

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G612	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/26/2012
NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 300 S WESTERN LOGANSPORT, IN 46947		
(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	
W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 23, 24, 25, and 26, 2012</p> <p>Facility number: 001163 Provider number: 15G612 AIM number: 100388230</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on 2/03/2012 by Dotty Walton, 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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W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who lived in the home, to ensure the walls, furniture, and carpet were in good repair.</p> <p>Findings include:</p> <p>On 1-23-12 from 3:00 p.m. until 5:20 p.m. an observation at the homes of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. At 3:15 p.m. the recliner on clients #1, #3, #4, and #8's side had the lever broken off, the blue chair had chipped wood down the legs with a rip in the cushion 2 inches long, there was a 2 foot area of unfinished drywall by the sensory table, and a dark 1 foot by 1 foot stain on the carpet in the living room. On clients #2, #5, #6, and #7's side a wooden chair had two tears in the cushion which measured 2 inches.</p> <p>On 1-25-12 at 11:30 a.m. an interview with the House Manager indicated the walls, furniture, and carpet should be fixed.</p> <p>9-3-1(a)</p>	W0104	<p>Work requests to maintenance have been put in to fix all the issues sited. Weekend staff will shampoo the carpets. RM will monitor this to make sure it is completed. Unfinished drywall has been fixed by maintenance. See attachment A.</p>	02/22/2012
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W0130	<p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview, the facility failed for 2 of 8 clients (clients #5 and #7) who lived in the home, to ensure privacy in the restroom.</p> <p>Findings include:</p> <p>On 1-23-12 from 3:00 p.m. until 5:20 p.m. an observation at the home of clients #5 and #7 was conducted. At 4:00 p.m. direct care staff (dcs) #4 had client #5 and #7 in the restroom together. Client #7 sat on the toilet, pulled up her pants then went to her bedroom. Client #5 was in the restroom with client #7 and dcs #4.</p> <p>On 1-25-12 at 11:30 a.m. an interview with the House Manager indicated two clients should not be in the restroom at the same time and dcs #4 should not have taken them to the restroom together.</p> <p>9-3-2(a)</p>	W0130	<p>Staff were retrained on dignity and respect for all individuals by the QDP at house meeting on 02/10/12. See attachment B, and CStaff will be monitored during observations by Residential Manager, and QDP. See attachment DStaff were trained on the rights of consumers and how to ensure privacy for individuals while they are in the restroom by QDP at house meeting on 02/10/12. See attachment B, and CStaff will be monitored during observations by Residential Manager, and QDP. See attachment D</p>	02/10/2012

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W0268	<p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview, the facility failed for 1 of 4 sampled clients (client #2) to ensure her clothes were appropriately sized, underclothes were worn, and failed to ensure she did not expose her body in open areas of the house and failed for 3 additional clients (clients #5, #6, and #7) to promote dignity by not taking away their plates after plates were filled with food.</p> <p>Findings include:</p> <p>On 1-23-12 from 1:45 p.m. until 3:00 p.m. an observation at the facility owned day program for client #2 was conducted. At 2:30 p.m. client #2 had no bra on with her shirt.</p> <p>On 1-23-12 at 2:45 p.m. an interview with direct care staff (dcs) #1 indicated client #2 did not wear a bra when she was out in the living rooms or kitchens of the duplex house.</p> <p>On 1-23-12 from 3:00 p.m. until 5:20 p.m. an observation at the home of client #2 was conducted. At 3:15 p.m. client #2 had sweat pants on with the waist string missing which were too big for her. Client #2 put her hands down her pants</p>			W0268	<p>A plan has been put in place to assist in desensitizing client #2 to various types of clothing so that she will feel comfortable wearing more appropriate sizes and undergarments to cover her breasts so that should she pull at or adjust her clothing she will not expose herself to others. Staff were trained on this plan at house meeting by QDP on 02/10/2012. See attachment E, and BStaff were trained on client #2 self-management plan regarding her adjusting her clothing inappropriately on 02/10/12 by QDP. See attachment F, and BStaff were trained on dignity and respect of individuals. Staff were trained on how to appropriately serve family style dining on 02/10/12 by QDP. See attachment B, and CStaff will be monitored to ensure compliance by Residential Manager and QDP observations in the home. See attachment D</p>		02/10/2012

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	<p>which were to big for her. At 3:30 p.m. client #2 lifted her shirt exposing her bare breasts, dcs #2 prompted her to pull her shirt down. At 3:40 p.m. client #2 lifted her shirt which exposed her breast. At 4:00 p.m. client #2 sat in her wheelchair lifting her shirt up which showed her breasts. At 4:45 p.m. client #2 pulled her large pants down under her stomach and thighs. Client #2 exposed her bottom and her breasts. Clients #2 had no underwear or bra on. At 5:00 p.m. client #2 had her pants pulled down which exposed her stomach and thighs at the supper table. At 5:15 p.m. clients #2, #5, #6, and #7 had their supper plates made. Dcs #3 took the plates away from them after they began eating. Client #5 ate the food off the table she had spilled. Client #2 began to eat and dcs #5 took her plate away and indicated for client #2 to wait.</p> <p>On 1-24-12 from 6:20 a.m. until 7:30 a.m. an observation at the home of client #2 was conducted. At 6:45 a.m. client #2 had no underclothing on while she sat at the kitchen table. Client #2 thighs and stomach were exposed. At 7:25 a.m. client #2 ate her breakfast with her pants pulled down which showed her thighs and bottom.</p> <p>On 1-25-12 an interview with the House Manager indicated client #2 did not like</p>				

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	<p>to wear underclothing, bare skin should not show in common areas, and client #2 did have large clothes. The House Manager indicated clients #2, #3, #6, and #7, should not make their plates and then have them taken away.</p> <p>9-3-5(a)</p>			

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W0368	<p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview, the facility failed for 2 of 4 sampled clients (clients #2, #3) and 2 additional clients (clients #5 and #8) to ensure physicians' orders were followed.</p> <p>Findings include:</p> <p>On 1-23-12 at 11:10 a.m. a review of the facility's Bureau of Developmental Disability (BDDS) reports was conducted. The following BDDS reports indicated medication errors:</p> <p>-A BDDS report dated 11-20-12 indicated direct care staff (dcs) #16 failed to take client #3's blood sugar per his physicians orders.</p> <p>-A BDDS report dated 12-5-11 for client #3 indicated dcs #16 failed to give him his prescribed amount of Prednisone (anti-inflammatory).</p> <p>-A BDDS report dated 3-4-11 for client #3 indicated was not given his 9:00 a.m. Amaryl (for control of blood glucose) 1 mg (milligram) as prescribed.</p> <p>-A BDDS report dated 9-18-11 for client #2 indicated dcs #16 failed to give her the prescribed medication Luvox (antidepressant).</p>	W0368	Nurse retrained staff on medication administration/medication errors at house meeting on 02/10/12. See attachment G, H, I, and JStaff will be monitored during observations by nurse, QDP, and Residential Manager. See attachment D	02/10/2012
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	<p>-A BDDS report dated 8-19-11 for client #2 indicated the House Manager administered Folitab (vitamin supplement) 500 mg. on the wrong day.</p> <p>-A BDDS report dated 12-4-11 for client #8 indicated dcs #15 failed to give him his Neurontin (anticonvulsant), it was later found in a cup in the medication closet.</p> <p>-A BDDS report dated 7-17-11 for client #5 indicated dcs #15 gave client #5 her morning medications instead of her evening medications causing her to get her Synthroid (hormone) medication twice in one day.</p> <p>On 1-24-12 at 9:00 a.m. a record review for client #3 was conducted. The Physicians' orders dated 1-3-12 indicated the following medications were on his orders: Prednisone (anti-inflammatory) 1 milligram (mg) at 7:00 a.m., Amaryl (for controlling blood glucose) 2 mg at 7:00 a.m., and test blood sugar.</p> <p>On 1-25-12 at 11:00 a.m. a record review for client #8 was conducted. The Physicians orders dated 1-3-12 indicated the following medication was on the orders: Neurontin (anticonvulsant) 600 mg at 7 a.m. and 12:00 p.m.</p>			
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	<p>On 1-24-12 at 8:40 a.m. a record review for client #2 was conducted. The Physicians orders dated 1-3-12 indicated the following medications were on her orders: Luvox (antidepressant) 150 mg. at 9:00 p.m. and Folitab (vitamin supplement) 500 mg. at 7:00 a.m. every other day.</p> <p>On 1-25-12 at 11:15 a.m. a record review for client #5 was conducted. The Physicians' orders dated 1-3-12 indicated the following medication was on the order: Synthroid (hormone) 0.075 mg. at 7:00 a.m.</p> <p>On 1-25-12 at 11:30 a.m. an interview with the House Manager indicated Physicians' orders should be followed.</p> <p>9-3-6(a)</p>			
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W0455	<p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3, #4) and 3 additional clients (#6, #7, and #8) to ensure handwashing was completed for hygiene purposes.</p> <p>Findings include:</p> <p>On 1-23-12 from 3:00 p.m. until 5:20 p.m. an observation at the home of clients #1, #2, #3, #4, #6, #7, and #8 was conducted. At 3:00 p.m. clients #1, #4, #7, and #8 ate a snack with no prompts for handwashing before eating. At 3:15 p.m. client #2 had her hand in her pants then had coffee, added the sugar and creamer with no assistance from staff to wash her hands. Client #3 ate his snack with assistance with no prompts for hand washing. At 4:00 p.m. client #7 came out of the bathroom with direct care staff (dcs) #4 with no prompts to wash her hand after using the restroom. Client #4 assisted with meal preparation with no prompts to wash his hands. Dcs #5 assisted client #6 with putting eggs into a pan, no handwashing was prompted before meal preparation. At 4:15 p.m. client #7 placed the cabbage into the food processor with no prompts for</p>	W0455	Nurse trained staff on infection control/Handwashing on 02/10/12. See attachment K, L, M, and NStaff will be monitored through observations of Residential Manager and QDP. See attachment D	02/10/2012			

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	<p>handwashing. At 4:45 p.m. client #7 placed plates on the table with no prompts for handwashing.</p> <p>On 1-24-12 from 6:20 a.m. until 7:30 a.m. an observation at the home of client #7 was conducted. At 6:45 a.m. client #7 left the restroom without washing her hands. Dcs #17 prompted client #7 to come back and flush the toilet but did not prompt her to wash her hands.</p> <p>On 1-25-12 at 11:30 a.m. an interview with the Qualified Mental Retardation Professional indicated handwashing should be completed before meal preparation, eating, cooking, and after toileting.</p> <p>9-3-7(a)</p>			

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W9999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rules were not met.</p> <p>1. 460 IAC 9-3-1(5)(b) Governing body Sec. 1. (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>The rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed for 4 of 27 reportable incident reports reviewed involving 4 of 8 clients living in the facility (clients #2, #3, #5, and #8) to submit the report to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>Findings include:</p> <p>The facility's reportable incidents to BDDS (Bureau of Developmental Disability Services) Reports, from 2-1-11 to 1-12, were reviewed on 1-23-12 at 11:10 a.m. The review indicated the following:</p>	W9999	Staff have been retrained on reportable incidents and the time frames required for this reporting. An incident report binder has been developed to avoid late reports. Staff will contact emergency pager if after business hours to notify of any incidents that need to be reported. Incident report will then be completed by the staff on the emergency pager. See attachment BRM, QDP, Nurse, and Coordinator will monitor that this is being completed and procedures being followed during observations. See attachment D, and O.	02/10/2012			

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	<p>-A BDDS report with an incident date of 12-4-11 and a submit date of 12-7-11 indicated client #8 did not get his prescribed medication.</p> <p>-A BDDS report with an incident date of 12-5-11 and a submit date of 12-7-11 indicated client #3 did not get the correct dosage of his medication.</p> <p>-A BDDS report with an incident date of 9-18-11 and a submit date of 9-20-11 indicated client #2 did not get her prescribed medication.</p> <p>-A BDDS report with an incident date of 7-17-11 and a submit date of 7-19-11 indicated client #5 received her morning medications at the evening medication administration.</p> <p>On 1-24-12 at 9:00 a.m. a record review for client #3 was conducted. The Physicians orders dated 1-3-12 indicated the following medications were on his orders: Prednisone (anti-inflammatory) 1 milligram (mg) at 7:00 a.m., Amaryl (for controlling blood glucose) 2 mg at 7:00 a.m., and test blood sugar.</p> <p>On 1-25-12 at 11:00 a.m. a record review for client #8 was conducted. The Physicians orders dated 1-3-12 indicated the following medication was on the orders: Neurontin (anticonvulsant) 600 mg at 7 a.m. and 12:00 p.m..</p>			
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	<p>On 1-24-12 at 8:40 a.m. a record review for client #2 was conducted. The Physicians orders dated 1-3-12 indicated the following medications were on her orders: Luvox (antidepressant) 150 mg. at 9:00 p.m. and Folitab (vitamin supplement) 500 at 7:00 a.m. every other day.</p> <p>On 1-25-12 at 11:15 a.m. a record review for client #5 was conducted. The Physicians orders dated 1-3-12 indicated the following medication was on the order: Synthroid (hormone) 0.075 mg. at 7:00 a.m.</p> <p>On 1-25-12 at 11:30 a.m. an interview with the Qualified Mental Retardation Professional indicated BDDS reports should be filed within 24 hours of the incident.</p> <p>9-3-1(b)(5)</p> <p>460 IAC 9-3-2(c)(3) Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employee practices assure that no staff person would be employed where there is:</p> <p>(3) conviction of a crime substantially related to a dependent population or any</p>			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G612	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/26/2012
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NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 S WESTERN LOGANSPOET, IN 46947
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(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
	<p>violent crime. The provider shall obtain, as a minimum, a bureau of motor vehicles record a criminal history check a authorized in IC 5-2-5-5 , and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State Rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed for 1 of 4 employee records reviewed (staff #17) to obtain 3 complete references.</p> <p>Findings include:</p> <p>Staff #17's employee records were reviewed on 1-25-12 at 11:05 a.m. A review of the records failed to show 3 references were obtained. Only 1 reference was available for review.</p> <p>The Coordinator was interviewed on 1-25-12 at 11:20 a.m. She indicated 3 references were obtained but only one of them had information on it.</p> <p>9-3-2(c)(3)</p>			

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