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| 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 10/14/2011 |
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| NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA | STREET ADDRESS, CITY, STATE, ZIP CODE 330 E COLUMBIA LOGANSPORT, IN46947 |
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|--------------------|--|---------------|--|----------------------|
| W0000 | <p>This visit was for the investigation of complaint #IN00096628</p> <p>Complaint #IN00096628: SUBSTANTIATED, Federal and State deficiencies related to the allegation were cited at W194 and W248.</p> <p>Dates of Survey: October 11, 12, 13, and 14, 2011.</p> <p>PROVIDER NUMBER: 15G549 AIM NUMBER: 100245450 FACILITY NUMBER: 001063</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.1.</p> <p>Quality Review was completed on 11/1/11 by W. Chris Greeney ICF-ID Surveyor Supervisor.</p> | W0000 | | |
| W0194 | <p>Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible.</p> <p>Based on observation, record review, and interview, for 1 of 1 sampled clients (client A) who had her ISP (Individual Support Plan) and (BSP) Behavior Support Plans updated on 9/12/11, the facility staff failed to demonstrate knowledge and techniques to manage client A's 9/12/11 updated plan for her identified behaviors.</p> <p>Findings include:</p> | W0194 | <p>W 194QMRP completed an IDT addendum to client A's Behavior Support Plan on 9-12-2011. QMRP trained staff on the addendum on 9/12/2011. See addendum #1. QMRP gave addendum to the group home and it was placed in Client A's file on the date of exit 10/14/2011. QMRP updated Client A's Risk Assessment on 9/11/2012. See addendum #2. The risk</p> | 10/14/2011 |

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>On 10/12/11 at 9am, the facility's BDDS (Bureau of Developmental Disability Services) reports from 8/1/11 through 10/12/11 were reviewed. A 9/11/11 BDDS report for an incident on 9/11/11 at 7:35pm, indicated client A was "found in the street at the bottom of group home driveway" and was returned to the group home by a "visitor." The report indicated the agency would "put AWOL (Absent without Leave) in client A's BSP.</p> <p>Client A's record was reviewed on 10/12/11 at 9:55am. Client A's record indicated an 3/24/11 ISP and an 3/2010 BSP updated on 8/24/11 which identified client A's objective to stop at the intersection to watch for traffic. Client A's 3/2010 BSP identified her targeted documented behaviors of hitting others, whining/crying, refusing to get out of bed, stealing, and wetting pants/bed. Client A's BSP was again updated on 9/12/11 "behavior needs, [client A] has recently exited the group home without informing staff that she is doing so. This resulted in [client A] being found at the bottom of the driveway when another visitor came into the home. To keep [client A] safe door alarms have been activated in her home...[Client A's] AWOL's will be tracked on behavior tracking chart...[client A] may be allowed to sit outside as long as she is within eye sight of staff."</p> <p>On 10/11/11 from 4:15pm until 6:17pm, client A was observed at the group home. At 4:50pm, DCS (Direct Care Staff) #1 and DCS #2 both indicated client A had identified behaviors of hitting and physical aggression. DCS #1 and DCS #2 did not identify client A's AWOL behavior. At 4:55pm, client A's group home record was reviewed and client A's BSP, ISP, and 3/2006 "Risk Plan" did not indentify her AWOL behavior. Client A's record did not include the 9/12/11 addendum to her BSP for client A's identified</p> | | <p>assesment was given to the group home and placed in Client's file on the date of exit 10/14/2011. QMRP updated Client A's Behavior tracking chart to include AWOL. See addendum #3. Client A's updated tracking chart was given to the group home and placed in client's file on the date of exit 10/14/2011. QMRP, RM, and coordinator will assure that Client A's updated Behavior Support Plan in being followed correctly through monthly observation on each shift.</p> | | |

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| W0248 | <p>AWOL behavior. Client A's documented behavior tracking sheets did not list AWOL as one of her behaviors.</p> <p>An interview was conducted on 10/14/11 at 12:50pm, with the QMRP (Qualified Mental Retardation Professional). The QMRP indicated client A's 9/12/11 updated behavior support plan addendum was not available at the group home and indicated no staff retraining was available for review. The QMRP stated "it (the 9/12/11 BSP addendum) was in the house manager's" mail box.</p> <p>This federal tag relates to complaint #IN00096628.</p> <p>9-3-3(a)</p> <p>A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on observation, record review, and interview, for 1 of 1 sampled clients (client A) who had her ISP (Individual Support Plan) and (BSP) Behavior Support Plans updated on 9/12/11, the facility failed to ensure client A's 9/12/11 updated plans were available at the group home.</p> <p>Findings include:</p> <p>On 10/12/11 at 9am, the facility's BDDS (Bureau of Developmental Disability Services) reports from 8/1/11 through 10/12/11 were reviewed. -A 9/11/11 BDDS report for an incident on 9/11/11 at 7:35pm, indicated client A was "found in the street at the bottom of group home</p> | W0248 | W 0248QMRP completed an IDT addendum to client A's Behavior Support Plan on 9-12-2011. QMRP trained staff on the addendum on 9/12/2011. See addendum #1. QMRP gave addendum to the group home and it was placed in Client A's file on the date of exit 10/14/2011. QMRP updated Client A's Risk Assessment on 9/11/2012. See addendum #2. The risk assesment was given to the group home and placed in Client's file on the date of exit 10/14/2011. QMRP updated Client A's Behavior tracking chart to include AWOL. See | 10/14/2011 | |

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| | <p>driveway" and was returned to the group home by a "visitor." The report indicated client A was checked by staff at 7:30pm by the group home staff and was in bed covered up. The report indicated the agency would "put AWOL (Absent without Leave) in client A's BSP.</p> <p>On 10/11/11 from 4:15pm until 6:17pm, client A was observed at the group home. At 4:50pm, DCS (Direct Care Staff) #1 and DCS #2 both indicated client A had identified behaviors of hitting and physical aggression. DCS #1 and DCS #2 did not identify client A's AWOL behavior. At 4:50pm, DCS #1 stated "no one could be left alone at home or in the community" because clients did not have community safety skills to be independent of staff supervision. At 4:55pm, client A's group home record was reviewed and client A's BSP, ISP, and 3/2006 "Risk Plan" did not indentify her AWOL behavior. Client A's risk plan indicated client A did not watch for traffic. Client A's record did not include the 9/12/11 addendum to her BSP for client A's identified AWOL behavior. Client A's documented behavior tracking sheets did not list AWOL as one of her behaviors.</p> <p>Client A's record was reviewed on 10/12/11 at 9:55am. Client A's record indicated an 3/24/11 ISP and an 3/2010 BSP updated on 8/24/11 which identified client A's objective to stop at the intersection to watch for traffic. Client A's 3/2010 BSP identified her targeted documented behaviors of hitting others, whining/crying, refusing to get out of bed, stealing, and wetting pants/bed. Client A's BSP was again updated on 9/12/11 "behavior needs, [client A] has recently exited the group home without informing staff that she is doing so. This resulted in [client A] being found at the bottom of the driveway when another visitor came</p> | | addendum #3. Client A's updated tracking chart was given to the group home and placed in client's file on the date of exit 10/14/2011. QMRP, RM, and coordinator will assure that Client A's updated Behavior Support Plan in being followed correctly through monthly observation on each shift. | | |

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| | <p>into the home. To keep [client A] safe door alarms have been activated in her home...[Client A's] AWOL's will be tracked on behavior tracking chart...[client A] may be allowed to sit outside as long as she is within eye sight of staff."</p> <p>An interview was conducted on 10/14/11 at 12:50pm, with the QMRP (Qualified Mental Retardation Professional). The QMRP indicated client A's 9/12/11 updated behavior support plan addendum was not available at the group home. The QMRP stated "it (the 9/12/11 BSP addendum) was in the house manager's" mail box.</p> <p>This federal tag relates to complaint #IN00096628.</p> <p>9-3-4(a)</p> | | | | |