

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G382	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/10/2015
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NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 213 N PARKER STREET WARSAW, IN 46580
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 2/5, 2/6, 2/9, and 2/10/2015.</p> <p>Facility number: 000896 Provider number: 15G382 AIM number: 100235140</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed February 15, 2015 by Dotty Walton, QIDP.</p>	W000000		
W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review, and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3, and</p>	W000125	<p>W 125 The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual</p>	02/28/2015

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>#4) and 4 additional clients (clients #5, #6, #7, and #8) who lived in the group home, the facility failed to allow and encourage access to the facility's locked air temperature controls for clients #1, #2, #3, #4, #5, #6, #7, and #8.</p> <p>Findings include:</p> <p>On 2/5/15 from 3:45pm until 5:30pm, and on 2/6/15 from 6:15am until 8:05am, clients #1, #2, #3, #4, #5, #6, #7, and #8 accessed both side A and side B of the group home. During both observation periods, each side of the group home had an air temperature control attached to the wall in the hallway near the living room and both air temperature control boxes had a locked cover. At 5:00pm, clients #1, #5, and #6 indicated they did not have a key to their locked air temperature controls. At 5:00pm, the Residential Manager (RM) indicated staff had the keys and no client had keys to the locked air temperature control on either side of the group home. The RM indicated the air temperature controls were locked at the group home when she became the RM over the past year.</p> <p>On 2/6/15 at 9:30am, an interview with the QIDP (Qualified Intellectual Disabilities Professional) and the Residential Manager (RM) was</p>		<p>clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Cardinal Services, Inc. shall advocate for and uphold the rights of persons served which are accorded to all citizens, as well as other rights and protections accorded to people with disabilities, and recognize its responsibility to inform persons served of their rights and to encourage them to exercise those rights.</p> <p>The thermostat covers that are over the air temperature controls within the Parker Street group home were unlocked on 2/6/15. All Direct Support Staff working in the home received training on client rights/temperature control devices on 2/24/15 (see attachment A).</p> <p>To ensure this deficiency does not occur again, the Residential Manager, QDP and Coordinator will monitor the implementation of client rights and agency Policies through weekly, monthly, and quarterly observations.</p> <p>Residential Manager, QDP, and Coordinator Responsible</p>				

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	<p>conducted. The QIDP indicated no client had an identified need for the locked air temperature control at the group home. The QIDP indicated no assessments were available for review to determine the need for locked air temperature controls for clients #1, #2, #3, #4, #5, #6, #7, and #8.</p> <p>On 2/6/15 at 10:00am, client #1's record review was conducted. Client #1's 1/22/15 Individual Support Plan (ISP) and 1/22/14 CFA (Comprehensive Functional Assessment) did not indicate client #1 had the identified need for locked air temperature control at the group home.</p> <p>On 2/6/15 at 12:05pm, client #2's record review was conducted. Client #2's 8/4/2014 Individual Support Plan (ISP) and 8/4/14 CFA did not indicate client #2 had the identified need for locked air temperature control at the group home.</p> <p>On 2/6/15 at 11:00am, client #3's record review was conducted. Client #3's 7/18/2014 Individual Support Plan (ISP) and 7/18/14 CFA did not indicate client #3 had the identified need for locked air temperature control at the group home.</p> <p>On 2/6/15 at 11:35am, client #4's record review was conducted. Client #4's</p>			

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W000339	<p>12/16/2014 Individual Support Plan (ISP) and 12/16/14 CFA did not indicate client #4 had the identified need for locked air temperature control at the group home.</p> <p>9-3-2(a)</p> <p>483.460(c)(4) NURSING SERVICES Nursing services must include other nursing care as prescribed by the physician or as identified by client needs. Based on observation, record review, and interview, for 1 additional client (client #5) who was identified at risk and had a history of skin breakdown, the facility failed to ensure client #5's skin integrity and to prevent client #5 skin breakdown.</p> <p>Findings include:</p> <p>During observations on 2/5/15 from 3:45pm until 5:30pm, and on 2/6/15 from 6:15am until 8:05am, client #5 sat in his wheel chair. On 2/6/15 from 7:20am until 7:55am, client #5 transferred himself out of his wheel chair and sat on the edge of his bed inside his bedroom. At 7:55am, client #5 was back in his wheel chair moving throughout the facility gathering his items to leave for workshop. At 7:20am, client #5 stated he had an open sore on his buttocks and it was "getting worse." Client #5 stated the</p>	W000339	<p>W 339 Nursing services must include other nursing care as prescribed by the physician or as identified by client needs.</p> <p>Cardinal Services, Inc. is committed to providing nursing services in accordance with client needs as well as prescribed by a physician on preventing skin break down.</p> <p>All Direct Support Staff working in the home received training on pressure sores and bed sores on 2/11/15 (see attachment B). All Direct Support Staff working in the home received training on Skin Assessments and proper documentation on 2/24/15 (see attachment C). All Direct Support Staff working in the home received training on client #5 skin integrity care plan on 2/24/15 (see attachment D). The Direct Support Staff working in the home received training from the Residential Nurse on</p>	02/28/2015

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	<p>open sore was caused from "sitting too long." No rash was observed on his left wrist.</p> <p>On 2/5/15 at 12:30pm, the facility's BDDS (Bureau of Developmental Disability Services) reports were reviewed and did not indicate client #5 had an open sore on his buttocks.</p> <p>Client #5's record was reviewed on 2/6/15 at 9:30am. Client #5's "Nurses Notes" indicated the following: -2/4/15-"Ulcer on right lower gluteus Maximus, slightly larger again 1 cm (centimeter), round, pink, surrounding area slightly darker. Superficial in depth, no drainage noted. Writer spoke with mother and we agree that [client #5] will follow up with [name of doctor] to ask for referral to wound clinic or other treatment to facilitate healing [signed by the agency nurse]." -2/2/15-"Ulcer on right lower gluteus Maximus, slightly larger 3/4cm round, pink, surrounding area slightly darker. Superficial in depth, no drainage noted. Client again encouraged to stand but states it hurts him to stand up clarified that he means body not ulcer hurts while standing or lean (sic) forward onto table every couple of hours to increase circulation [signed by the agency nurse]." -1/30/15-"Ulcer unchanged from 1/28</p>		<p>repositioning schedule and documentation on 2/24/15(see attachment E).</p> <p>The surveyor reflects in the survey "No completed repositioning schedule was available for review" and that "On 2/9/15 at 9:00 am, client #5's skin integrity plan was not available for review". The Residential Nurse states she handed the surveyor the completed repositioning schedule and client #5's skin integrity care plan before she exited the building to go to the HR building to review personnel files. The QDP affirms that she observed the Residential Nurse hand these documents to the surveyor.</p> <p>To ensure this deficiency does not occur again that Residential Manager will monitor the reposition schedule for client #5 daily for completion as well as the skin assessment for client #5 and ensure all concerns are reported to the Residential Nurse immediately. Additionally the QDP, Residential Nurse, and Coordinator will observe repositioning and review the repositioning documents for completion while in the home through weekly, monthly, and quarterly observations.</p> <p>Residential Manager, QDP, Residential Nurse and Coordinator Responsible</p>		

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	<p>[signed by the agency nurse]."</p> <p>-1/28/15-"Ulcer on right lower gluteus Maximus, slightly larger 1cm, round, pink. Superficial in depth, no drainage noted [signed by the agency nurse]."</p> <p>-1/26/15-"Ulcer on right lower gluteus Maximus, 3/4cm, round, pink with darker pink surrounding. Superficial in depth, no drainage noted [signed by the agency nurse]."</p> <p>-1/23/15-"Ulcer on right lower gluteus Maximus, 3/4cm, round, pink with no white area in center today. Superficial in depth, no drainage noted [signed by the agency nurse]."</p> <p>-1/21/15-"Ulcer on right lower gluteus Maximus, 1cm, round, with 1/4 white area in center. Superficial in depth, no drainage noted. Client encouraged to stand more often to allow circulation to return [signed by the agency nurse]."</p> <p>-1/19/15-"Annual physical completed with [name of doctor] new orders for Hydrocortisone Cream...(for healing skin). Request that nurse evaluate reopened ulcer 3 x (three times) a week. Return in 6 weeks for re evaluation. [signed by the agency nurse]."</p> <p>On 2/6/15 at 9:30am, client #5's 1/19/15 "Medical Summary Progress Report" indicated "...Yearly Physical exam...RTC (return treatment consultation) in next 6 wks (six weeks) for reason: 1. Begin</p>			

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	<p>Hydrocortisone Cream to area applied BID (twice daily) to the left wrist...4. Position change recommended to help heal left buttock pressure sore. 5. Nurse to evaluate skin healing 3 times per week...[signed by client #5's physician]."</p> <p>On 2/6/15 at 9:30am, client #5's skin assessment indicated "Complete Assessment Daily" documented by the Group Home Staff, did not indicate skin areas to his left wrist, and indicated the following area for his left buttocks area: -On 2/6/15, "L (left) hip, size 2cm, color red, drainage no." -On 2/5/15, "L (left) hip, size 2cm, color red, drainage no." -On 2/4/15, "L (left) hip, size 2cm, color red, drainage no." -On 2/3/15, "L (left) hip, size 2cm, color red, drainage no." -On 2/2/15, "L (left) hip, size 2cm, color red, drainage no." -On 2/1/15, "L (left) hip, size 2cm, color red, drainage no."</p> <p>Client #5's diagnoses included, but were not limited to: Eczema, Encephalopathy, Cerebral Palsy, and Lumbar Scoliosis. Client #5's 1/20/15 "Annual Case Conference / Agency Risk Screening" indicated "...Skin: Has the individual had any form of skin breakdown two or more times over the past 12 months? Yes.</p>			

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	<p>Has had a reddened pressure area lasting longer than one hour within the last year? Yes. Has had an open skin pressure area within the last 3 years? Yes...Does the individual spend more than 2 hours per 24 hour day in a wheel chair? Yes..." No skin integrity plan was available for review to prevent skin breakdown. Client #5's record did not indicate skin issues with his left wrist.</p> <p>Client #5's "Care Plan. Updated 1/19/15" indicated "Identified Health Risk: At risk for skin integrity...To maintain skin integrity. Skin will be free from breakdown...client has a history of pressure ulcers due to limited mobility and wheelchair use...11/18/13 2cm stage 2 pressure ulcer noted at annual physical. History of skin rashes, cyst, and MRSA (Methicillin-resistant Staphylococcus Aureus infection). 1/19/15 Ulcer reopened 1cm round pink with 1/4 white area in center, superficial, no drainage (sic)." The Care Plan indicated "Staff will implement positioning schedule in which [client #5] will reposition at least every two hours even when in his wheelchair, staff will track on tracking sheet reflecting position change every two hours...." No completed repositioning schedule was available for review.</p>						

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W000454	<p>On 2/6/15 at 12:30pm, an interview was conducted with the Agency Licensed Practical Nurse (LPN). The LPN indicated client #5's open area was identified by his personal physician on 1/19/15 during a physical. The LPN indicated client #5 had a rash on his left wrist. The LPN stated client #5's skin breakdown was "a pressure sore" and "caused by pressure." The LPN indicated client #5 was encouraged by staff to move around to take the pressure off his open pressure sore. The LPN indicated client #5 had a skin integrity plan and indicated she would provide it for review.</p> <p>On 2/9/15 at 9:00am, client #5's skin integrity plan was not available for review.</p> <p>9-3-6(a)</p> <p>483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. Based on observation, interview, and record review, for 1 of 4 sampled clients (client #3), the facility failed to teach and encourage sanitary methods for client #3's medication measuring spoon which was reused by staff and stored inside</p>	W000454	<p>W 454</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Cardinal Services, Inc. is committed to providing a clean, safe;</p>	02/28/2015

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	<p>client #3's crushed oatmeal supplement baggie.</p> <p>Findings include:</p> <p>During observations on 2/5/15 from 3:45pm until 5:30pm, and on 2/6/15 from 6:15am until 8:05am, the measuring spoon used and handled by the facility staff to measure client #3's crushed oatmeal supplement was observed inside client #3's oatmeal supplement bag. The container was stored inside the locked medication closet. On 2/5/15 at 4:15pm, GHS (Group Home Staff) #1 assembled client #3's oral medications of Calcium for dietary supplement, Certavite a multivitamin, Divalproex (Depakote) for seizures, Lamotrigine for seizures, Polyethylene Glycol for constipation, and one (1) tablespoon of crushed oatmeal for constipation. GHS #1 opened an unlabeled and undated zip lock baggie with a white colored powdered substance inside the baggie and a used measuring spoon. GHS #1 reached into the baggie with her ungloved bare hand, indicated the spoon was used by all staff who administered client #3's medications. GHS #1 used the same measuring spoon to measure one tablespoon of crushed oatmeal into client #3's glass. GHS #1 emptied the crushed medications into a glass with chocolate syrup and added</p>		<p>environment to all individuals receiving services. Cardinal has in effect procedures to assure safe and responsible administration of prescriptions and non-prescription medications, as well as tracking process to provide training and discipline for non-compliance.</p> <p>All Direct Support Staff working in the home received training on storing medications and measuring spoons, cross contamination, and labeling oats on 2/24/15 (see attachment F).</p> <p>To ensure this deficiency does not occur again, the Residential Manager, QDP and Residential Nurse, and Coordinator will monitor the implementation of proper sterilization, sanitation, hand washing, and agency policies through weekly, monthly, and quarterly observations.</p> <p>Residential Manager, Residential Nurse and Coordinator Responsible</p>		

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W000455	<p>milk to the mixture. At 4:30pm, GHS #1 administered the chocolate drink mixture which included the crushed oatmeal to client #3 and he drank the mixture. At 4:30pm, GHS #1 stated client #3's "measuring spoon was stored inside the baggie" of crushed oatmeal and was "reused" by "all the staff" at the group home to administer client #3's medication.</p> <p>On 2/6/15 at 11:00am, client #3's 10/27/14 "Physician's Order" indicated "Bran Muffin daily; Oat Bran 1 Tablespoonful added to food 3 x's (three times) daily or Fiber Bars" for Constipation.</p> <p>On 2/6/15 at 12:30pm, an interview was conducted with the Agency Nurse. The Agency Nurse indicated client #3's medication measuring spoon should not be stored inside the medication baggie with client #3's medication. The Agency Nurse indicated the measuring spoon should be washed after each use.</p> <p>9-3-7(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p>			

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	<p>Based on observation, interview, and record review, for 1 of 4 sampled clients (client #2), the facility failed to teach and encourage client #2 to wash his hands when opportunities existed.</p> <p>Findings include:</p> <p>During observations on 2/5/15 from 3:45pm until 5:30pm, and on 2/6/15 from 6:15am until 8:05am, client #2 sat in the living room and the kitchen of the facility. During both observation periods, client #2 picked his nose, placed his fingers in his mouth, ears, eyes, and hair. No handwashing was observed offered or encouraged. On 2/5/15 from 3:45pm until 5:15pm, client #2 was observed to exit the facility van, enter the group home, sit in the living room and kitchen, and was assisted by the group home staff to the bathroom. From 3:45pm until 5:15pm, client #2 had red and green colored marker ink covering his ten (10) fingers, both right and left hands/palms, and colored one third of client #2's nose, nostrils, and area of skin between his nostrils and his lips. From 3:45pm until 5:15pm, client #2 put his fingers and hands inside his mouth, picked his nose, rubbed his nose tip, rubbed his eyes, and put his fingers in his ears. No handwashing was observed taught or encouraged. At 5:15pm, GHS (Group</p>	W000455	<p>W 455</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>The philosophy of Cardinal Services, Inc. is to ensure the right of all individuals to choose the setting for care and services for which they receive and also to ensure their right to a dignified existence, self-determination, and privacy. Cardinal is further committed to providing a clean, safe, environment to all individuals receiving services.</p> <p>All Direct Support Staff working in the home received training on dignity and respect on 2/24/15(see attachment G). All Direct Support Staff received training on infectious control on 2/24/15 (see attachment H). All Direct Support Staff working in day services will receive training on dignity/respect and infectious control by 3/12/15.</p> <p>To ensure this deficiency does not occur again, the Residential Manager, QDP and Residential Nurse, and Coordinator will monitor the implementation of proper sterilization, sanitation, hand washing, practice of dignity/respect and agency policies through weekly, monthly, and quarterly observations.</p>	02/28/2015			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G382	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/10/2015
NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 213 N PARKER STREET WARSAW, IN 46580		
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	<p>Home Staff) #2 assisted client #2 to the linen closet, located a box of antiseptic wipes, and began rubbing multiple wipes onto client #2's hands, fingers, and nose. GHS #2 stated "It's marker. He got it at the day services and came home this way." GHS #2 indicated the wipes were removing the red and green marker from client #2's nose, fingers, and hands. GHS #2 indicated client #2 needed his hands cleaned before supper. At 5:20pm, client #2 was assisted to sit down at the supper table to eat.</p> <p>On 2/6/15 at 12:30pm, an interview was conducted with the Agency Nurse. The Agency Nurse indicated client #2 should have had his hands washed before leaving day services. The Agency Nurse indicated staff should have taught and encouraged client #2 to wash his hands when he entered the group home at 3:45pm when client #2 came home from workshop. The Agency Nurse indicated the agency trained the staff to follow "Universal Precautions" for teaching clients to wash their hands in Core A/Core B medication administration training.</p> <p>On 2/6/15 at 1:00pm, the undated Core A/Core B Medication Administration training manual page 3 indicated "Universal precautions" included</p>		<p>Residential Manager, QDP, Residential Nurse, and Coordinator responsible.</p>		

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	washing hands before medication administration, before eating, and after using the restroom. 9-3-7(a)				