

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G615	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/06/2014
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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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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 2/3, 4, 5, and 6, 2014.</p> <p>Facility number: 001164 Provider number: 15G615 AIM number: 100235570</p> <p>Surveyor: Amber Bloss, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed February 17, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review, and interview, the facility QIDP (Qualified Intellectual Disabilities Professional) failed to update a client's fall risk plan to include use of wheelchair for safety when a client's</p>	W000159	Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. On 2/27/14 the QDP was retrained to ensure all aspects of a person's active treatment program was	03/08/2014

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>ankle-foot orthosis (brace) were not in use for 1 of 4 sampled clients (#1).</p> <p>Findings include:</p> <p>On 2/3/14 between 4:30 PM and 6:47 PM, group home observations were conducted. Between 4:30 PM and 4:52 PM, Client #1 sat at the kitchen table on the men's side of the group home. At 4:52 PM, DSP (Direct Support Professional) #1 assisted in transferring Client #1 into a wheelchair using physical assistance with a gait belt and wheeled Client #1 to the restroom on the women's side of the home to assist her with changing her clothes. At 5:14 PM, DSP #1 wheeled Client #1 back into the area while Client #1 was seated in her wheelchair. At 5:19 PM, Client #1 was setting the table with ambulation assistance from DSP #3 using a gait belt.</p> <p>On 2/4/14 between 6:10 AM and 8:15 AM, group home observations were conducted. At 6:27 AM, Client #1 was assisted with ambulation by DSP #1 by using a gait belt.</p> <p>On 2/6/14 at 12:24 PM, record review indicated Client #1's diagnoses included, but were not limited to, profound intellectual disabilities, autism, legally blind, epilepsy, constipation and asthma.</p>		<p>documented appropriately in the individual's plan. More specifically, the QDP was trained to make sure the use of adaptive equipment is identified in the individual's schedule of use, and in this particular case, the fall risk plan. (See attachment A) Client #1's fall plan and schedule of use was updated and trained to DSPs on 2/27/14. (See attachments A-C) The Adult Services Director will monitor consumer plans through quarterly observations and paperwork review in the group home. Additionally, the Residential Manager and QDP are responsible for monitoring consumer plans, effectiveness of those plans, and staff competency in implementing plans during weekly observations in the home. Director, Residential Manager, and QDP Responsible</p>				

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	<p>Record review indicated Client #1 had a fall risk plan dated 6/5/13 which indicated the following fall risk "interventions":</p> <p>-"[Client #1] needs to walk at all possible times to keep mobility up. She will need staff assistance when sitting and rising from a seated position. [Client #1] will utilize a walker while walking around the house.</p> <p>-[Client #1] is able to utilize a wheelchair when she is walking long distances. Staff can assist me by using using my gait belt to transfer to and from my wheelchair.</p> <p>-Staff assists me to transfer from seated position and walking independently with a gait belt. Staff should assist at all times when I am walking, either with or without a walker by having a hold of my gait belt."</p> <p>On 2/6/14 at 11:02 PM during an interview with the QIDP (Qualified Intellectual Disabilities Professional) and RM (Residential Manager), the QIDP indicated staff used the wheelchair to assist Client #1 to leave the room to change her clothes as a dignity issue. The RM stated Client #1 has a "inward turned" foot and the</p>						

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W000455	<p>wheelchair was used in the home when Client #1 was not wearing her AFO (ankle-foot orthosis) in the evenings "after her shower" because she was "unsteady" without her AFO on. The QIDP stated Client #1 was to wear her AFO during the day and it could be off in "the evenings." The QIDP indicated Client #1's fall risk plan should have been updated to include the use of wheelchair in the evening when Client #1 was not wearing her AFO.</p> <p>9-3-3(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation, record review, and interview, the facility failed to encourage clients to use infection control methods during meal and dining preparation to prevent transmission of infections which had the potential to affect all clients who resided in the home (#1, #2, #3, #4, #5, #6, and #7).</p> <p>Findings include: On 2/3/14 between 4:30 PM and 6:47</p>	W000455	<p>There must be an active program for the prevention, control and investigation of infection and communicable diseases. On 2/27/14 Direct Support Professionals were retrained on Universal Precautions, hand washing/sanitizing hands, and infection control. More specifically staff were retrained to ensure individuals appropriately sanitized their hands during food preparation, especially if they touch a contaminated surface (such as their face). Additionally,</p>	03/08/2014

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	<p>PM, group home observations were conducted. At 4:52 PM, DSP (Direct Support Professional) #1 sat at the table with Client #4 to make hamburger patties for dinner. DSP #1 assisted Client #4 with using alcohol gel on his hands. DSP #1 assisted Client #4 in making hamburger patties at the dining room table. At 4:58 PM, DSP #1 got up to assist another client and DSP #2 sat down to assist Client #4 with making hamburger patties. DSP #2 assisted Client #4 in applying alcohol gel to his hands again. DSP #2 assisted Client #4 in making hamburger patties. Client #4 touched his face between making hamburger patties without redirection to disinfect his hands again. Client #4 patted DSP #2 on the shoulder without redirection to wash his hands or disinfect them with alcohol gel again before he made another hamburger pattie with his gloved hands.</p> <p>On 2/3/14 between 5:15 PM and 5:24 PM, DSP #3 assisted Client #1 in setting the table on the women's side of the house. DSP #3 gave Client #1 verbal prompts as she set the silverware on the table and DSP #3 held Client #1's gait belt. Client #1 held each spoon by the bowl of the spoon as she placed them at each place setting. DSP #3 did not redirect Client #1 to hold the silverware</p>		<p>staff were retrained to recognize how touching the bowl of a spoon and the inside of a cup is an infection control issue. (See attachments D-E) Ongoing monitoring will occur to ensure consistent implementation through observations. The QDP and Residential Manager (RM) will increase observations to observe meal times on each shift until competency is demonstrated for each staff on each shift. Once competency is demonstrated the QDP and RM will resume their regular observation schedule. Residential Manager and QDP Responsible</p>				

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	<p>by the handle. DSP #3 attempted to assist Client #1 with setting the cups on the table. Client #1 refused to help with setting the cups on the table. DSP #3 finished placing the cups on the table. DSP #3 had her thumb inside each cup as she set the cups down at each place setting.</p> <p>The above observations affected all clients residing in the facility; Clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>On 2/6/14 at 2:23 PM during an interview with the QIDP (Qualified Intellectual Disabilities Professional) and the RM (Residential Manager), the QIDP indicated staff should have encouraged Client #1 and Client #4 to use proper infection control methods during meal preparation. The RM stated staff "might need retrained" on infection control during dinner preparations.</p> <p>On 2/6/14 at 3:10 PM, the facility policy on "Universal Precautions/Infection Control" dated 04/07 was reviewed and indicated "Universal precautions is the term for infection control measures all employees must follow to protect themselves from infectious disease." The policy indicated "Hands should be washed...before and after eating, drinking, smoking, applying cosmetics or preparing food." The policy indicated</p>				

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	<p>"the risk of food borne illness is present in any environment. Poor hygiene, inadequate cooking, and improper food handling and storage can contribute to the potential for illness." The policy indicated "staff should talk with all individuals about infection control as the above listed recommendations are critical to reducing the risk of infection transmission."</p> <p>9-3-7(a)</p>			