

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G406	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/19/2011
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NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 304 N HICKORY ST W NORTH WEBSTER, IN46555
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W0000	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: October 17, 18, 19, 2011. Facility number: 000920 Provider number: 15G406 AIM number: 100244460 Surveyors: Susan Reichert, Medical Surveyor III, Team Leader The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed on 11/3/11 by W. Chris Greeney ICF-ID Surveyor Supervisor.	W0000		
W0157	If the alleged violation is verified, appropriate corrective action must be taken. Based on observation, interview and record review, the facility failed to implement effective corrective action to protect 1 of 8 clients living in the group home (client #8) from injury after a pattern of injuries had been identified. Findings include: The facility's reportable incidents to the	W0157	W157 If the alleged violation is verified, appropriate corrective action must be taken. Per "Incident/Abuse/Neglect Policy Persons Served" Cardinal Services, Inc. is committed to ensuring the safety, dignity, and protection of persons served. Effective corrective action has been taken to ensure the safety of client #8. She will be moving to an alternative residential placement that offers Day Services in the home, which will	11/18/2011

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>Bureau of Developmental Disabilities Services (BDDS) were reviewed on 10/17/11 at 4:10 PM and indicated the following reports for client #8:</p> <p>-a report dated 2/23/111 indicated client #8 lost her balance and fell while walking causing bruises to her left wrist (size not indicated) at 10:05 AM and at 12:05 PM fell on her previously injured wrist and caused immediate bruising to to forehead "app (approximate) size of 50 cent piece." The report indicated she was evaluated by medical professionals, staff would closely monitor her, and a fall risk plan was in place for client #8. A follow up report dated 3/3/11 indicated client #8's physician had no new recommendations and that "it was a possibility" client #8 had arthritis. The follow up report indicated client #8 was to continue to wear a gait belt, and staff were to be "right with her" if she showed signs of steadiness. "Staff are to redirect when needed and to ensure that she has a safe environment to prevent falls."</p> <p>-a report dated 3/7/11 indicated at 10:05 AM client #8 lost her balance and fell to the ground, causing a 2 inch abrasion on her left elbow. The report indicated client #8 had only slept 2 hours the previous night. A follow up report dated 3/15/11 indicated the IDT (interdisciplinary team) had met on 3/7/11 and included in client</p>		<p>reduce the risk for falls. (See attachment A) Until this move takes place, client #8 was reassessed regarding risk of falls. Mobility Screening & Fall Plan for Person Served and Adaptive Equipment Schedule of use was updated to include the use of gait belt while ambulating. (See attachment B) Informal training has been implemented to assist in training Client #8 to navigate her environment safely. (See attachment C) Staff were retrained on 11-15-11 to effectively support client #8 to avoid further injury. (see attachment D) Coordinator, QMRP and Residential Manager will monitor to ensure ongoing compliance through daily/weekly observations and monthly review of documentation. (see attachment E) Coordinators, QMRP and Residential Manager responsible.</p>		

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	<p>#8's fall risk plan that when she is has little/lack of sleep that she may be at higher risk of falls. Staff are to be within eyesight if client #8 shows signs of unsteadiness.</p> <p>-a report dated 4/7/11 indicated at 7:20 AM the nurse found a bruise on her right hip 4 and 1/2 inches by 2 and 1/2 inches wide. "The bruising is consistent with [client #8] who typically bumps into furniture while navigating around the dining room within her home." The plan to resolve indicated staff would continue to implement client #8's fall risk plan and if staff noticed client #8 bumping into furniture, staff will complete an accident report. A follow up report dated 4/7/11 indicated "Due to client #8 being blind, she is prone to bumping into things as she feels her way around. The team has focused on keeping the environment arranged one way in order to assist [client #8] with maintaining independence with ambulatory (sic). The team feels that if we guide her around at all times, she will expect it all the time and lose what independence she has...Staff will assist her in becoming more familiar with her environment to prevent further injuries. Staff will give her verbal cues in case something/someone is near. Staff will continue to offer verbal prompts and physically block potential hazards if/when</p>				

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	<p>needed."</p> <p>-a report dated 4/21/11 at 9:15 AM indicated client #8 fell while ambulating at day services, sustaining a quarter sized bruise on her left upper thigh after tripping over a peer whose legs were extended. No additional corrective action was indicated in the report.</p> <p>-a report dated 4/27/11 at 11:15 AM indicated client #8 tripped over a chair while being given verbal cues and started to fall hitting her head on a table. Staff were within arms length and prevented her from falling to the ground. Client had a dime sized red mark above and below her left eye as a result. A follow up report dated 5/5/11 indicated client had shown signs of agitation and did not respond to verbal cues when agitated and also had heavy shoes on. The IDT had met and staff were to continue to be more aware when client #8 was agitated, staff were retrained, and client #8's shoes were replaced.</p> <p>-a report dated 5/11/11 at 9:08 AM indicated client #8 fell after being grabbed by a peer, losing her balance and fell forward hitting her head on a chair, then fell to the floor. The fall resulted in a dime sized abrasion on her left forehead at her hair line. The report indicated client</p>				

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	<p>#8 was taken to the hospital for evaluation, and staff were to perform head injury checks for 12 hours after leaving the hospital. A follow up report dated 5/17/11 indicated client #8 was to be redirected away from the area of the peer.</p> <p>-a report dated 9/25/11 indicated client #8 was being directed to her room per her BMP (behavior management plan) and when told where she was, she backed away from staff "which caused her to fall against her dresser. Staff caught her and assisted her to the floor." Client #8 received a red mark below her shoulder blade 1 and 1/2 inches long. A follow up report dated 10/5/11 indicated client #8 had a history of falls and staff were following her plan. The report indicated client #8's fall risk would continue to be implemented. No additional corrective action was indicated. An attached Mobility Screening and Fall Assessment for Persons Served dated 8/4/11 and amended 3/15/11 (sic) indicated "I refuse to use a cane. Staff attempt while in the community. I independently ambulate around my home without it. I will also use a cane as a weapon directed towards peers and staff...I am tactile defensive so a lot of the time I refuse to 'feel' items to assist me to locate items...I have a formal safety goal in place to address community safety. Staff will offer me comfort by</p>				

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	<p>allowing me to hold on to them in unfamiliar settings. However, around my home and at Day Services I am independent in ambulation unless showing signs of unsteadiness...To prevent further falls from occurring when I have had little/lack of sleep staff will have a heightened awareness that I might be at a higher risk of falls and need to implement this plan."</p> <p>During observation at the group home on 10/17/11 from 5:28 PM until 6:45 PM, client #8 was directed to her room by her staff when she engaged in screaming at 5:45 PM and at 6:15 PM after screaming when left alone by staff in the living room. Client #8 continued to scream in her room until staff escorted her outside to sit on the patio at 6:25 PM. Client #8 remained outside rocking outside in a rocker by herself without view of staff during the remainder of the observation.</p> <p>Client #8's record was reviewed on 10/18/11 at 10:36 AM and indicated a physician's recommendation dated 10/13/11 "continue current activity level. Use tennis shoes for lateral foot support. A 9/28/11 vision exam for check up indicated client #8 was "uncooperative for exam today,...PRN (as need) for repeat try for exam." Hand held assistance of staff in unfamiliar environments." A 9/24/01</p>				

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	<p>note from a mobility training specialist for vision impaired indicated "The IDT agreed that further training from the [mobility training specialist agency] is not needed at this time," and indicated the specialist's contact information would be kept on record if future needs arise. A handwritten note recorded on letterhead of the mobility specialist agency letterhead and dated 7/9/10 by the QDP indicated "Spoke with [agency name]. Due to no change in willingness to use cane, unable to assist. Asked what we did as far as ADLs (adult daily living skills). Reviewed plan. No further services." Client #8's Self Management Plan dated August, 2011 indicated client #8 "screaming usually occurs (sic) I am wanting to do something (IE (sic) (walks, attention, to layer clothes, food, etc.) or do not get what I want immediately when I ask for it. I will also scream if I am directed from holding onto staff while in my home." The plan indicated client #8 was to be directed to her room when screaming. A 10/13/11 Physical Therapy evaluation indicated "It is recommended that the patient wear tennis shoes while ambulating because of the biomechanical abnormalities of the knee and foot on the left side. It is recommended that the patient ambulate with the assistance of the group home staff in unfamiliar environments because of her tactile</p>				

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	<p>defensiveness and visual deficits. The patient will not cooperate for any range of motion or strengthening exercises and therefore there is no exercise program recommended for the patient at this time...patient discharged from physical therapy at this time."</p> <p>The Qualified Developmental Professional (QDP) was interviewed on 10/18/11 at 11:30 AM and indicated client #8 was tactile defensive and unable or unwilling to touch things to assist her in ambulation. When asked if client #8 had been assessed for tactile defensiveness, the QDP indicated client #8 had not been assessed and stated she thought client #8 "wouldn't cooperate."</p> <p>The QDP was interviewed again on 10/18/11 at 12:30 PM and indicated she was in error regarding client #8's tactile defensiveness as the house manager had indicated client #8 was not tactile defensive. The house manager indicated to the QDP client #8 would sometimes comply with requests to touch items in her environment to assist in her ambulation. The QDP indicated client #8 "refuses to use blind guidelines," and would prefer to hold on staff members. She stated, "We've done everything possible. She refuses."</p>			

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W0218	<p>9-3-2(a)</p> <p>The comprehensive functional assessment must include sensorimotor development. Based on observation, interview and record review for 1 of 4 sampled clients (client #4), and 1 additional client (client #7), the facility failed to assess their positioning during meals. Findings Include:</p> <p>During observation was completed at the group home on 10/18/11 from 5:35 AM until 7:40 AM, clients #4 and #7 ate their morning meal with their feet dangling 4 inches from the floor.</p> <p>Client #4's record was reviewed on 10/19/11 at 1:20 PM and failed to include evidence of his needs regarding his feet dangling above the floor during dining.</p> <p>The QDP (Qualified Developmental Professional) was interviewed on 10/19/11 at 12:30 PM and indicated clients #4 and #7's seating positions had not been evaluated, and stated "if mom had concerns (regarding client #4), she would have addressed it." She futher indicated the group home staff had recently been transferring client #7 from his wheelchair to a chair with arm rests for safety reasons during dining.</p>	W0218	<p>W218 The comprehensive functional assessment must include sensorimotor development. Cardinal is committed to providing quality individualized programming that includes assessment of sensorimotor development and implementation of needed interventions. Clients #4 and #7 were reassessed regarding positioning during meals. (see attachment A) Adaptive Schedule of Use for clients #4 and #7 have been revised to include the use of a foot rest as needed when seated in tall chairs. (see attachment B) Foot rest tracking sheets have been implemented for clients #4 and #7. (see attachment C) Staff were trained on the use of foot rests on 11-15-11. (see attachment D) The facility will ensure ongoing, assessment of sensorimotor needs through review tracking sheets and daily/weekly observations. (see attachment E) QMRP, Residential Manager andCoordinator Responsible.</p>	11/18/2011

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

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FORM APPROVED

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	9-3-4(a)				