

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  01/11/2013
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NAME OF PROVIDER OR SUPPLIER  CARDINAL SERVICES INC OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 S WESTERN LOGANSFORT, IN 46947
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 8, 9, 10, 11, 2013</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 1/18/13 by Ruth Shackelford, 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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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (client #3) to ensure his medication goal was implemented per his Individualized Support Plan (ISP).</p> <p>Findings include:</p> <p>On 1-9-13 from 6:25 a.m. until 6:35 a.m. a medication administration for client #3 was conducted. Direct care staff (DCS) #10 punched out client #3's medications for him, took client #3 into the restroom, assisted him with undressing, then fed client #3 his medications. DCS #10 did not ask client #10 to identify himself by his picture.</p> <p>On 1-9-13 at 8:30 a.m. a record review for client #3 was conducted. The ISP dated 7-27-12 indicated client #3 had a medication goal/objective to identify his picture with his name.</p> <p>On 1-11-13 at 12:45 p.m. an interview with the Qualified Mental Retardation</p>	W0249	<p>Staff were retrained over active treatment and completion of goals by QDP on 1-30-13-2/04/13. Staff were required to test over the training and will be monitored by observations of RM, QDP, and Nurse. See attachment A,B, and C. Nurse retrained staff on identifying the consumer before each pass, which includes bringing them to the medication closet where the goal could be run. Staff signed off on training. See attachment D and E.</p>	02/04/2013			

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	Professional indicated DCS #10 should have implemented client #3's medication goal per his ISP.  9-3-4(a)			

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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (client #4) to ensure his medication was given with breakfast per the Physician's Orders (PO).</p> <p>Findings include:</p> <p>On 1-9-13 from 6:05 a.m. until 6:20 a.m. a medication administration for client #4 was conducted. Direct care staff (DCS) #10 administered client #4 his Etodolac for cramps at 6:17 a.m. The bubble pack indicated to take the Etodolac with breakfast for cramps. Client #4 took his first bite of breakfast at 7:50 a.m.</p> <p>On 1-9-13 at 10:30 a.m. a record review for client #4 was conducted. The PO dated 10-1-12 and 12-28-12 indicated to take the Etodolac ER (extended release) 400 mg (milligrams) with breakfast for cramps.</p> <p>On 1-11-13 at 12:45 p.m. an interview with the Residential Manager (RM) indicated client #4's medication should be given per the PO's with breakfast. The RM indicated client #4 should have eaten</p>	W0369	Nurse retrained staff over medication pass, physicians's orders, drug-food interactions, and side affects on 1-22-13. Staff signed off on training. Staff will be monitored by observations of RM, QDP, and Nurse. See attachment D, E, F, G, H, I, and C.	01/22/2013

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	breakfast within 1 hour of receiving his medication.  9-3-6(a)			

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W0382	<p><b>483.460(l)(2)</b> <b>DRUG STORAGE AND RECORDKEEPING</b> The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation, record review, and interview, the facility failed for 4 of 4 clients (clients #3, #4, #5, and #8) who lived in the home, to ensure the medication keys were kept with an authorized person.</p> <p>Findings include:</p> <p>On 1-9-13 from 5:50 a.m. until 7:50 a.m. an observation at the home of clients #3, #4, #5, and #8 was conducted. Direct care staff (DCS) #10 unlocked the medication closet and left the keys dangling in the door while DCS #10 and client #4 went into the kitchen. DCS #10 left the keys in the door while he went to the kitchen to prepare drinks. Clients #3, #4, #5, and #8 had access to the medications in the closet.</p> <p>On 1-9-13 at 11:55 a.m. a review of the facility's Medication Policy dated 11-12 indicated medication keys were to be secured. "Leaving the keys hanging in the medication closet" counted as an error per the Medication Policy.</p> <p>On 1-11-13 at 12:45 p.m. an interview with the Residential Manager (RM)</p>			W0382	Staff were retrained staff over medication procedures, covering the securing of medications and the medication error policy covering the leaving of keys hanging in the closet. Staff signed off on training and will be monitored by observations of RM, QDP, and Nurse. See attachment D, E, J, and C.		01/22/2013

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	<p>indicated DCS #10 should have kept the keys on himself and not hanging in the door for any client to have access to the closet.</p> <p>9-3-6(a)</p>			

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W0455	<p>483.470(l)(1) INFECTION CONTROL</p> <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 1 of 4 sampled clients (client #3) to ensure his medication and toileting skills were not implemented without appropriate hand washing.</p> <p>Findings include:</p> <p>On 1-9-13 from 5:50 a.m. until 7:50 a.m. a observation for client #3 was conducted. Direct care staff (DCS) #10 punched out client #3's medications for him, took client #3 into the restroom, picked up client #3's underwear and socks, assisted him with undressing, took off client #3's soiled attend, then fed client #3 his medications as he sat on the toilet. DCS #10 did not wash his hands or change his gloves as he fed client #3 his medication and assisted him with his toileting skills.</p> <p>On 1-11-13 at 12:45 p.m. an interview with the Residential Manager indicated DCS #10 should have not used the same pair of gloves to assist with toileting, dressing and medication administration for client #3. The RM indicated DCS #10 should have changed gloves and washed his hands between toileting, dressing, and medication skills.</p>	W0455	Nurse retrained over proper use of gloves and safety issues. Staff signed off on training and will be monitored by observations of RM, QDP, and Nurse. See attachments D, E, K, and C.	01/22/2013			

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