

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G615	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  02/25/2016
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NAME OF PROVIDER OR SUPPLIER  CARDINAL SERVICES INC OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 511 E SOUTH ST BREMEN, IN 46506
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W 0000  Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: 2/16, 2/17, 2/18, 2/19, 2/22, 2/24, and 2/25/16.</p> <p>Provider Number: 15G615 Facility Number: 001164 AIM Number: 100235570</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/4/16.</p>	W 0000		
W 0382  Bldg. 00	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation, record review, and interview, for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8), the facility failed to keep medications locked when not being administered for client #3.</p> <p>Findings include:</p>	W 0382	Immediately following the survey, staff were retrained on the Medication Policy and how miralax is classified and treated the same way as any other prescribed medication and must be locked until it is ready to be administered. By 3/24/16, all staff working in the home will be retrained on the agency's Medication Policy and receive training on consequences of	03/26/2016

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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	<p>Observations and interviews were conducted at the group home on 2/16/16 from 6:15am until 8:26am, clients #1, #2, #3, #4, #5, #6, #7, and #8 were observed at the group home. From 6:15am until 6:30am, client #3 was inside her bedroom. From 6:15am until 6:30am, clients #5, #6, and #7 accessed the kitchen, dining room, and living room. From 6:15am until 6:30am, client #3's breakfast was preset on the table including a glass of Apple Juice with a substance settled in the bottom of the glass. GHS (Group Home Staff) #2, #3, #9, and #10 walked in/out of each room and out of the eye sight of client #3's Apple Juice glass. At 6:30am, client #3 was pushed in her wheelchair to the dining room table by GHS #3. At 6:30am, GHS #9 indicated client #3's "Miralax" medication had already been prepared and put into client #3's unsecured Apple Juice on the dining room table before 6:15am. GHS #9 indicated client #3's Miralax medication was not kept secured when the mixture was left unattended on the dining room table. At 6:40am, GHS #3 sat next to client #3 at the dining room table, used hand over hand assistance to load client #3's spoon with food, and with hand over hand assistance prompted client #3 to drink her Miralax Apple Juice medication mixture. At 7:38am, GHS #9</p>		<p>meds left unattended. (See attachments A &amp; B) The QDP and Residential Manager increased their observation schedule to ensure competency was demonstrated. The QDP and Residential Manager will continue to observe each shift until competency is demonstrated on all shift. Lastly, the agency nurse worked with the physician to change the time the miralax could be given so the treatment could be given timely and adjusted the individual's schedule. Residential Manager, QDP, and Nurse responsible</p>		

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	<p>administered client #3's 8:00am medications.</p> <p>On 2/16/16 at 8:00am, client #3's 2/2016 MAR (Medication Administration Record) was reviewed and indicated "Polyethylene Glycol 3350/Miralax, one capful 17gm (grams) in juice 2 times a day at 8:00am/8:00pm."</p> <p>On 2/17/16 at 11:05am, client #3's 1/11/16 "Physician's Order" indicated "Polyethylene Glycol 3350/Miralax, one capful 17gm (grams) in juice 2 times a day at 8:00am/8:00pm."</p> <p>On 2/25/16 at 9:45am, an interview with the QIDP (Qualified Intellectual Disabilities Professional) and the ASD (Adult Services Director) was conducted. The ASD and QIDP indicated medications should be kept secured when not administered. The ASD indicated the facility followed Core A/Core B Living in the Community for medication administration and medication security. The CSC indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 had access to client #3's unsecured medications left on the dining room table.</p> <p>On 2/19/16 at 2:15pm, a record review of the facility's undated "Living in the Community" Core A/Core B training for</p>			

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W 0436  Bldg. 00	<p>medication administration indicated "Core Lesson 3: Principles of Administering Medication" indicated medications should be secured when not administered.</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on record review and interview, for 2 of 4 sampled clients (clients #2 and #4), the facility failed to ensure clients #2 and #4 were not charged for services (eyeglasses repair) and to ensure clients #2 and #4 were reimbursed timely for charges the facility was to provide.</p> <p>Findings include:</p> <p>On 2/16/16 from 6:15am until 8:26am, and on 2/16/16 from 1:25pm until 5:40pm, client #2 wore his prescribed eye glasses. On 2/16/16 from 6:15am until 8:26am, client #4 did not wear her prescribed eye glasses. On 2/16/16 at 2:50pm, Group Home Staff (GHS) #3</p>	W 0436	By 3/26/16, all Residential Managers and Coordinators will be trained on the updated protocol for client reimbursements. This is a system change for all locations. (See attachment C) For those paying a Medicaid Liability, the consumer will be responsible for initially paying for a service that is not covered by Medicaid. The manager will be required to get proof of the Medicaid denial at the time of the appointment and/or before the consumer pays for the service (to ensure timely reimbursement). The manager will then be responsible for taking the receipt of payment and the Medicaid denial to the Medicaid office to request the	03/26/2016			

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	<p>unlocked the medication closet, retrieved a pair of eye glasses, and offered client #4 her prescribed eye glasses to see. From 2:50pm until 5:40pm, client #4 wore her prescribed eye glasses.</p> <p>On 2/18/16 at 9:55am, clients #2 and #4's financial records were reviewed with the Residential Manager (RM) and indicated the following for clients #2 and #4:</p> <p>Client #2's financial record indicated a written check on 4/3/15 for a charge for her prescribed eye glasses to be repaired on 2/3/15 by "[Name] Eye Care Center (payment of) \$38.00." The RM indicated client #2's record indicated no deposits from the agency from 4/2015 through 2/2016 to reimburse client #2 for her eye glass repairs.</p> <p>Client #4's financial record indicated a written check on 6/26/14 a charge for prescribed eye "glasses repairs [Name] Eye Care Center, Payment Fee withdrawal \$43.00." The RM indicated client #4's record indicated no deposits from the agency from 6/2014 through 2/016 to reimburse client #4 for his 6/26/14 prescribed eye "glasses repairs [Name] Eye Care Center, Payment Fee withdrawal \$43.00."</p> <p>On 2/18/16 at 9:55am, the RM indicated</p>		<p>individual's liability be reduced. In the event there is a delay of more than 60 days in getting the liability reduced, the agency will be responsible for reimbursing person served for the cost of the services they paid for. Once the Medicaid Liability reduction occurs, the individual will be responsible for reimbursing the agency. For individuals who do not pay a Medicaid Liability, the agency is responsible for the cost of service per the group home per diem and the individual is not responsible for any up front cost. In order to ensure timely provision of services/reimbursement, the Coordinator, Director and Fiscal Auditor must be notified any time person served are paying for a service. The Manager, Coordinator, Director, and Fiscal Auditor will monitor the liability to ensure the individual's payment was reduced for that month. The Manager is required to monitor finances on a monthly basis, the Coordinator/Director and Fiscal Auditor monitors finances on a quarterly basis. Furthermore by 3/26/16, client #2 and #4 will be reimbursed, by the agency, for the services they paid for. (The agency had difficulty obtaining the Medicaid denials due to the length of time between the request and the date of service.) Manager, Coordinator, Director, and Fiscal Auditor Responsible.</p>		

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	<p>clients #2 and #4 paid for their prescribed eye glasses to be repaired from their personal funds. The RM indicated clients #2 and #4 were to be reimbursed by the agency for their eye glass repairs and neither had been reimbursed as of 2/18/16. The RM indicated the agency's policy for client finances indicated clients #2 and #4 paid for their eye glass repairs from their personal funds and then the agency would reimburse clients #2 and #4 for the expense of their prescribed eye glasses to be repaired. The RM indicated clients #2 and #4 had not been reimbursed for the expense at this time.</p> <p>On 2/22/16 at 9:45am, the Adult Services Coordinator (ASC) indicated clients #2 and #4 had charges to their personal funds at the facility from prescribed eye glass repairs. The ASC stated the facility's rate was "all inclusive" and clients #2 and #4 should be reimbursed for the charges of services the facility was to provide.</p> <p>9-3-7(a)</p>			