

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G382	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  05/13/2016
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NAME OF PROVIDER OR SUPPLIER  CARDINAL SERVICES INC OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 213 N PARKER STREET WARSAW, IN 46580
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W 0000  Bldg. 00	<p>This visit was for a PCR (Post Certification Revisit) to the annual recertification and state licensure survey and the PCR to the investigation of complaint #IN00191199 completed on 3/18/2016.</p> <p>Complaint #IN00191199: Not Corrected.</p> <p>This visit was in conjunction with the investigation of complaint #IN00199762.</p> <p>Dates of Survey: 5/11, 5/12, and 5/13/16.</p> <p>Facility number: 000896 Provider number: 15G382 AIM number: 100235140</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/19/16.</p>	W 0000		
W 0149  Bldg. 00	<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, for 1 of 1 allegation of missing money (client H) and for 1 of 7 BDDS (Bureau</p>	W 0149	<b>W149</b>	05/31/2016

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>of Developmental Disabilities Services) Reports reviewed (client H), the facility neglected to ensure staff implemented their policy to prohibit abuse, neglect, mistreatment, and exploitation for client H's missing money.</p> <p>Findings include:</p> <p>On 5/11/16 at 2:20pm, the facility's BDDS reports from 3/9/2016 through 5/10/16 were reviewed. The review included the following for client H:</p> <p>-A 5/4/16 BDDS report for an incident on 5/4/16 at 6:14pm indicated "On 5/4/16 the Residential Manager (RM) was made aware that [client H's] [name of store] cash he had earned had come up missing. Upon being made aware of the missing [name of store] cash the [RM] immediately began an investigation. At this time the investigation is ongoing however there has been a staff suspended pending the investigation as there is circumstantial evidence suggesting that this staff may have been involved....The [name of city] Police Department has begun their own investigation into this incident....."</p> <p>On 5/11/16 at 2:20pm, an interview with the Community Services Coordinator (CSC) was conducted. The CSC</p>		<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>On 5/31/16 the Residential Manager received additional training on the Residential Audit and Financial Procedures policy (see attachment A), training on securing monies/gift cards appropriately (see attachment B) and additional training on the Incident/Abuse/Neglect/Exploitation on policy (see attachment C). All Residential Managers will receive additional training on appropriately securing monies/gift cards as well as the Residential Audit and Financial Procedures policy by 6/12/16.</p> <p>The local Police department was notified of the incident of exploitation of Client H and immediately began an investigation. On 5/12/16 the perpetrator provided the Community Services Coordinator with a Kohl's gift card in the amount of \$140.00 for Client H (see attachment D). Cardinal Services has reimbursed Client H the difference of \$20.00 to make up the full \$160.00 (see attachment E).</p>	

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	<p>indicated GHS (Group Home Staff) #2 was suspended on 5/4/16 after the agency was made aware of the circumstances of the missing cash. The CSC stated client H was "missing \$160.00" cash certificate at this time. The CSC indicated the RM had placed client H's cash certificate which was valued at \$160.00 on the desk from the safe inside the group home because the staff were to take client H shopping on 5/4/16. The CSC stated the RM left the group home and "apparently the staff left [client H's] cash unsecured on the desk" inside the office and took the clients from the group home to work before 8:00am. The CSC stated GHS #2 "worked the 6am until 8:00am shift on 5/4/16." The CSC indicated no other staff was present in the group home until the evening staff returned with the clients from workshop after 3:30pm on 5/4/16. The CSC indicated staff called to notify the RM when the evening shift of staff were unable to locate the \$160.00 cash certificate on the desk. The CSC indicated the police department was investigating and the officer had indicated the GHS #2 was observed by the officer on the store's video camera system of using client H's cash certificate.</p> <p>On 5/11/16 at 4:20pm, an interview with the RM was conducted at the group home. The RM indicated staff noticed</p>		<p>To ensure this deficiency does not occur again the Residential Manager and QDP will monitor finances and ensure implementation of all policies and procedures during weekly and monthly observations. The Coordinator will monitor finances and implementation of all policies and procedures during quarterly observations. Coordinators will review observations monthly to analyze potential trends.</p> <p><b>Residential Manager, QDP, and Coordinator responsible.</b></p>	

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	<p>client H's missing cash certificate when the evening shift of staff and client H returned to the group home on 5/4/16. The RM indicated when she was notified she looked for the cash and was unable to locate it at the group home. The RM stated she told the staff to take client H's receipt from his prior purchase when the certificate was generated, go to the store, report the cash certificate as "missing or lost" and to ask the store for it to be reissued. The RM indicated she thought the staff had misplaced client H's cash certificate. The RM stated she received a call from the evening shift of staff who had gone to the store with client H's 4/27/16 purchase receipt and the store indicated they were unable to reissue the cash certificate because it had been used (redeemed) that day "5/4/16 by someone" who presented the cash certificate. The RM provided a 5/4/16 at 5:22pm printed store "Receipt...[name of store] Cash Inquiry [cash certificate number]. Store [name] date [obtained] 4/27/16, amount issued: \$160.00...Date 5/4/16 Redeemed: \$59.99. Cash balance: \$100.01." The RM indicated she notified the CSC and called the police to report the theft of client H's \$160.00.</p> <p>On 5/11/16 at 4:20pm, the RM indicated she had several conversations with the investigating officer from the police</p>			

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	<p>department. The RM indicated the officer indicated he observed GHS #2 using client H's cash certificate at the store on 5/4/16. The RM indicated staff did not have access to the safe at the group home and client H's cash certificate was not secure when it was left laying on top of the desk at the group home on 5/4/16. The RM indicated the facility neglected to protect client H from the potential of financial exploitation on 5/4/16. The RM stated "It should have been locked up" and was not.</p> <p>On 5/12/16 at 8:45am, an interview with the CSC was conducted. The CSC indicated client H's cash certificate was not secure when it was left out on the desk at the group home. The CSC indicated the facility's policy and procedure and the BDDS guidelines both prohibited abuse, neglect, mistreatment, and financial exploitation. The CSC indicated the facility neglected to implement the policy when client H's cash certificate was not kept secured.</p> <p>On 5/11/16 at 2:20pm, the facility's 7/2012 "Incident/Abuse/Neglect Policy" was reviewed. The policy indicated "Cardinal Services Inc. is committed to ensuring the safety, dignity, and protection of persons served. To ensure that physical, mental, sexual abuse,</p>			

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	<p>neglect, or exploitation of persons served by staff members, other persons served, or others will not be tolerated; incidents will be reported and thoroughly investigated as outlined in this policy..."</p> <p>On 5/11/16 at 2:20pm, the 10/2005 "Bureau of Developmental Disability Services Policy and Guidelines." The BDDS policy and procedure indicated "...Abuse, Neglect, and Mistreatment of Individuals...it is the policy of the company to ensure that individuals are not subjected to physical, verbal, sexual, or psychological abuse by anyone including but not limited to: facility staff...other individuals, or themselves." The policy indicated "Neglect, the failure to supply an individual's nutritional, emotional, physical, or health needs although sources of such support are available and offered and such failure results in physical or psychological harm to the individual." The policy and procedure indicated "...Neglect, includes failure to provide appropriate care, food, medical care, or supervision...."</p> <p>This federal tag relates to complaint #IN00191199.</p> <p>This deficiency was cited on 3/18/2016. The facility failed to implement a systemic plan of correction to prevent</p>			

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

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	recurrence.  9-3-2(a)				