

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G392	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/29/2016
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NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 308 W MAIN ST SILVER LAKE, IN 46982
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W 0000 Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Survey dates: 2/23, 2/24, 2/25, 2/26, and 2/29/2016.</p> <p>Provider Number: 15G392 Facility Number: 000906 AIM Number: 100235160</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/8/16.</p>	W 0000		
W 0227 Bldg. 00	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview for 1 of 4 sampled clients (client #1), the facility failed to develop a training program to address client #1's identified sex education need.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 2/24/16 at 7:35am. Client #1's 1/26/2016</p>	W 0227	<p>W227</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Client # 1 did receive sexuality</p>	03/20/2016

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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	"Physician's Order" indicated client #1 had received "Depro Injections" (a form of birth control to prevent pregnancy) "every 60 days" since 4/28/15. Client #1's 9/1/15 "Nurses Note" indicated "Pregnancy Test performed, results negative (sic)." Client #1's 9/1/15 "Medical Summary" visit indicated client #1 was seen by her physician to complete a pregnancy test and the results were negative. Client #1's 1/26/16 CFA (Comprehensive Functional Assessment) indicated "Yes" client #1 "had the skill to identify own sex, identify opposite sex, use correct rest room, aware of body parts and their sexual functions, realizes that sexual intercourse can lead to pregnancy, describe birth control methods, and relates parts of the body which others may not touch without permission." Client #1's CFA indicated client #1 "Sometimes" had the skills to "Avoid pranks, pestering, and unwanted touch to attract attention of person whom attracted to, refrains from sexually transmitted diseases, describes ways to avoid infection from sexually transmitted diseases, refrains from engaging in sexual activities in public, and shows good judgement in selection of dating relationships." Client #1's 1/26/16 ISP (Individual Support Plan) and 1/26/16 SMP (Self Management Plan) did not include client #1's sexual education need.		training on 1/28/16 (see attachment A). Sexuality training was implemented for Client #1 to occur one time a month on 3/15/16 (see attachment B). All staff working with Client # 1 received training on 3/15/16 (see attachment C). A goal was implemented for Client #1 to refrain from sexual inappropriateness on 3/15/16 and all staff was trained on this goal on 3/15/16 (see attachments D). To ensure this deficiency does not occur in the future progress will be monitored monthly by the QDP through completion of ISP monthlies and monthly review of tracking systems. Residential Manager, QDP responsible	

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W 0331 Bldg. 00	<p>On 2/24/16 at 8am, an interview was conducted with the Residential Manager (RM). The RM indicated client #1 had returned from a Leave of Absence (LOA). The RM stated client #1 had told her that she "had sex with her boyfriend" during the LOA and a pregnancy test was performed. The RM indicated client #1 did not have an objective to address client #1's sexual education needs.</p> <p>On 2/29/16 at 9:20am, an interview with the Community Services Coordinator (CSC) was conducted. The CSC indicated client #1 had indicated to the staff when she returned to the group home from a LOA that client #1 had gone on a date with her boyfriend. The CSC indicated client #1 indicated the two had engaged in intercourse and on 9/1/15 client #1 had a pregnancy test performed. The CSC indicated she was unsure if client #1 had a training program for client #1's sex education needs. The CSC indicated no further information was available for review.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p>			

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	<p>Based on record review and interview for 1 of 4 sampled clients (client #4), the facility's nursing services failed to develop a nursing protocol specific to client #4's medical need for edema and heart problems.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 2/24/16 at 8:30am. Client #4's record indicated a 1/21/16 "Physician's Visit" when client #4 became "lethargic" and was seen at the Emergency Room (ER). Client #4's record indicated a 1/26/16 "Physician's Visit" when client #4 was sent to her personal physician to follow up on her ER and for "swelling" (Edema) of her face. Client #4 was prescribed a Diuretic medication to treat the edema (swelling) "for one week." Client #4's 1/23/16 "Physician's Order" indicated client #4's diagnoses did not include her recent hospital diagnosis from 1/26/16.</p> <p>Client #4's "Nurses Notes" indicated the following entries: -On 1/26/16 "Follow up appointment completed to discuss ER visit and recent edema. New orders are to weigh client (on) Monday thru Friday this week and call if increase in weight or edema. BP (Blood Pressure) daily for 1 week. Check (lab results) in one week. HCTZ</p>	W 0331	<p>W331</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Cardinal Services, Inc. strives to ensure the best possible overall health for all the individuals they provide services for and seeks timely medical care for all individuals when needed.</p> <p>The Residential Nurse received training on 3/15/16 (see attachment E). A nursing care plan was implemented for client # 4 on 3/15/16 and all staff was trained on this plan on 3/16/16 (see attachments F).</p> <p>To ensure this deficiency does not occur in the future the Coordinator will monitor care plans for thoroughness in amendments through documentation review and internal audits. Spot checks will be completed by the Coordinator monthly and each time a new care plan is implemented it will be reviewed for thoroughness and accuracy. The Residential Manager, QDP, and Coordinator will ensure ongoing compliance through weekly, monthly and quarterly observations.</p> <p>Coordinator, Residential Nurse, QDP, and Residential Manager responsible</p>	03/20/2016			

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	<p>(Diuretic medication used for high blood pressure and/or Congestive Heart Failure) ordered times one week (signed the Agency Nurse)."</p> <p>-On 1/25/16 "Writer noted that client had some 1+ (one plus) pitting edema in hand and legs bilaterally. Face also appeared puffy. BP 126/74, P (Pulse) 82, R (Respirations) 20. Residential Manager contacted will address with [Name of Doctor] at follow up tomorrow. Writer went over signs and symptoms of heart attack/heart failure with manager (signed the Agency Nurse)."</p> <p>-On 1/21/16 "An appointment completed with [Name of Doctor]...While at the doctors office [client #4] appeared to be unusually lethargic. Client was referred to [Name of Hospital] ER. Labs and diagnostics were completed. No medical issues found...(signed by the Agency Nurse)."</p> <p>-On 6/17/15 "Writer spoke with Nurse [Name of Hospital] states client doing better, Request that writer assess client to see if [client #4] is close to baseline. Writer went to [Name of Hospital] fed client, walked client, and did general assessment. BP 132/78, P 94, R 24, T (Temperature) 99.1. 2+ pitting edema bilaterally lower legs. Client was short of</p>			

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	<p>breath just lying in bed. [Name of Hospital] Nurse alerted and oxygen was placed at 2 L (Liters) per NC (Nasal Cannula). Writer informed [Name of Hospital] Nurse that this is not normal for client. Hospital...called and Lasix (a diuretic medication) will be started (signed by the Agency Nurse)."</p> <p>-On "6/14/15 "Staff reports that client woke to go to the rest room (sic) [client #4] appeared to be having balance issues. Client wet herself before she reached the toilet. Staff reports [client #4] was shaky and breathing fast. Staff took her temperature and reports (a fever of) 103.1 (degrees). Residential Nurse instructed staff to call 9-1-1. Staff EMT's arrived and transported client to [Name of Hospital] ER. Client was later admitted for Tachycardia (a faster than normal heart rate), UTI (Urinary Tract Infection), Clouded Consciousness, and fever (signed by the Agency Nurse)."</p> <p>Client #4's 11/10/15, 8/23/15, and 4/22/15 "Nursing Quarterly" reports did not indicate client #4's risk for medical problems related to her heart and edema. Client #4's record indicated she had limited verbal skills. No information was available for review to determine how and if client #4 was able to identify her discomfort related to her medical</p>			

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	<p>conditions. No guidelines, documented staff monitoring, or protocols for client #4's heart problems and edema were available for review.</p> <p>On 2/29/16 at 9:20am, an interview with the CSC (Community Services Coordinator) was conducted. The CSC indicated client #4's plans did not include specific risk protocols developed by the nursing services regarding client #4's heart problems and edema. The CSC indicated client #4 did not have completed risk plan guidelines and protocols for her heart related issues and edema available for review.</p> <p>9-3-6(a)</p>						