

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G651	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/17/2012
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NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 628 ROSS AVE WARSAW, IN 46580
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W0000	<p>This visit was for the investigation of complaint #IN00107402.</p> <p>Complaint #IN00107402: Substantiated. Federal and state deficiencies related to the allegation(s) are cited at W122 and W149.</p> <p>Date of Survey: May 17, 2012.</p> <p>Facility number: 001181 Provider number: 15G651 AIM number: 100234730</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/23/12 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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W0122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on interview and record review, the facility failed to meet the Condition of Participation: Client Protections. The facility failed to protect 1 of 4 sampled clients (client A) from abuse by staff.</p> <p>Findings include:</p> <p>Please see W149. The facility neglected to implement written policy and procedures to protect 1 of 4 sampled clients (client A) from abuse by staff.</p> <p>This federal tag relates to complaint #IN00107402.</p> <p>9-3-2(a)</p>	W0122	<p>The facility must ensure that specific client protections requirements are met.</p> <p>Cardinal Services Inc. strives to meet and be in compliance with all of the conditions of participation established by the Secretary of Health and Human Services. This allegation of compliance is intended to show Cardinal Services' commitment to quality delivery of services.</p> <p>Proactive strategies and corrective action have been developed as needed to avoid further incidents.</p> <p>It is Cardinal Services' belief that the corrective action taken by management staff, QDPs and Human Resources has resolved the problems created by the condition out of compliance.</p>	06/15/2012	

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			Please see W149	

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview, the facility neglected to implement written policy and procedures to protect 1 of 4 sampled clients (client A) from abuse by staff.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 5/17/12 at 3:56 PM. A report dated 4/19/12 indicated on 4/17/12 a neighbor contacted the agency's CEO (Chief Executive Officer) and reported she saw client A walk out of the group home and walk towards two people walking down the street. A female staff person (staff #10) came from the home and tried to bring client A back to the group home. The neighbor thought she saw staff #10 hit client A while he was "escalated." Client A returned to the home and about 15 minutes later staff #10 brought client A to the neighbor's house and asked if the neighbor had posted pictures of client A on Facebook.</p> <p>The investigation into the incident dated 4/19/12 was reviewed on 5/17/12 at 4:35</p>	W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Cardinal Services Inc. considers any form of abuse or neglect to be unacceptable and strives to assure that staff shares this philosophy. Cardinal Services Inc. provides training on the Incident/Abuse/Neglect policy during the first day of new hire training. In addition staff receives training on Abuse Prevention during Foundations training, as part of their Module training within the first 90 days of employment, annually during departmental policy review and annually with Abuse Prevention Recertification training. (See attachment A)</p> <p>In addition to measures currently in place Cardinal</p>	06/15/2012			

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	<p>PM. The investigation indicated the neighbor had contacted the CEO on 4/19/12. The neighbor's description of the incident she witnessed while looking out her window indicated staff #10 "screamed" at client A "to get back in the house," and "grabbed" client A's arm and "forcibly pulled him across the street. He put his hands up and tried to push her away." Once across the street, staff #10 "began hitting the client until he fell to the ground while continuing to scream at him." The neighbor stood on her patio and shouted to staff #10 "Mam (sic)" and asked staff #10 to stop hitting client A. Staff #10 stated to the neighbor, "Well he hit me." When the neighbor offered to call 911, staff #10 indicated to the neighbor she was the house manager and did not need assistance. After "about 5 minutes", client A and staff went into the group home, and returned about 5 minutes later to the neighbor's door. The staff person indicated client A had something to say, and client A then apologized. Client A was asked by staff #10 if there was something else he wanted to say, and he stated, "I'm sorry," and walked away. Staff #10 indicated client A was concerned the neighbor took pictures of him and would post them on Facebook. "The neighbor's 'take' then was that the staff person knew that what she did was wrong and that she was trying to cover</p>		<p>Services Inc. will implement the following:</p> <p>Effective Friday June 8, 2012 all newly hired staff will be required to sign a Statement of Commitment to Report suspected or confirmed abuse/neglect/mistreatment after training has been provided on the Incident/Abuse/Neglect policy, during their first day of new hire training.(See attachment B)</p> <p>By June 15, 2012 all current Cardinal Services Inc. staff will review the Incident/Abuse/Neglect policy and be required to sign a Statement of Commitment to Report suspected or confirmed abuse/neglect/mistreatment. (See attachment B)</p> <p>On June 1, 2012 the observation form used by the Qualified Disabilities Professional (QDP), Residential Manager and</p>				

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	<p>her butt." Staff #3's statement taken 4/19/12 indicated he did not hear client A expressing concern about his picture being taken and posted on Facebook and when asked if it was client A's idea to go to the neighbor's house stated, "I don't think so. That is what worries me a little about the whole thing. It almost looks like [staff #10] was trying to cover something up." Client A's statement taken on 4/19/12 indicated when asked if staff A had hurt him or hit him in any way to get him to come back in the house, he stated "Yes," and and pointed to his forehead when asked where he was hit. He indicated he went to the neighbor's house to apologize, but when asked if he was concerned the neighbor would post his picture on Facebook, he stated, "No." An entry in the investigation dated 4/23/12 indicated staff #9 had overheard staff #10 use profanity towards a client she thought was client A.</p> <p>Staff #10's employee records were reviewed on 5/17/12 at 4:40 PM. An employee counseling record (undated) indicated she was being discharged regarding the incident on 4/17/12 and staff #10's "behavior is in direct violation of Cardinal's Code of Conduct #6, 'threatening, intimidating, harassing, neglectful, exploitative, or abusive behavior towards a person served.' This</p>		<p>Residential Coordinator was revised to include a specific space for documentation and monitoring of any staff behavior that gives any cause for concern. (See attachment C)</p> <p>To ensure this deficiency does not occur again, the Residential Manager, QDP and Residential Coordinator will monitor staff behavior weekly, monthly and quarterly during observations. (See attachment C)</p> <p>-</p> <p>QDP, Residential Manager and Residential Coordinator Responsible.</p>				

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	<p>violation results in immediate termination of employment." A statement by staff #10 dated 4/24/12 indicated staff #10 resigned, and a statement indicated the agency had accepted staff #10's resignation with a note "your employee file will reflect that your resignation was accepted during an investigation" was signed and dated 4/27/12 by staff #10.</p> <p>The Adult Services Director was interviewed on 5/17/12 at 4:10 PM and indicated staff #10 who was involved in the incident with client A was in the process of being terminated after the allegation of abuse had been substantiated, but had resigned prior to the termination. He indicated client A had not expressed concerns about having his picture on Facebook during questioning during the investigation, and the concern staff #10 indicated client A expressed about pictures of him on Facebook was not substantiated by anyone during the investigation. He indicated the discrepancy regarding client A's concern about his picture being posted on Facebook and staff #10 escorting client A to express concern to the neighbor caused further concern about staff #10's behavior during the incident and ability to perform her job duties. He indicated staff #9 had come forward during the investigation to indicate she</p>			

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	<p>had overheard staff #10 use profanity towards client A at an undocumented date and time while in training, but was new and had not yet been trained on the agency's policy and procedures regarding abuse and neglect. He indicated staff #9 no longer worked in the group home.</p> <p>A review of the facility's "Incident/Abuse/Neglect Policy", dated 3/11 on 5/17/12 at 4:00 PM, indicated, the agency "is committed to ensuring the safety, dignity, and protections of persons served."</p> <p>This federal tag relates to complaint #IN00107402.</p> <p>9-3-2(a)</p>				