

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G632	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/20/2012
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NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 211 S BIRKEY BREMEN, IN 46506
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W0000	<p>This visit was for a full annual recertification and state licensure survey.</p> <p>This survey was completed in conjunction with the post certification revisit (PCR) to the investigation of complaint #IN00100760 which resulted in Immediate Jeopardy that was removed on December 15, 2011.</p> <p>This survey was also completed in conjunction with the PCR/PCR to the investigation of complaint #IN00094561 completed September 23, 2011.</p> <p>Dates of Survey: January 18, 19, and 20, 2012.</p> <p>Provider Number: 15G632 Facility Number: 001208 AIM Number: 100240170</p> <p>Surveyor: Kathy Wanner, Medical Surveyor III.</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 1/27/12 by Tim Shebel, Medical Surveyor III.</p>	W0000		
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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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/13/2012
FORM APPROVED
OMB NO. 0938-0391

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W0331	<p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility nursing staff failed to develop an individualized constipation/bowel impaction protocol for 1 of 1 clients (client #4) who had a history of bowel impaction.</p> <p>Findings include:</p> <p>Facility records were reviewed on 1/18/2012 at 2:20 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports for the time period between 3/2011 and 1/18/2012. The reports indicated the following:</p> <p>-a BDDS report dated 7/14/11 for an incident on 7/14/11 at 7:00 P.M. indicated client #4 went 3 (three) days without having a bowel movement. The report indicated client #4 was showing signs and symptoms of discomfort. Client #4 was seen by his Primary Care Physician (PCP). Client #4's PCP prescribed Miralax (laxative) 3 doses three times a day and a Fleet enema.</p> <p>-a BDDS report dated 7/15/11 for 7/15/11 at 5:30 A.M. indicated client #4 had not had any results from the enema and Miralax. Client #4 was taken to the emergency room (ER) where x-rays</p>	W0331	<p>The QDP and Residential Nurse developed a High Risk Plan for Constipation for consumer # 4. The Risk plan is in the group home and will be trained to facility staff on 2/16/2012 at the house meeting. (See attachments A & B) The risk plan spells out the client's history with constipation, signs and symptoms of what to look for, preventative measures, medications. and when to contact the nurse. Further training on the agency's Input/Output tracking sheet, which consumer #4 had in place, will be provided to staff during the 2/16/2012 house meeting as well. More specifically staff will be re-trained on the BM output section of the form and that the nurse must be contact if the client has not had a BM in three days. (See Attachments C & D) To ensure this deficiency does not occur again, the Residential Nurse, Residential Manager and QDP will review the input/output tracking sheets when they are in the home doing observations to ensure the documentation has been completed correctly. Additionally, the input/output tracking sheets are submitted to the RN and QDP at the end of each month for review. Residential Manager, QDP, Residential Nurse Responsible</p>	02/19/2012			

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	<p>indicated client #4 had a fecal impaction with lots of hard stool, increased gas in dilated loops of the bowel. The ER physician prescribed Ondansetron 4mg (nausea and vomiting) and hydromorphone (schedule II pain medication) 0.5mg via IV push. Client #4 was discharged and was to increase his fluid intake and have repeat x-rays in 48 hours.</p> <p>-a BDDS follow-up report dated 7/21/11 indicated client #4 had repeat x-rays and they indicated "possible bowel impaction and a foreign object possibly causing blockage in the bowels." Pain medication was prescribed and an "industrial enema." Client #4 had a "significant bowel movement." A follow-up x-ray indicated no foreign object.</p> <p>Client #4's record was reviewed on 1/19/12 at 12:42 P.M.. Client #4's Individual Support Plan (ISP) dated 1/5/12 did not include an individual protocol for client #4's constipation and preventing bowel impaction. Client #4's Physician's Orders (PO) dated and signed by his PCP 12/27/11 indicated he had diagnoses of PICA, Multiple Polyps of the Colon and constipation. Client #4's Medical History dated 3/13/00 indicated client #4 had a history of fecal impaction, and required a colonoscopy every two</p>				

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	<p>years.</p> <p>The facility RN (Registered Nurse) and Qualified Developmental Disabilities Professional (QDDP) were interviewed on 1/19/12 at 1:42 P.M.. When asked about client #4 having an individualized bowel protocol the RN and QDDP indicated he did not have one. The QDDP stated, "The company has a bowel protocol if no BM in three days, the RN is to be contacted." The QDDP and The RN indicated client #4's BM were tracked daily.</p> <p>Client #4's Intake/Output tracking for 12/2011 was reviewed on 1/19/12 at 3:15 P.M.. Per the tracking sheet client #4 had not had a BM between the days of 12/2 and 12/6, 12/16 and 12/21, and 12/22 and 12/29.</p> <p>At 3:20 P.M. on 1/19/12 the RN indicated she had not been contacted by staff for each of the documented times client #4 had gone three days without a BM. The RN stated she would want to be notified, "On the third day the client went without having a BM." The RN indicated she would advise the staff to have the client exercise, drink warm beverages, etc. The RN and the QDDP indicated they could see where an individualized protocol for client #4 would be in his best interest.</p>						

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	9-3-6(a)			

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W9999	<p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-1 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 division.</p> <p>This rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to report immediately to BDDS (Bureau of Developmental Disabilities Services) two falls which resulted in injury for 2 of 8 clients who lived in the home (clients #5 and #7) in accordance with state law.</p> <p>Findings include:</p> <p>Facility records were reviewed on 1/18/2012 at 2:20 P.M. including the BDDS reports for the time period between 3/2011 and 1/18/2012 the reports indicated the following:</p> <p>-a BDDS report dated 9/12/2011 for an incident on 9/9/2011 at 6:20 A.M. indicated client #7 fell off the commode</p>			W9999	<p>On 2/16/2012 the Service Coordinator will retrain facility staff on the agency's Incident/Abuse/Neglect Policy, specializing in reviewing what qualifies as a reportable incident. Furthermore, staff will be retrained to contact the on-call manager immediately when an incident occurs that meets BDDS reportable incident standards. Staff will also be retrained that all reportable incidents must be reported to BDDS via the incident reporting website within 24 hours of the incident. (See attachments E - J)On 2/16/2012 facility staff will be tested on what qualifies as a BDDS reportable incident versus a facility accident/injury report. Staff must demonstrate competency in understanding the difference between the two. (See attachments K - M)The Incident/Abuse/Neglect Policy is reviewed on a yearly basis or more with facility staff. Continued training on the policy and the requirements of BDDS reportable incidents will occur as needed.Service Coordinator, Residential Manager and QDP Responsible.</p>		02/19/2012

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	<p>in the group home bathroom. Staff heard a loud sound and ran to the bathroom. Staff found client #7 laying on the floor with his shirt over his head. Client #7 had a bump and a scrape on his forehead. The report did not indicate why it was reported late to BDDS.</p> <p>-a BDDS report dated 5/9/11 for an incident on 5/7/11 at 12:15 P.M. indicated client #5 was getting off the bus and walking into the house, when he tripped and fell onto the sidewalk bruising his right cheek and scrapping his right hand. The report did not indicate why it was reported late to BDDS.</p> <p>The Qualified Developmental Disabilities Professional (QDDP) was interviewed on 1/19/2011 at 1:50 P.M.. When asked about the reports being late the QDDP indicated she thought the falls had occurred over a weekend, and the group home staff had failed to notify the administrative staff so a report could be made.</p> <p>9-3-1(b)</p>			

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