

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G651	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/26/2012
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NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 628 ROSS AVE WARSAW, IN 46580
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W0000	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: October 22, 23, 24, 25, and 26, 2012.</p> <p>Facility number: 001181 Provider number: 15G651 AIM number: 100234730</p> <p>Surveyor: Susan Reichert, Medical Surveyor III, Team Leader</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 11/1/12 by Tim Shebel, Medical Surveyor III.</p>	W0000		

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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W0137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview, the facility failed to assure 1 of 4 sampled clients (client #4) wore clothing in good repair.</p> <p>Findings include:</p> <p>During observation at the group home on 10/23/12 from 6:44 AM until 7:55 AM, client #4 wore a suit with frayed hems in the sleeves and in the pants.</p> <p>Observations were completed at day services on 10/23/12 from 1:39 PM until 2:00 PM. During the observation client #4 wore a suit with frayed hems in the sleeves and in the pants.</p> <p>The Residential Coordinator was interviewed on 0/24/12 at 3:40 PM and indicated client #4's clothing should be in good repair and the agency would ensure he had a supply in good condition.</p> <p>9-3-2(a)</p>	W0137	<p>W137</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Cardinal Services Inc. is committed to promoting the dignity of each person that we serve. In accordance with this belief, Client #4 received a new suit jacket on November 3, 2012. Client #4's tattered jacket was repaired and returned to him on November 8, 2012.</p> <p>To prevent this deficiency from occurring in the future the Residential Manager and Direct Support Professionals in Client #4's home received training by November 12, 2012 stating that clothing repair and replacement must be done in a timely manner. (See Attachment A)</p> <p>To ensure ongoing compliance with the right to retain personal possessions that are clean and in good repair the Coordinator, Manager and QDP will monitor</p>	11/12/2012			

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			through daily, weekly, monthly and quarterly observation. Coordinator, Manager and QDP Responsible.		

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W0149	<p>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 and interview, the facility neglected to implement written policy and procedures to document a thorough investigation into 1 of 1 injuries of unknown origin involving 1 additional client (client #5).</p> <p>Findings include:</p> <p>The facility's reportable incidents to the BDDS (Bureau of Developmental Disabilities Services) and reports of injury were reviewed on 10/23/12 at 10:15 AM and included the following:</p> <p>A report dated 9/24/12 indicated a bruise had been found at the base of client #5's penis. Client #5 indicated it had occurred during a fall in the bathroom. The report indicated client #5 had fallen in the bathroom on 9/10/12 and the nurse had been notified of the bruise. A follow up report dated 10/3/12 indicated client #5's nurse had estimated the bruise to be one to two days old. Investigation Notes dated 10/1/12 indicated "In conclusion the most likely cause of this bruising happened when [client #5] fell on 9/10/12."</p>	W0149	<p>W 149</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Cardinal Services is committed to following all ISDH guidelines and strives to ensure that all incidents are thoroughly investigated and documented. In order to achieve this goal the Residential Manager of the Ross Ave. group home received training regarding the investigation procedure on October 2, 2012. (See Attachment B) The Residential Manager received additional training on November 7, 2012 instructing her to gather information from nursing staff for injuries and illness, to continue the investigation process when information conflicts and to involve others to come to the most logical, probable conclusion. (See Attachment C)</p> <p>To ensure that investigations are thorough, the Residential Coordinator will review the investigation document at each occurrence. The Residential Coordinator will address any</p>	11/12/2012			

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	<p>A report dated 8/26/12 indicated client #5 had developed an open area on his thigh which was found by his mother during a home visit. An investigation into the development of the wound indicated client #5 had "recently" received new seating for his wheelchair, and the area on his thigh developed within "a couple of days" of receiving the seating. The investigation was undated, and failed to include a summary of the investigation or conclusion of the results.</p> <p>The Director and group home nurse were interviewed on 10/24/12 at 4:40 PM. The group home nurse indicated the bruising to client #5 found on 9/24/12 was not consistent in age to client #5's fall on 9/10/12. The Director indicated the conclusion of the investigation into client bruising did not explain the discrepancy, and stated, the investigation "needs to pull the conclusion together better."</p> <p>The facility's 9/12 Incident/Abuse/Neglect Policy Persons Served was reviewed on 10/23/12 at 4:00 PM and indicated injuries of unknown origin would be reported and investigated. The facility's Investigation Procedure-Person's Served dated 9/12 indicated statements were to be taken from all witnesses and potential witnesses including the date of the statement, and the investigation notes</p>		<p>inconsistencies or incomplete areas with the Residential Manager.</p> <p>Residential Coordinator Responsible</p>				

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	were to be maintained "including investigator's name, name of witnesses/statement, dates and summary/conclusion of investigation and attach them to the Incident Report." 9-3-2(a)			

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed to document a thorough investigation into 1 of 1 injuries of unknown origin involving 1 additional client (client #5).</p> <p>Findings include:</p> <p>The facility's reportable incidents to the BDDS (Bureau of Developmental Disabilities Services) and reports of injury were reviewed on 10/23/12 at 10:15 AM. A report dated 9/24/12 indicated a bruise had been found at the base of client #5's penis. Client #5 indicated it had occurred during a fall in the bathroom. The report indicated client #5 had fallen in the bathroom on 9/10/12 and the nurse had been notified of the bruise. A follow up report dated 10/3/12 indicated client #5's nurse had estimated the bruise to be one to two days old. Investigation Notes dated 10/1/12 indicated "In conclusion the most likely cause of this bruising happened when [client #5] fell on 9/10/12."</p> <p>A report dated 8/26/12 indicated client #5 had developed an open area on his thigh which was found by his mother during a</p>	W0154	<p>W154</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Cardinal Services strives to ensure that the people we support are free from abuse and neglect and work towards complying with all ISDH reporting guidelines. In order to ensure that investigations are completed thoroughly the "Investigation-Person Served" form was revised on September 28, 2012. See Attachment D) Residential Managers and Residential Coordinators received training on this format by October 5, 2012. (See Attachment B) The Residential Manager of the Ross Ave. group home received additional training on November 7, 2012 stating that information must be gathered from all entities and that any conflicting information must be further investigated with support and input from others. (See Attachment C)</p> <p>To ensure that thorough and timely investigations are completed that include the signature of the</p>	11/12/2012			

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	<p>home visit. An investigation into the development of the wound indicated client #5 had "recently" received new seating for his wheelchair, and the area on his thigh developed within "a couple of days" of receiving the seating. The investigation was undated, and failed to include a summary of the investigation or conclusion of the results.</p> <p>The Director and group home nurse were interviewed on 10/24/12 at 4:40 PM. The group home nurse indicated the bruising to client #5 found on 9/24/12 was not consistent in age to client #5's fall on 9/10/12. The Director indicated the conclusion of the investigation into client bruising did not explain the discrepancy.</p> <p>9-3-2(a)</p>		<p>investigator, date the investigation was concluded and the conclusion of the investigation, Coordinators will monitor, receive and review all investigations on an ongoing, as needed basis.</p> <p>Coordinator Responsible</p>		

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W0249	<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, the agency failed to implement 1 of 4 sampled clients (client #5) behavior support plan.</p> <p>Findings include:</p> <p>Observations were completed in the group home on 10/23/12 from 6:44 AM until 7:55 AM. During the administration of his medication at 7:25 AM, client #5 hit his wheelchair and slapped his face twice. Client #7 was in an adjacent room listening to music in his room which was within earshot of the area client #5 received his medication. Staff #5 stated, "It's OK- the music is like that in church," but did not redirect client #5 into activity or ask him to stop hitting himself.</p> <p>Client #5's Self Management Plan dated 3/12 indicated staff were to ask client #5 to stop, ask him why he was hitting himself and redirect him to to activity.</p> <p>The Residential Coordinator was</p>	W0249	<p>W249</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.</p> <p>Cardinal Services believes strongly in promoting personal growth for the people that we provide services for and offering and following programing that supports this belief. By November 12, 2012 the Residential Manager and Direct Support Professionals received training outlining their responsibilities for implementing Client #5's Self-Management Plan. (See Attachment E)</p> <p>To ensure ongoing compliance the Residential Manager, QDP and Residential Coordinator will monitor</p>	11/12/2012			

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	interviewed on 10/24/12 at 3:35 PM and indicated client #5 should have been redirected from engaging in self injurious behavior. 9-3-4(a)		plan implementation through weekly, monthly and quarterly observation. Residential Manager, QDP and Residential Coordinator Responsible		

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W0331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility failed for 1 additional client (client #5), to provide adequate nursing services to prevent an open wound, and failed to ensure physicians orders and a medication label matched the medication administration record (MAR).</p> <p>Findings include:</p> <p>1. The facility's reportable incidents to the BDDS (Bureau of Developmental Disabilities Services) and reports of injury were reviewed on 10/23/12 at 10:15 AM and included the following:</p> <p>A report dated 4/9/12 indicate client #5 was found with an open area on his buttocks and diagnosed by his primary care physician as a decubitus ulcer. Client #5 was treated with a medication patch and given a pressure relieving cushion to aid in healing. Client #5's physician ordered cushions for client #5's wheelchair to help prevent future sores. An attached Health/Risk Plan dated 4/10 indicated staff were to "implement skin assessment and chart each shift, reposition client #5 every 2 hours. Staff will report any increase in size, shape, color and depth by the end of the shift if it</p>	W0331	<p>W331</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Cardinal Services will ensure that clients are provided nursing services in accordance with their needs as specified in each individual's plan and based on individually identified needs.</p> <p>The Medication Administration Policy was revised to state that all physician's orders, medication labels and medication administration records will match. (See Attachment F) Nurses, Direct Support Professionals and the Residential Manager were trained on the updated policy by November 12, 2012. (See Attachment G) To ensure compliance throughout the agency all Residential staff will be trained on the policy update by November 19, 2012.</p> <p>Staff were trained on client #5 Health/Risk Plan and reporting</p>	11/19/2012			

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	<p>was noted." The plan indicated staff were to notify the nurse of any areas of concern within their shift.</p> <p>A report dated 8/26/12 indicated client #5 had developed an open area on his thigh which was found by his mother during a home visit. An investigation into the development of the wound indicated client #5 had "recently" received new seating for his wheelchair, and the area on his thigh developed within "a couple of days" of receiving the seating. The report included a follow up indicating "The open area on [client #5's] thigh rubs against this cushion and it is believed that this is the cause of the open area...Staff documented there was an 'abrasion' on [client #5's] thigh on Saturday 8-25-12 but did not realize that this was consistent with skin integrity concerns...." The report indicated staff were being retrained on completing daily skin assessments and that any sign of redness, irritation or skin breakdown, including abrasions, must be reported to the nurse...."</p> <p>The group home nurse was interviewed on 10/24/12 at 4:30 PM and indicated staff had completed positioning and skin assessments and she would provide documentation. She indicated staff had been retrained after client #5 developed an open area staff had noted an area of</p>		<p>guidelines for skin breakdown by November 12, 2012. (See Attachment H) Client #5 doctor's order for Vicoprofen was clarified on 10/25/12. (See Attachment I) MAR was corrected to reflect the clarified doctor's order. (See Attachment J)</p> <p>Ongoing compliance of the provision of nursing services will be ensured through the implementation of the updated policy, faxed copies of MAR's with added medications sent to nurse for review and through monthly/quarterly observations.</p> <p>Nurse, Residential Manager and Coordinator responsible.</p>				

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	<p>abrasion and failed to identify the abrasion as a potential skin integrity issue.</p> <p>The Residential Coordinator was interviewed on 10/25 at 3:45 PM and indicated the documentation of client #5's positioning and skin assessments had been purged from his record.</p> <p>2. During medication administration on 10/23/12 at 7:25 AM, client #5 received Vicoprofen 200/7.5 1/2 tab three times daily for pain as needed.</p> <p>Client #5's MAR for October, 2012 was reviewed on 10/23/12 at 7:42 AM and indicated he was to receive Vicoprofen 3 times daily per parents; may give additional dose at 1 am for pain.</p> <p>Client #5's records were reviewed on 10/23/12 at 2:21 PM. A physician's order dated 9/12/12 indicated Vicoprofen 7.5/200 1/2 tablet every 6 hours as needed for pain.</p> <p>The group nurse was interviewed on 10/24/12 at 4:30 PM and indicated she contacted client #5's physician due to the potential for side effects to clarify if client #5 could receive Vicoprofen routinely rather than as needed and would provide documentation of his response.</p>			

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	<p>A 10/25/12 order clarification for client #5's Vicoprofen was reviewed on 10/25/12 at 4:45 PM. The order indicated client #5 could receive the medication routinely and indicated the agency "did not receive previous 9/12/13 order until 10/25/12."</p> <p>The Supported Services Coordinator was interviewed on 10/25/12 at 4:45 PM and indicated the MAR should match the physician's orders and the medication label.</p> <p>The Residential Coordinator was interviewed on 10/24/12 at 4:50 PM and indicated the lack of clarification of the Vicoprofen for client #5 had not been considered an error, and the nurse had just received the clarification for client #5's medication on 10/25/12.</p> <p>9-3-6(a)</p>			

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W0340	<p>483.460(c)(5)(i) NURSING SERVICES</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. Based on record review and interview, the facility failed for 1 additional client (client #5), to provide adequate nursing services to prevent an open wound, and failed to ensure physicians orders and a medication label matched the medication administration record (MAR).</p> <p>Findings include:</p> <p>1. The facility's reportable incidents to the BDDS (Bureau of Developmental Disabilities Services) and reports of injury were reviewed on 10/23/12 at 10:15 AM and included the following:</p> <p>A report dated 4/9/12 indicate client #5 was found with an open area on his buttocks and was diagnosed by his primary care physician as a decubitus ulcer. Client #5 was treated with a medication patch and given a pressure relieving cushion to aid in healing. Client #5's physician ordered cushions for client #5's wheelchair to help prevent future sores. An attached Health/Risk Plan dated 4/10 indicated staff were to</p>	W0340	<p>W 340</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>Cardinal Services will ensure nursing services include implementation with other members of the IDT, appropriate protective and preventive health measures that include client and staff training in appropriate health and hygiene methods.</p> <p>The Medication Administration Policy was revised to state that all physicians orders, medication labels and medication administration records will match. (See Attachment F) Nurses, Direct Support Professionals and the Residential Manager were trained on the updated policy by November 12, 2012. (See Attachment G) To ensure</p>	11/19/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G651		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/26/2012	
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	<p>"implement skin assessment and chart each shift, reposition client #5 every 2 hours. Staff will report any increase in size, shape, color and depth by the end of the shift if it was noted." The plan indicated staff were to notify the nurse of any areas of concern within their shift. Staff training records dated 4/20/12 indicated staff had been trained on implementing daily skin assessments.</p> <p>A report dated 8/26/12 indicated client #5 had developed an open area on his thigh which was found by his mother during a home visit. The group home nurse assessed client #5 on 8/27/12 and measured the open area as "approximately" 0.5 mm (millimeter) by 0.2 mm. An investigation into the development of the wound indicated client #5 had "recently" received new seating for his wheelchair, and the area on his thigh developed within "a couple of days" of receiving the seating. The report included a follow up (undated narrative) indicating the wound had increased in size now measuring 1.2 mm in length and 0.5 mm in width. "The open area on [client #5's] thigh rubs against this cushion and it is believed that this is the cause of the open area...Staff documented there was an 'abrasion' on [client #5's] thigh on Saturday 8-25-12 but did not realize that this was consistent with skin</p>		<p>compliance throughout the agency all Residential staff will be trained on the policy update by November 19, 2012.</p> <p>Staff were trained on client #5 Health/Risk Plan and reporting guidelines for skin breakdown by November 12, 2012. (See Attachment H) Client #5 doctor's order for Vicoprofen was clarified on 10/25/12. (See Attachment I) MAR was corrected to reflect the clarified doctor's order. (See Attachment J)</p> <p>Ongoing compliance of the provision of nursing services will be ensured through the implementation of the updated policy, faxed copies of MAR's with added medications sent for review to nurse and through monthly/quarterly observations.</p> <p>Nurse, Residential Manager and Coordinator responsible</p>				

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	<p>integrity concerns...." The report indicated staff were being retrained on completing daily skin assessments and that any sign of redness, irritation or skin breakdown, including abrasions, must be reported to the nurse...."</p> <p>The Residential Coordinator was interviewed on 10/26/12 at 4:50 PM and indicated staff had not implemented training to recognize client #5's abrasion as a skin integrity issue when it was found on 8/25/12.</p> <p>9-3-6(a)</p>			