

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G632	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/05/2013
NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 211 S BIRKEY BREMEN, IN 46506		
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 4/1, 2, 3, 4 and 5, 2013.</p> <p>Facility number: 001208 Provider number: 15G632 AIM number: 100240170</p> <p>Surveyor: Amber Bloss, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed April 16, 2013 by Dotty Walton, Medical Surveyor III.</p>	W000000			

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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W000189	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation and interviews, the facility failed to ensure that staff performed duties in ways that promoted dignity and respect in regards to shirt protectors for 3 of 4 clients in the sample (clients #2, #3, #4), and two additional clients (clients #6, #8)</p> <p>Findings include:</p> <p>The group home was observed on 4/2/13 between 4:35 PM and 6:45 PM. Dining began at 5:30 PM during which time clients #2, #3, #4, #6, and #8 were observed wearing shirt protectors. Throughout dinner, clients #2, #3, #4, #6, and #8 were wearing shirt protectors which extended onto the table top. Clients #2, #3, #4, #6, and #8 were observed eating their dinner from plates set on top of their shirt protectors.</p> <p>On 4/3/13 at 2:35 PM, the Residential Manager (Employee #2) was interviewed. The Residential Manager indicated Client #4 always placed his own plate on top of his shirt protector which was most likely a learned behavior. The Residential</p>	W000189	<p>On 4/3/13 the supervisor retrained all group home staff on the proper use of shirt protectors following the surveyor's exit and the practice of placing the shirt protector under the plate has ceased. All direct care staff will receive documented training by 5/6/13. (See attachment A) Since 4/3/13 staff have demonstrated competency using the shirt protectors correctly during observations. The Residential Manager completes tri-monthly observations in the home. The QDP completes monthly observations in the home. Both the Q and Residential Manager will continue to observe and watch for compliance in this identified area. Residential Manager and QDP responsible</p>	05/06/2013			

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	<p>Manager indicated staff should not be placing plates on top of shirt protectors. The Residential Manager indicated this was not the proper way to use shirt protectors.</p> <p>On 4/5/13 at 3:20 PM, the QIDP (Qualified Intellectual Disabilities Professional) was interviewed. The QIDP indicated client shirt protectors should not lay in front of them with their plates on top.</p> <p>9-3-3(a)</p>				

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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 record review and interview, the facility failed to provide Occupational Therapy and Physical Therapy as needed to assess/reassess need areas for 2 of 4 sampled clients (client #3 and #4).</p> <p>Findings include:</p> <p>1) On 4/3/13 at 11:30 AM, a record review indicated diagnoses for client #3 included, but were not limited to, profound mental retardation, seizure disorder, and cerebral palsy due to a childhood brain injury. The record review indicated client #3 had an OT (Occupational Therapy) assessment on 9/29/08. The evaluation stated, "this patient was seen on 9/28/08 for an occupation therapy evaluation which is required every 3 years for his group home." The OT evaluation indicated client #3 had difficulties in these areas: hand over hand assistance for all activities of daily living, unable to follow simple one step instructions, decreased ambulation, decreased functional use of left hand, increased oral motor stimulation, eating with hands, and easily</p>	W000210	Client #3 received his OT evaluation on 4/5/2013. (See attachment B) Client #4 received an updated OT evaluation on 4/11/2013 and PT evaluation on 4/16/2013. (See attachments C&D).Furthermore, the agency Nurse, QDP, and Residential Managers will be all be retrained on the specific requirements regarding ensuring all appointments and recommendations are up to date by 5/6/13. (See attachment E)The Residential Manager and QDP are required to review each person's file on a monthly basis to ensure all appointments and recommendations are up to date. (See attachments F&G) The agency nurse updated her nurses notes to include upcoming appointment due dates as an additional quality assurance measure to ensure all appointments and recommendations are met. (See attachments H & I)Residential Manager, Nurse, and QDP Responsible	05/06/2013			

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	<p>excited during new activities. The OT evaluation indicated the reason for the appointment, "evaluation every 3 years."</p> <p>During an interview on 4/3/13 at 2:50 PM, the LPN (Licensed Practical Nurse) indicated the team discussed client #3's need for a updated OT evaluation last fall (2012) since his last OT evaluation was on 9/29/08 and he had ongoing needs but the appointment was not made.</p> <p>On 4/5/13 at 3:20 PM, an interview with the QIDP (Qualified Intellectual Disabilities Professional) indicated the facility requires Occupational Therapy evaluations be done for clients as recommended or if there is a change in client status or an increase in falls.</p> <p>2) On 4/1/13 at 2:16 PM, the facility BDDS (Bureau of Development Disabilities Services) reports for the previous year were reviewed. A BDDS report dated 7/10/12 indicated client #4 had sustained a fall on 7/9/12. The report indicated client #4 "was walking with staff at the park when he tripped on the sidewalk and fell. [Client #4] received a quarter sized scrape on his chin and a 3" (inch) scrape on his right forearm. [Client #4] was walking on uneven sidewalks when he tripped." The report indicated client #4 did not have a fall plan and</p>			

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	<p>indicated the facility felt the incident was isolated.</p> <p>A BDDS report dated 8/15/12 indicated client #4 sustained a fall resulting in minor injuries. The report indicated client #4 "was on a walk in community with staff member when he tripped over his own feet on sidewalk." The report indicated client #4 sustained an half inch scrape on his left elbow and a dime size scrape on his left knee. The reported indicated the facility was aware client #4 had "mobility issues on uneven pavement" and the facility retrained staff on those issues.</p> <p>On 4/3/13 at 11:30 AM, a review of client #4's record indicated his diagnoses included, but were not limited to, profound mental retardation, Down's Syndrome, visual impairment, and bilateral hearing loss. The record review indicated client #4 did not have a PT (Physical Therapy) evaluation.</p> <p>The record review indicated client #4's last OT (Occupation Therapy) evaluation was dated 7/13/95 with an OT phone consultation note dated 5/16/01 regarding which dining plate was recommended for client #4. The OT evaluation dated 7/13/95 indicated, "[Client #4] ambulates adequately. [Client #4] can walk on a</p>						

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	<p>level surface, inclined surface and up and down stairs safely and functionally."</p> <p>The record review (4/3/13 at 11:30 AM) indicated a Mobility Screening and Fall Assessment dated 08/08/12 which indicated client #4 had hearing and visual impairments. The assessment indicated, "As [client #4] gets older we see that his risk of falls has increased. This is due to his poor eyesight and unsteady gait."</p> <p>The Nursing Quarterly Physical Assessment by LPN (Licensed Practical Nurse) for client #4 dated 3/27/13 indicated "Gait Unsteady" in the neurological assessment section (4/3/13 at 11:30 AM review).</p> <p>The Fall Plan for Client #4 dated 12/2012 (reviewed 4/3/13 at 11:30 AM) indicated client #4 ambulated "fairly well" on flat surfaces but needed to be more cautious on uneven ground or stepping up onto curbs. The Fall Plan for client #4 indicated staff should monitor client #4 in large crowds as he tended to get confused. Staff should encourage client #4 to take a slower pace, staff should encourage client #4 to look where he is going and alert him to any potential hazards, and staff should assist him getting on and off the van.</p> <p>On 4/3/13 at 2:50 PM, the LPN and</p>						

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	<p>Residential Manager were interviewed. The LPN and Residential Manager both indicated there was no documentation client #4 had ever had a PT evaluation. The LPN and Residential Manager indicated there was no documentation client #4 had been seen by an Occupational Therapist since the 7/13/95 evaluation. The LPN indicated client #4 could benefit from having a current Physical Therapy/PT and Occupation Therapy/OT evaluation.</p> <p>On 4/5/13 at 3:20 PM, an interview with the QIDP (Qualified Intellectual Disabilities Professional) indicated the facility requires Occupational Therapy and Physical Therapy evaluations be done for clients within sixty days of admission. The QIDP indicated follow up OT/PT appointments were done as recommended or if there was a change in client status or an increase in falls. The QIDP indicated if clients were not receiving ongoing OT/PT services, they should be reassessed every 3 to 5 years.</p> <p>9-3-4(a)</p>				