons served according to individualized plans on July 20, 2014 and July 30, 2014 (see attachment A and B) as well as Day Services on July 31, 2014 (see attachments C and D).</p> <p>To ensure systemic compliance across the agency, all Residential Managers will receive training by August 17, 2014.</p> <p>Observations in all service locations take place Daily/Weekly/Monthly/Quarterly by assigned personnel and documentation will be maintained indicating the competent</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. Based on observation, record review, and interview, the facility failed to assure 4 of 4 sampled clients (clients #1, #2, #3, and #4) participated in family style dining to the full extent of their assessed capabilities.</p> <p>Findings include:</p> <p>Clients #1, #2, #3, and #4 were observed at the group home during the 7/16/14 observation period from 5:45 A.M. until 7:45 A.M. During the observation, direct care staff #1 prepared individual servings of waffles, coffee, and juice. Direct care staff #1 toasted the waffles, put syrup on the waffles, poured orange juice and coffee and placed these items on the table when clients #1, #2, and #4 sat at the table. Clients #1, #2, #3, and #4 were not to be prompted or assisted by direct care staff #1 in preparing their morning meal.</p> <p>Client #1's records were reviewed on</p>	W000488	<p>implementation of training.</p> <p>Residential Manager, QDP, Day Services Coordinator and Residential Coordinator</p> <p>W488</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Cardinal Services recognizes our responsibility to teach adult daily living skills to those we provide services for. Staff in the Ponderosa group home received training on July 20, 2014 stating that staff must ensure they are including the people they support in all aspects of their meal preparation (see attachment E).</p> <p>To ensure systemic compliance across the agency, all Residential Manager will receive training by August 17, 2014.</p> <p>Observations in all service locations take place Daily/Weekly/ Monthly/Quarterly by assigned personnel and documentation will be maintained indicating the competent implementation of training.</p>	08/17/2014

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	<p>7/16/14 at 8:06 A.M. A review of the client's 10/25/13 Comprehensive Functional Assessment indicated client #1 was developmentally capable, with staff assistance, of assisting with meal preparations and participating in the family style dining.</p> <p>Client #2's records were reviewed on 7/16/14 at 8:38 A.M. A review of the client's 3/6/14 Comprehensive Functional Assessment indicated client #2 was developmentally capable, with staff assistance, of assisting with meal preparations and participating in the family style dining.</p> <p>Client #3's records were reviewed on 7/16/14 at 9:10 A.M. A review of the client's 5/1/14 Comprehensive Functional Assessment indicated client #3 was developmentally capable, with staff assistance, of assisting with meal preparations and participating in the family style dining.</p> <p>Client #4's records were reviewed on 7/16/14 at 10:03 A.M. A review of the client's 8/12/13 Comprehensive Functional Assessment indicated client #4 was developmentally capable, with staff assistance, of assisting with meal preparations and participating in the family style dining.</p>		<p>Residential Manager, QDP, Day Services Coordinator and Residential Coordinator</p>				

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	<p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/16/14 at 10:15 A.M.. QIDP #1 indicated clients #1, #2, #3 and #4 were developmentally capable of participating in the preparation of their own meals with verbal prompts or hand over hand assistance from direct care staff.</p> <p>9-3-8(a)</p>				