

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G536	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/11/2015
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NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 2501 GLAD ST WARSAW, IN 46580
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W 000 Bldg. 00	<p>This visit was for a post certification revisit to a full recertification and state licensure survey completed on December 18, 2014.</p> <p>Dates of survey: February 6, 9, 10 and 11, 2015.</p> <p>Facility number: 001050 Provider number: 15G536 AIM number: 100245380</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/19/15 by Ruth Shackelford, QIDP.</p>	W 000		
W 168 Bldg. 00	<p>483.430(b)(3) PROFESSIONAL PROGRAM SERVICES Professional program staff must participate as members of the interdisciplinary team in relevant aspects of the active treatment process.</p> <p>Based upon observation, record review and interview, the facility failed for 1 of 4 sampled clients (client #4) to ensure</p>	W 168	<p>W168</p> <p>Professional program staff must</p>	03/03/2015

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>professional staff participated as interdisciplinary team (IDT) members to assess, develop and monitor plans to address client #4's needs to prevent aspiration.</p> <p>Findings include:</p> <p>Client #4's record at the facility office was reviewed on 2/9/15 at 4:30 PM. A Dysphagia/(Difficulty in swallowing) Choking Management Plan dated 6/11/14 indicated a "regular diet with food cut into bite sized pieces...."</p> <p>Observations were completed in the group home on 2/9/15 from 4:50 PM until 5:35 PM. Client #4 was served ground tuna, macaroni and cheese, peaches and coleslaw. Client #4 indicated she did not like the tuna salad. The visiting Residential Manager crushed crackers into tuna salad and client #4 ate the mixture of crackers and tuna salad.</p> <p>Staff #6 was interviewed on 2/9/15 at 5:20 PM and stated client #4 had a "waiver" for her diet.</p> <p>Client #4's records in the group home were reviewed on 2/9/15 at 5:20 PM. The record included a "Dietary Waiver" dated 12/16/14 which indicated "Recommended Diet by dietician: Pureed</p>		<p>participate as members of the interdisciplinary team in relevant aspects of the active treatment program.</p> <p>Cardinal Services, Inc. is committed to providing the best service possible to all individuals receiving services. In order to support individuals and ensure their needs are met each person served has a team that consists of the Direct Support Staff, Manager, Coordinator, Nurse, Benefit Specialist, Job Coach, QDP, Behavior Specialist, and Dietician.</p> <p>The facility provided training to the Coordinators, Residential Manager, and Nurse on Dietician involvement to assess, develop and monitor plans to address needs to prevent aspiration on 3/2/15 (see attachment A).</p> <p>To ensure this deficiency does not occur again, the Residential Nurse will notify the Dietician of the need for an IDT and request her presence at the meeting. The Coordinator will review IDT notes to ensure participation from the Dietician has taken place and input has been provided.</p> <p>Residential Nurse and Coordinator responsible</p>				

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	<p>diet and thin liquids. Due to the fact that [client #4] enjoys a variety of foods her IDT (interdisciplinary team) feels that if she followed all the recommendations under the pureed diet she would be very unhappy. Many of the foods she enjoys are foods that are not supposed to be consumed when following this plan. The IDT is aware of the risk involved in not following dietary recommendations, but it is our recommendation that [client #4] be able to eat what she wants. It should be noted that Cardinal Services, Inc. is not responsible if the client consumes food items that are not approved for the individual's diet related to texture modification. As those food items have been deemed unsafe for the client to consume (sic). According to the doctor a change in diet would increase potential for aspiration. This would in turn put her more at risk for aspirational (sic) pneumonia among other conditions. This can lead to very serious potential outcomes including death...." The record and IDT did not indicate evidence the Registered Dietician (RD) participated in the IDT meeting to determine client #4's diet.</p> <p>A swallow study for client #4 dated 12/8/14 was reviewed on 2/11/15 at 1:00 PM and indicated "Adequate oral initiation. Normal constrictor activity. No</p>						

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W 331 Bldg. 00	<p>obvious penetrance or aspiration at all viscosities. Impression: Suggests a liquid to liquid soft diet...."</p> <p>The Residential Coordinator was interviewed on 2/11/15 at 1:07 PM and indicated an e-mail had been sent to the RD to get input regarding the dietary waiver for client #4's pureed diet recommendation, but the RD did not respond. She indicated there was no documentation of the RD's participation in the IDT meeting regarding client #4's diet change.</p> <p>9-3-3(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based upon record review and interview for 1 of 4 sampled clients (client #4), the facility's nursing services failed to ensure evaluations by qualified medical staff were completed after falls resulting in head injury.</p>	W 331	<p>W331</p> <p>The facility must provide clients with nursing services in accordance with their needs. Cardinal Services, Inc. strives to ensure the best possible overall health for all the individuals they provide services for and seek timely</p>	03/11/2015	

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	<p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) and investigations were reviewed on 2/9/15 at 2:30 PM and indicated the following:</p> <p>1. A BDDS report dated 1/24/15 indicated at 5:30 PM, while attempting to retrieve a book that fell, client #4 let go of her walker and "fell to her butt and her back bumping her head. Staff assisted [client #4] up assessed her for injuries approximately fifteen minutes after her fall she had a bump 1 cm (centimeter) on her head, staff started head injury tracking sheet. She also has a 2 mm (millimeter) wide by 3 cm in length bruise on right buttocks...." Corrective action indicated, "Staff notified Residential Manager and Residential Nurse. Staff will continue to monitor [client #4] for further injuries...." A follow up report dated 1/27/15 indicated "Staff has continued to document the head injury tracking for [client #4]. At this time [client #4] has not displayed any signs of a head injury...." There was no evidence the nurse or qualified medical personnel had evaluated client #4 after her fall resulting in head injury.</p>		<p>medical care for all individuals when needed.</p> <p>The facility amended the Med Manual to include the need for medical assessment following head injury on 3/11/15 (see attachment A). Symptom Tracking and Head Injury Tracking was put into place on 3/11/15 (see attachment B and C). All Direct Support Staff working in the home will receive training on the updated procedures and tracking sheets by 3/14/15 (see attachment D). A memo was sent out on 3/11/15 to all Adult Service Staff notifying them of the update in the Med Manual for Head and Spine Injuries (see attachment E). All Direct Support Staff working within the company will receive training on the Tracking procedures and completing the Symptom Tracking and Head Injury Tracking by 3/13/15.</p> <p>To ensure this deficiency does not occur again the Residential Manager will monitor staff implementation of revised policies in the event of head injury during weekly/monthly/Quarterly observations. The Residential Manager and Nurse will review the Symptom Tracking and Head Injury Tracking to ensure completion and thoroughness. All staff are trained in First Aid and recognizing signs/symptoms of a head injury. In the event any signs or symptoms are observed 911 will be called immediately so the individual can be evaluated by medical personnel.</p> <p>Residential Manager, Residential</p>				

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	<p>A BDDS report dated 2/7/15 indicated at 7:50 AM while attempting to get lipstick off the floor in her bedroom, client #4 "let go of her walker and fell and hit her head on the edge of her desk. Staff assisted her up and assessed her for injuries. She had one and a half inch abrasion on her forehead. Staff started a head injury tracking sheet and notified the Residential Manager." Corrective action indicated "Staff will continue to monitor [client #4] for further injuries. Staff will make sure she keeps ahold (sic) of her walker. Staff will also encourage [client #4] to ask for assistance." There was no evidence the nurse or qualified medical personnel had evaluated client #4 after her fall resulting in head injury.</p> <p>The RC (Residential Coordinator) indicated on 2/10/15 at 2:20 PM via e-mail "In the event an individual falls and hits their (sic) head, the Residential Manager is notified immediately and a head injury tracking is implemented. The Residential Nurse is notified at this time via email or voicemail. In the event the individual requires immediate medical treatment the Residential Manager then sends the individual to the Emergency room and the nurse is contacted immediately via the on call phone. The head injury tracking outlines the signs/symptoms staff are to monitor for</p>		Nurse responsible	

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	<p>which include: Change in consciousness, severe pain in head/back/neck, tingling or loss of sensation in arms/hands/feet/legs, loss of movement, blood or fluids in ears or dripping from nose, heavy visible bleeding, unusual seizure, difficulty breathing, and/or vomiting. In the event any of these symptoms are noted staff are to phone 911. The Residential Manager and the Residential Nurse is (sic) notified immediately via the on call phone that the individual has experienced these symptoms and is being taken in for an evaluation."</p> <p>The Support Services Coordinator was interviewed on 2/10/15 at 3:18 PM and indicated the group home staff and Residential Manager provided the initial medical assessment to determine whether clients required further medical evaluation after a fall resulting in head injury.</p> <p>The Residential Coordinator was interviewed on 2/11/15 at 1:07 PM and indicated the group home staff and Residential Manager had received training in first aid to enable them to make a determination and assessment of clients need for medical evaluation, and further medical evaluation and assessment of clients after a fall with head injury did not occur unless the client</p>			

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	<p>exhibited symptoms indicated in the head injury tracking sheet completed by group home staff.</p> <p>This deficiency was cited on December 18, 2014. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-6(a)</p>			