

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  12/02/2014
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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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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: November 18, 19, 20, and December 2, 2014.</p> <p>Facility Number: 001181 Provider Number: 15G651 AIMS Number: 100234730</p> <p>Surveyor: Amber Bloss, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/17/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, record review, and</p>	W000210	W210	01/01/2015

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>interview for 1 additional client (#8), the facility failed to reassess the swallow study as necessary to ensure correct diet order for a client with a swallowing disorder and at high risk for aspiration and aspiration pneumonia.</p> <p>Findings include:</p> <p>On 11/18/14 between 4:45 PM and 6:35 PM, group home observations were conducted. Between 5:31 PM and 6:04 PM, a dinner of chili mac, crackers, cole slaw, and pears was served. Client #8 received a mechanical soft diet. At 5:57 PM, Client #8 had 4 coughing incidents.</p> <p>On 11/20/14 between 6:30 AM and 8:21 AM, group home observations were conducted. Between 6:30 AM and 7:25 AM, clients ate breakfast at the time of their choice. At 6:30 AM, Client #8 was served cereal in milk and toast in milk in a deep divided adaptive plate. Client #8's toast was floating in milk in a divided section of his plate and he ate his toast utilizing a spoon. At 6:39 AM, Client #8 coughed 2 times. At 6:40 AM, Client #8 coughed 2 more times. At 7:17 AM, Client #8 coughed 3 times. At 7:25 AM, Client #8 coughed 2 more times.</p> <p>On 11/20/14 at 11:29 AM, the facility's BDDS (Bureau of Developmental</p>		<p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>To prevent additional incidents staff has received additional training on documenting Dysphasia, Choking, Pneumonia, and Aspiration on 12/22/14 (See attachment A).</p> <p>Staff received additional training on Aspiration on 11/21/14 (See attachment B). Staff received additional training on a Chin Tuck (See attachment C).</p> <p>An Aspiration Pneumonia care plan was implemented for Client #8 on 11/21/14 (See attachment D). Staff received training on this care plan on 11/21/14 (See attachment E).</p> <p><b>Nurse, Residential Manager and Coordinator Responsible.</b></p>	

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	<p>Disabilities Services) reports from 6/9/14 to 11/20/14 were reviewed. A BDDS report dated 10/30/14 indicated "The Residential Manager was made aware on 10/30/2014 at 8:30am that an appointment was scheduled and ran (sic) on 10/28/2014 @ (at) 1pm for [Client #8]." The report indicated "[Client #8] was seen on 10/28/14 by his Primary Physician due to an abnormal reading from his routine CXR (chest x-rays) on 10/14/14. [Client #8]'s doctor diagnosed him with having pneumonia and prescribed Zithromax (antibiotic) 250mg to be given as follows..."</p> <p>Record review on 11/20/14 at 2:12 PM indicated Client #8's diagnoses included, but were not limited to, profound intellectual disabilities, bladder spasms, COPD (chronic obstructive pulmonary disease), and reactive airway disease. Record review indicated Client #8 was prescribed a mechanical soft diet.</p> <p>Record review indicated Client #8 had a "Choking Management Plan" dated 7/24/14 which indicated "I do not chew thoroughly and cough frequently due to phlegm and it is worse if I have a cold or I am showing signs of seasonal allergies." The choking plan indicated the following intervention: "I will be on a mechanical soft diet and staff will encourage me to</p>						

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	<p>chew my food thoroughly. Staff will supervise me at every meal. *given 6 oz (ounces) orange juice with meals to help with phlegm." The choking plan indicated the following training:</p> <p>"* Staff will be trained in CPR (cardiopulmonary resuscitation)/abdominal/chest thrusts. * Staff will be trained in the causes and prevention of choking. * Staff will be trained in documentation of choking incidents. * Staff will be trained in emergency contact information."</p> <p>Record review indicated Client #8 had a swallow study dated 9/24/07 which indicated "Pt. (patient) aspirated all textures. NPO (nothing by mouth) recommended."</p> <p>Record review indicated a documentation form for Client #8 for "dysphasia triggers" which included "coughing w/ (with) signs of struggle (watery eyes, drooling, facial redness), wet vocal quality, and watery eyes." The document dated 11/2014 indicated Client #8 had no incidents of "dysphasia triggers" including 11/18 and 11/20/14 when Client #8 was observed coughing during mealtime. The documentation form for Client #8 indicated an area which</p>			

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	<p>indicated "any trigger not corrected with action plan should prompt pneumonia tracking" which included the following tracking: "coughing may have pus, blood, or look frothy, foul odor, fever/chills, dusky blue gray around lips fingernails, difficult breathing." The document (dated 11/2014) indicated Client #8 had none of those signs or symptoms.</p> <p>During an interview on 11/20/14 at 2:59 PM, the facility nurse indicated Client #8 was prescribed a mechanical soft diet. The nurse indicated Client #8's toast should have been softened but did not know if the toast soaking in free floating milk would cause Client #8 an additional risk of aspiration. The nurse indicated Client #8 had dysphagia (swallowing disorder) and did not have a more recent swallow study because the guardian refused. The nurse indicated Client #8's last swallow study recommended a g-tube (feeding tube) but the guardian refused. The nurse indicated there was no other documentation for review to indicate the guardian refused reassessment of Client #8's swallow study to ensure the continued accuracy of his diet and fluid orders over time.</p> <p>9-3-4(a)</p>			

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W000268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview for 2 of 4 sampled clients (#2, #3) and 4 additional clients (#5, #6, #7, #8), the facility failed to ensure and promote dignity by not encouraging daily grooming in regards to shaving.</p> <p>Findings include:</p> <p>On 11/18/14 between 4:45 PM and 6:35 PM, group home observations were conducted. Clients #2, #3, #5, #6, #7, and #8 had unshaven facial hair.</p> <p>On 11/20/14 between 6:30 AM and 8:21 AM, group home observations were conducted. Clients #2, #3, #5, #6, #7, and #8 were observed to have unshaven facial hair.</p> <p>On 11/20/14 at 8:15 AM during an interview, the House Manager (HM) indicated staff let the clients decide when they would like to shave. The HM indicated it was based on personal</p>	W000268	<p><b>W268</b></p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>To prevent additional incidents staff received additional training on shaving goals on 12/19/14 (See attachment F). Staff also received additional training on active treatment/goal implementation on 11/21/14 (See attachment G). The Residential Manager received additional training on active treatment/goal implementation on 11/21/14 (See attachment H).</p> <p><b>QDP, Residential Manager and Coordinator Responsible.</b></p>	01/01/2015

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W000312	<p>preference. The HM stated Client #3 was "very into his schedule" and only preferred to shave on "Thursdays". The HM indicated the other clients could decide when to be assisted with shaving.</p> <p>On 11/20/14 at 1:15 PM during an interview, the Residential Coordinator (RC) indicated some of the clients had shaving goals. The RC indicated staff should be encouraging each client (#2, #3, #5, #6, #7, #8) to shave as necessary.</p> <p>9-3-5(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to include the use of a psychotropic medication (antidepressant) into a specific active treatment program.</p> <p>Findings include:</p> <p>On 11/20/14 at 12:56 PM, record review indicated Client #2's diagnoses included,</p>	W000312	<p><b>W312</b> Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. To prevent additional incidents the QDPs were provided additional training on 12/00/14 (See attachment I).</p>	01/01/2015

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	<p>but were not limited to, mild mental retardation and manic depression (bipolar disorder). Record review indicated Client #2 had a BSP (Behavior Support Plan) dated July 2014. Client #2's BSP indicated he was prescribed the following psychotropic medications: Clonazepam (anti-anxiety) 0.5mg (milligrams) QHS (daily after dinner), Zyprexa (antipsychotic) 40mg QHS, Prozac (antidepressant) 40mg QAM (given daily in the morning), Lithium (mood stabilizer) 300mg BID (twice daily), and Haldol (antipsychotic) 10mg QHS. Client #2's BSP indicated the targeted behaviors of physical aggression, verbal aggression, paranoia, AWOL (leaving an area without notice or supervision), participation, and sexually inappropriate behaviors. Client #2's BSP did not include a program to monitor or document Client #2's signs and symptoms (S/S) of depression.</p> <p>Review of Client #2's ISP (Individual Support Plan) dated 6/8/14 indicated no further program developed and/or implemented to monitor for the all the S/S of Client #2's diagnosis of manic depression which include both manic S/S and depression S/S.</p> <p>On 11/20/14 at 1:35 PM during an interview, the QIDP (Qualified</p>		<p>Staff received additional training on Client #2's treatment for depression in regards to the signs and symptoms he displays on 11/21/14 (See attachment J).</p> <p>Client #2's Self-Management Plan was amended on 11/21/14 to reflect signs and symptoms of his depression (See Attachment K). All staff received training on Client #2's amended self-management plan on 11/21/14 (See attachment L).</p> <p><b>QDP, Residential Manager and Coordinator Responsible.</b></p>				

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W000331	<p>Intellectual Disabilities Professional) indicated Client #2 had no specific program for monitoring or documenting signs and symptoms of depression as related to his diagnosis of manic depression. The QIDP stated there was "an area on [computer documentation program]" where staff could make a note of any unusual behavior. The QIDP indicated Client #2's displayed paranoia behavior when he had signs and symptoms of manic depression but indicated Client #2's BSP did not specifically identify Client #2's signs and symptoms of depression for which the Prozac was prescribed.</p> <p>9-3-5(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, record review, and interview for 1 additional client (#8), the facility's nursing services failed to ensure</p>	W000331	<p>W331</p> <p>The facility must provide clients with nursing services in accordance with</p>	01/01/2015

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	<p>accurate documentation and monitoring of signs and symptoms of aspiration and aspiration pneumonia for a client at high risk.</p> <p>Findings include:</p> <p>On 11/18/14 between 4:45 PM and 6:35 PM, group home observations were conducted. Between 5:31 PM and 6:04 PM, a dinner of chili mac, crackers, cole slaw, and pears was served. Client #8 received a mechanical soft diet. At 5:57 PM, Client #8 had 4 coughing incidents.</p> <p>On 11/20/14 between 6:30 AM and 8:21 AM, group home observations were conducted. Between 6:30 AM and 7:25 AM, clients ate breakfast at the time of their choice. At 6:30 AM, Client #8 was served cereal in milk and toast in milk in a deep divided adaptive plate. Client #8's toast was floating in milk in a divided section of his plate and he ate his toast utilizing a spoon. At 6:39 AM, Client #8 coughed 2 times. At 6:40 AM, Client #8 coughed 2 more times. At 7:17 AM, Client #8 coughed 3 times. At 7:25 AM, Client #8 coughed 2 more times.</p> <p>On 11/20/14 at 11:29 AM, the facility's BDDS (Bureau of Developmental Disabilities Services) reports from 6/9/14 to 11/20/14 were reviewed. A BDDS</p>		<p>their needs.</p> <p>To prevent additional incidents all nursing staff was provided additional training on 12/19/14 stating that when doctor's orders include changes in protocol for medical care, the client's risk plan related to that health risk will be updated immediately to include updated protocol per doctor's orders.(See attachment M).</p> <p><b>Nurse, Residential Manager and Coordinator Responsible.</b></p>		

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	<p>report dated 10/30/14 indicated "The Residential Manager was made aware on 10/30/2014 at 8:30am that an appointment was scheduled and ran (sic) on 10/28/2014 @ (at) 1pm for [Client #8]." The report indicated "[Client #8] was seen on 10/28/14 by his Primary Physician due to an abnormal reading from his routine CXR (chest x-rays) on 10/14/14. [Client #8]'s doctor diagnosed him with having pneumonia and prescribed Zithromax (antibiotic) 250mg to be given as follows..."</p> <p>Record review on 11/20/14 at 2:12 PM indicated Client #8's diagnoses included, but were not limited to, profound intellectual disabilities, bladder spasms, COPD (chronic obstructive pulmonary disease), and reactive airway disease. Record review indicated Client #8 was prescribed a mechanical soft diet.</p> <p>Record review indicated Client #8 had a "Choking Management Plan" dated 7/24/14 which indicated "I do not chew thoroughly and cough frequently due to phlegm and it is worse if I have a cold or I am showing signs of seasonal allergies." The choking plan indicated the following intervention: "I will be on a mechanical soft diet and staff will encourage me to chew my food thoroughly. Staff will supervise me at every meal. *given 6 oz</p>			

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	<p>(ounces) orange juice with meals to help with phlegm." The choking plan indicated the following training:</p> <p>"* Staff will be trained in CPR (cardiopulmonary resuscitation)/abdominal/chest thrusts. * Staff will be trained in the causes and prevention of choking. * Staff will be trained in documentation of choking incidents. * Staff will be trained in emergency contact information."</p> <p>Record review indicated Client #8 had a swallow study dated 9/24/07 which indicated "Pt. (patient) aspirated all textures. NPO (nothing by mouth) recommended."</p> <p>Record review indicated a documentation form for Client #8 for "dysphasia triggers" which included "coughing w/ (with) signs of struggle (watery eyes, drooling, facial redness), wet vocal quality, and watery eyes." The document dated 11/2014 indicated Client #8 had no incidents of "dysphasia triggers" including 11/18 and 11/20/14 when Client #8 was observed coughing during mealtime. The documentation form for Client #8 indicated an area which indicated "any trigger not corrected with action plan should prompt pneumonia</p>						

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	<p>tracking" which included the following tracking: "coughing may have pus, blood, or look frothy, foul odor, fever/chills, dusky blue gray around lips fingernails, difficult breathing." The document (dated 11/2014) indicated Client #8 had none of those signs or symptoms.</p> <p>During an interview on 11/20/14 at 2:59 PM, the facility nurse indicated Client #8 was prescribed a mechanical soft diet. The nurse indicated Client #8's toast should have been softened but did not know if the toast soaking in free floating milk would cause Client #8 an additional risk of aspiration. The nurse indicated Client #8 had dysphagia (swallowing disorder) and did not have a more recent swallow study because the guardian refused. The nurse indicated Client #8's last swallow study recommended a g-tube (feeding tube) but the guardian refused. The nurse indicated there was no other documentation for review of Client #8's choking episodes beyond what the staff document on the form. The nurse indicated staff could also track coughing on their computer documentation system.</p> <p>9-3-6(a)</p>				

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W000460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review, and interview for 1 additional client (#8), the facility failed to ensure a client received a diet as prescribed by a physician in regards to the proper texture of a mechanical soft diet.</p> <p>Findings include:</p> <p>On 11/18/14 between 4:45 PM and 6:35 PM, group home observations were conducted. Between 5:31 PM and 6:04 PM, a dinner of chili mac, crackers, cole slaw, and pears was served. Client #8 received a mechanical soft diet. At 5:57 PM, Client #8 had 4 coughing incidents.</p> <p>On 11/20/14 between 6:30 AM and 8:21 AM, group home observations were conducted. Between 6:30 AM and 7:25 AM, clients ate breakfast at the time of their choice. At 6:30 AM, Client #8 was served cereal in milk and toast in milk in a deep divided adaptive plate. Client #8's toast was floating in milk in a divided section of his plate and he ate his toast</p>	W000460	<p><b>W460</b> Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. To prevent additional incidents staff received additional training on Mechanical Soft Guidelines on 11/21/14 (See attachment N). This will be monitored by daily, weekly and monthly observations by the Residential Manager, QDP and Coordinator. <b>QDP, Residential Manager and Coordinator Responsible.</b></p>	01/01/2015

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  12/02/2014
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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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	<p>utilizing a spoon. At 6:39 AM, Client #8 coughed 2 times. At 6:40 AM, Client #8 coughed 2 more times. At 7:17 AM, Client #8 coughed 3 times. At 7:25 AM, Client #8 coughed 2 more times.</p> <p>On 11/20/14 at 11:29 AM, the facility's BDDS (Bureau of Developmental Disabilities Services) reports from 6/9/14 to 11/20/14 were reviewed. A BDDS report dated 10/30/14 indicated "The Residential Manager was made aware on 10/30/2014 at 8:30am that an appointment was scheduled and ran (sic) on 10/28/2014 @ (at) 1pm for [Client #8]." The report indicated "[Client #8] was seen on 10/28/14 by his Primary Physician due to an abnormal reading from his routine CXR (chest x-rays) on 10/14/14. [Client #8]'s doctor diagnosed him with having pneumonia and prescribed Zithromax (antibiotic) 250mg to be given as follows...".</p> <p>Record review on 11/20/14 at 2:12 PM indicated Client #8's diagnoses included, but were not limited to, profound intellectual disabilities, bladder spasms, COPD (chronic obstructive pulmonary disease), and reactive airway disease. Record review indicated Client #8 was prescribed a mechanical soft diet.</p> <p>Record review indicated Client #8 had a</p>			

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	<p>"Choking Management Plan" dated 7/24/14 which indicated "I do not chew thoroughly and cough frequently due to phlegm and it is worse if I have a cold or I am showing signs of seasonal allergies." The choking plan indicated the following intervention: "I will be on a mechanical soft diet and staff will encourage me to chew my food thoroughly. Staff will supervise me at every meal. *given 6 oz (ounces) orange juice with meals to help with phlegm."</p> <p>On 12/02/14 at 3:20 PM, the facility's 9/24/07 "Instruction Training" on the "Topic: Mechanical Soft Diet Guidelines" was reviewed and indicated "Guidelines for Mechanical Soft Diet." The facility's guidelines for mechanical soft indicated "Toast, Bread, Donuts and Muffins - break into pieces and moisten with milk until soft."</p> <p>During an interview on 11/20/14 at 2:59 PM, the facility nurse indicated Client #8 was prescribed a mechanical soft diet. The nurse indicated Client #8's toast should have been softened but did not know if the toast soaking in free floating milk would cause Client #8 an additional risk of aspiration. The nurse indicated she would have to clarify with the dietician.</p> <p>9-3-8(a)</p>						

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

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