

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G549	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/07/2012
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NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 330 E COLUMBIA LOGANSPORT, 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: December 3, 4, 5, 6, and 7, 2012</p> <p>Facility number: 001063 Provider number: 15G549 AIM number: 100245450</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III/QMRP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 12/14/12 by Tim Shebel, 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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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. Based on record review and interview, the facility failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) to ensure the Abuse/Neglect policy was implemented, clients were free from physical aggression and staff were coming to work unimpaired.</p> <p>Findings include:</p> <p>On 12-3-12 at 1:45 p.m. a review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports indicated the following:</p> <p>-A BDDS report dated 10-15-12 indicated client #2 shoved client #7. Client #7 fell backwards and hit her head on the kitchen floor.</p> <p>-A BDDS report dated 7-16-12 indicated client #2 pushed client #7 which caused client #7 to fall and hit her head on the rocking chair. Client #7's head was bleeding with an abrasion 1.5 inches long. Staff assisted client #7 in cleaning her abrasion.</p> <p>-A BDDS report dated 5-10-12 indicated client #2 pushed client #7 down. Client #7 hit her head on the emergency food door and broke the door. Client #7 had</p>	W0149	-QDP re-trained over the Abuse and Neglect Policy. Compliance will be assured through monthly observations from QDP, RM, and Coordinator. See attachment A, B, C, and D -QDP trained over abuse prevention. Compliance will be assured through monthly observations from QDP, RM, and Coordinator. See attachment A, B, C, and D -QDP re-trained over client #2's behavior plan. Compliance will be assured through monthly observations from QDP, RM, and Coordinator. See attachment A, E, and D	12/18/2012			

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	<p>no injuries noted.</p> <p>-A BDDS report dated 5-10-12 indicated client #2 hit client #1. Client #1 had no injuries noted.</p> <p>-A BDDS report dated 5-7-12 for clients #1, #2, #3, #4, #5, #6, #7, and #8 indicated direct care staff (DCS) #25 had come to work and appeared to be "high." DCS #25 was suspended pending a drug test. DCS #25 became angry while at the hospital for drug testing and left the hospital. DCS #25 was terminated for refusing a drug screening.</p> <p>On 12-3-12 at 1:40 p.m. a review of the facility's Abuse/Neglect policy was conducted. The policy dated 9-12 indicated abuse/neglect would not be "tolerated" for persons served. The policy indicated physical abuse included hitting, pinching, or kicking. Neglect was defined as endangering ones life or health.</p> <p>On 12-6-12 at 1:15 p.m. an interview with the Qualified Mental Retardation Professional (QMRP) indicated the facility's abuse/neglect policy should be implemented. The QMRP indicated DCS #25 should have come to work prepared to work and should have submitted to a drug screening per their policy. The QMRP indicated staff should intervene so clients cannot become physically aggressive with one another.</p>			

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	9-3-2(a)			

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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (client #3) to ensure he had a communication goal and money goal to assist him with these assessed needs.</p> <p>Findings include:</p> <p>On 12-3-12 from 3:00 p.m. until 5:25 p.m. an observation at the home of client #3 was conducted. Client #3 looked at a magazine, went outside, held a puzzle, watched television, and ate supper. Client #3 yelled during this observation. Client #3 was non-verbal.</p> <p>On 12-4-12 at 10:00 a.m. a record review for client #3 was conducted. The Individualized Support Plan (ISP) dated 5-9-12 did not indicate client #3 had a communication goal or money goal to assist him with his assessed needs. The Comprehensive Functional Assessment dated 4-12 indicated client #3 needed physical assistance with his communication and financial needs.</p>	W0227	<p>-QDP wrote and implemented a money goal for Client #3. All staff received email explaining goal when it was entered into Caretracker on 12-28-12. DSP's will formally be trained over goal on January 22nd during all house meeting. See attachment F.</p> <p>-QDP wrote and implemented a communication goal for Client #3. All staff received email explaining goal when it was entered into Caretracker on 1-2-13. DSP's will formally be trained over goal on January 22nd during all house meeting. See attachment G, and H</p>	01/22/2013

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	<p>On 12-6-12 at 1:15 p.m. an interview with the Qualified Mental Retardation Professional indicated client #3 did need assistance with communication and finances. The QMRP indicated she had forgotten to add a communication and financial goal into his ISP.</p> <p>9-3-4(a)</p>			

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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 2 of 4 sampled clients (clients #2 and #4) to ensure medication and communication goals were implemented per their Individualized Support Plans.</p> <p>Findings include:</p> <p>On 12-3-12 from 3:00 p.m. until 5:25 p.m. an observation at the home of client #4 was conducted. Direct care staff (DCS) #4 chose a cup for the supper meal for client #4. Client #4 did not get to choose a cup for himself.</p> <p>On 12-4-12 from 8:05 a.m. until 9:20 a.m. an observation at the home of client #4 was conducted. The House Manager got client #4 a cup with a lid for client #4 to drink his coffee from. Client #4 did not get to choose a cup.</p> <p>On 12-4-12 from 6:15 a.m. until 7:30 a.m. an observation at the home of client #2 was conducted. Client #2 received her</p>	W0249	-QDP re-trained DSP's on client #4's goal and implementation of goal. See attachment A, and I -QDP re-trained DSP's on client #2's goal and implementation of goal. See attachment A, and J -QDP completed active treatment training with DSP's on 12-18-2012. See Attachment A, and K -Active treatment and goal compliance will be monitored through monthly observations by the QDP, RM, and Coordinator. See attachment D	12/18/2012			

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	<p>medications which included her jolivetle for birth control, hydrochlorothiazide for high blood pressure, atenolol for high blood pressure, acidophilus (probiotic), a multi vitamin for health, calcium 600 with vitamin D for bones, risperidone for depression, flovoxamine for obsessive compulsive disorder, and benztropine for tremors. Direct care staff #8 did not have client #2 show which pill needed to be punched out next.</p> <p>On 12-4-12 at 12:00 p.m. a record review for client #2 was conducted. The ISP dated 3-12 indicated client #2 had a medication goal to show staff which pill is next to be punched out.</p> <p>On 12-4-12 at 10:45 a.m. a record review for client #4 was conducted. The ISP dated 2-16-12 indicated client #4 had a communication goal to choose which cup he wanted to drink from.</p> <p>On 12-6-12 at 1:15 p.m. an interview with the Qualified Mental Retardation Professional indicated client #2's medication goal should be implemented per her ISP and client #4's communication goal should be implemented at all times of opportunity.</p> <p>9-3-4(a)</p>			

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W0391	<p>483.460(m)(2)(ii) DRUG LABELING</p> <p>The facility must remove from use drug containers with worn, illegible, or missing labels.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (client #3) to ensure his medication was labeled.</p> <p>Findings include:</p> <p>On 12-4-12 from 6:15 a.m. until 7:30 a.m. an observation at the home of client #3 was conducted. At 6:58 a.m. direct care staff (DCS) #9 took client #3's Flovent inhaler for breathing difficulties from a clear tote and administered it to him. The Flovent inhaler had no label on it.</p> <p>On 12-4-12 at 11:00 a.m. a review of the facility's medication policy dated 11-12 indicated each medication must contain a label with (but not limited to) the client's name and directions for use of the medication.</p> <p>On 12-6-12 at 1:15 p.m. an interview with the Qualified Mental Retardation Professional indicated all medications should have a label on them.</p> <p>9-3-6(a)</p>	W0391	<p>Nurse trained staff on 12/18/12 on medication procedures. Staff signed off on the training. She discussed labeling of medications. Staff will be monitored by Nurse, RM, QDP, and Coordinator observations. See attachment L, M, and D</p>	12/18/2012			

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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 to maintain proper hygiene practices for 1 of 4 sampled clients (client #4) who received acne and nasal medications.</p> <p>Findings include:</p> <p>On 12-4-12 from 6:15 a.m. until 7:25 a.m. an observation at the home of client #4 was conducted. At 6:46 a.m. direct care staff (DCS) #9 assisted client #4 with his medication administration. DCS #9 took out a Stridex pad for acne and laid it on the Medication Administration Record (MAR). DCS #9 then punched out client #4's cyclobenzaprine for muscle relaxation, fish oil for nutritional supplement, calcium with vitamin D for nutritional supplement, risperdone for depression, clonidine for high blood pressure, and lamotrigine for seizures. DCS #9 administered sea soft nasal spray for congestion and stridex for acne. DCS #9 wiped client #4's face with his stridex pad, fed him his oral medications, then squirted 2 puffs into client #4's left nostril. Client #9 did not use gloves or wash her hands between topicals and oral medications for client #4.</p>			W0455	Nurse trained staff on infection control on 12/18/12. Staff signed off on training. She trained on the proper use of gloves, the proper procedures for topical medications, and universal precautions. Staff will be monitored by Nurse, RM, QDP, and Coordinator observations. See attachment L, M, N, O, P, and D		12/18/2012

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	<p>On 12-6-12 at 1:15 p.m. an interview with the Qualified Mental Retardation Professional indicated DCS #9 should have washed her hands between oral and topicals or re-gloved between the orals, acne medication, and nasal spray.</p> <p>9-3-7(a)</p>			

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W0460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review, and interview, the facility failed for 2 of 4 sampled clients (clients #3 and #4) and 2 additional clients (clients #5 and #6) to ensure milk was offered at the supper meal per the posted menu.</p> <p>Findings include:</p> <p>On 12-3-12 from 3:00 p.m. until 5:25 p.m. an observation at the home of clients #3, #4, #5, and #6 was conducted. Clients #3, #4, #5, and #6 were offered lemonade and water with their supper meal.</p> <p>On 12-3-12 at 5:15 p.m. a review of the facility's menu dated fall/winter week 4 indicated clients were to be given water, milk, and punch.</p> <p>On 12-6-12 at 1:15 p.m. an interview with the Qualified Mental Retardation Professional indicated clients should be offered milk per the menu.</p> <p>9-3-8(a)</p>	W0460	-QDP re-trained on menus and following menus and offering substitutions. See attached menu attachment Q, and sign off attachment A	12/18/2012	

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 4 additional clients (#5, #6, #7, and #8) to ensure they assisted with the supper meal consistent with their development level.</p> <p>Findings include:</p> <p>On 12-3-12 from 3:00 p.m. until 5:25 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7 and #8 was conducted. The House Manager got client #3 some pretzels and put them on a plate for him. Direct care staff (DCS) #4 took the hamburger and placed it on a plate. DCS #4 opened the hamburger. DCS #4 measured out the hamburger into 3 ounce patties and placed them on a plate. DCS #4 placed the hamburger patties in a skillet. DCS #4 put the kool-aid powder away. DCS #4 peeled the potatoes. DCS #4 cut up the potatoes. DCS #4 cut up the tomatoes. DCS #4 and #5 placed the lettuce in a bowl. DCS #4 placed the leftover lettuce in a bag. DCS #4 stirred the potatoes on the stove. DCS #4 flipped the hamburgers on the stove. DCS #4 threw away the wilted lettuce in</p>	W0488	-QDP reviewed the DSP job description with DSP's on 12-18-2012. Staff signed off on training. See attachment A, and R -QDP completed active treatment training with DSP's on 12-18-2012. Staff signed off on training. See Attachment A, and K -Active treatment and goal compliance will be monitored through monthly observations by the QDP, RM, and Coordinator. See attachment D	12/18/2012			

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	<p>the trash. DCS #4 prepared 2 bowls of tomatoes and 2 bowls of lettuce. DCS #4 took the hamburgers out of the skillet and placed them on a plate. DCS #4 put the french fries in the oven and set the timer for 28 minutes. DCS #4 took the cans outside to the recycle bin. DCS #5 added more broccoli to the already cooking broccoli. DCS #4 took the potatoes from the pan and placed them in a bowl. DCS #4 placed the cups on the table for clients #3, #4, #5, and #6. DCS #4 placed buns on a plate. DCS #4 scooped applesauce back into the container and covered it with foil. DCS #4 placed the lettuce, tomatoes, buns, and broccoli on the table for clients #3, #4, #5 and #6. DCS #4 mashed the potatoes. Client #6 sat at his dinner table and DCS #4 told him "I didn't call you to the table you need to go sit in the living room until it's time to eat." DCS #4 placed the french fries on the table. DCS #4 cut up peaches for client #5. Clients #1, #2, #3, #4, #5, #6, #7, and #8 did not participate in a manner consistent with their developmental level.</p> <p>On 12-4-12 at 11:40 a.m. a record review for client #1 was conducted. The Compressive Functional Assessment (CFA) dated 10-5-11 indicated client #1 could assist with meal preparation.</p> <p>On 12-4-12 at 12:00 p.m. a record review</p>			

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	<p>for client #2 was conducted. The CFA dated 3-28-12 indicated client #2 could assist with meal preparation with assistance.</p> <p>On 12-4-12 at 10:00 a.m. a record review for client #3 was conducted. The CFA dated 7-11 indicated client #3 needed physical assistance with meal preparation.</p> <p>On 12-4-12 at 10:45 a.m. a record review for client #4 was conducted. The CFA dated 3-26-12 indicated client #4 needed physical assistance with meal preparation.</p> <p>On 12-6-12 at 1:15 p.m. an interview with the Qualified Mental Retardation Professional (QMRP) indicated clients #1, #2, #3, and #4 were all able to and should assist with meal preparation.</p> <p>9-3-8(a)</p>			