

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G536		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/07/2012	
NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2501 GLAD ST WARSAW, IN 46580			
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: September 4, 5, 6, and 7, 2012</p> <p>Facility number: 001050 Provider number: 15G536 AIM number: 100245380</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed 9/11/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000					

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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W0104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed to exercise general direction in a manner that resulted in the facility being well maintained for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6, and #7) who lived in the group home.</p> <p>Findings include:</p> <p>On 9-4-12 from 2:30 p.m. until 5:30 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, and #7 was conducted. Clients #1, #5, and #6's kitchen ceiling light had 2 exposed light bulbs with no light cover and the door frame between the 2 living rooms had paint missing (scratches) in a 3 feet by 2 inch area. Clients #2, #3, #4, and #7's bathroom had 4 tiles broken around the drain and the storage cabinet above the toilet had paint peeling in a 1 foot by 1 inch area. Client #1's lamp by his bed had an exposed light bulb with no lamp shade, and client #1's dresser had the top drawer missing.</p> <p>On 9-5-12 at 8:20 a.m. the House Manager printed out a list of maintenance concerns which indicated none of the listed items was on the list except for client #1's dresser drawer which was</p>	W0104	<p>W104</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Cardinal Services is committed to ensuring a clean, safe environment for those we support. On September 8, 2012 the light fixture with the exposed bulb and the dresser that belonged to a previous client were removed from Client #1's bedroom. On September 19, 2012 new plastic inserts were ordered for the kitchen light fixture of Client #1, #5 and #6 and will be replaced by October 7, 2012. On September 19, 2012 the door frame between the two living rooms was painted and the cabinet in Client #2, #3, #4 and #7's bathroom that had peeling paint was replaced. The broken tiles around the drain in Client #2, #3, #4 and #7's bathroom had previously been repaired using concrete</p>	10/07/2012			

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	<p>reported on 6-14-12. The House Manager was unsure of why the drawer was not fixed.</p> <p>On 9-5-12 at 11:30 a.m. an interview with the Residential Coordinator indicated clients #1, #2, #3, #4, #5, #6, and #7's home did have some repairs that needed to be addressed.</p> <p>9-3-1(a)</p>		<p>rather than tiles. While the appearance is somewhat irregular, the surface is smooth, safe and clean. (See Attachment A) Cardinal Services believes that the repair that had been made meets all ISDH and Cardinal Services' standards for health and safety and additional repairs were not made.</p> <p>To ensure this deficiency does not occur in the future on September 14, 2012 the Residential Manager and Direct Support staff was trained to submit maintenance requests for normal wear and tear to the residence on a timely basis and to request that furniture be repaired or replaced as it becomes worn or unserviceable. (See Attachment B)</p> <p>The Residential Manager, QDP, Residential Coordinator and Maintenance Manager will monitor the physical environment of the home through weekly, monthly and quarterly observation to assure compliance.</p> <p>Residential Manager, QDP, Residential Coordinator and Maintenance Manager</p>		

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview, for 2 of 9 Accident/Incident reports reviewed (for clients #4 and #6), the facility failed to immediately report incidents of unknown injuries to the Division of Disability, Aging, and Rehabilitative Services (DDARS) per 460 IAC 9-3-1(b) (5).</p> <p>Findings include:</p> <p>On 9-4-12 at 12:30 p.m. a review of the facility's accident/incident reports indicated the following:</p> <p>-On 7-9-12 a bruise of unknown origin was noticed on client #4's right thigh between her legs and was 1 1/4 inch by 3/4 inch in size. The report indicated the Qualified Mental Retardation Professional (QMRP) investigated the bruise and none of the staff knew where the bruise came from.</p> <p>-On (no date and no time on report) 7-9-12 (the date the accident/incident</p>	W0153	<p>W153</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Cardinal Services strives to ensure that the people we support are free from abuse and neglect and work towards complying with all ISDH reporting guidelines. Residential Managers received training by September 21, 2012 stating that all injuries of unknown origin must be reported immediately upon discovery to the on call supervisor and as a BDDS Incident Report within 24 hours of discovery. (See Attachment C) On September</p>	10/07/2012			

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	<p>form was filled out) an injury of unknown origin was noticed on client #6's face. The report indicated he had an open area on his face next to his left eye 1/2 inch wide when the direct care staff repositioned him at midnight. The report indicated the QMRP did investigate the open area and none of the staff knew where the open area had come from. The IDT (Interdisciplinary Team) thought it may have come from him falling asleep with his glasses on.</p> <p>On 9-4-12 at 1:00 p.m. the BDDS (Bureau of Developmental Disabilities Services) reportable incidents were reviewed for the period from 9-11 through 9-12. There was no report for client #4 who had an unknown bruise on her thigh between her legs 1 1/4 inch by 3/4 of an inch, and there was no report for client #6 for an unknown open area 1/2 inch wide next to his left eye.</p> <p>On 9-5-12 at 11:30 a.m. an interview with the Residential Coordinator stated client #4's unknown bruise and client #6's unknown open area were not reported because they were not "suspicious in nature."</p> <p>9-3-1(b)(5) 9-3-2(a)</p>		<p>21, 2012 QDPs received training regarding the monitoring process for reviewing internal Accident/Injury reports to ensure that all injuries of unknown origin are reported. (See Attachment D) To ensure over-all agency compliance all staff will receive training by October 7, 2012 stating that all injuries of unknown origin must be reported immediately upon discovery to the on call supervisor and as a BDDS Incident Report within 24 hours of discovery. (See Attachment E) Additionally Cardinal Services Abuse/Neglect/Exploitation Policy was revised to clearly state that all injuries of unknown origin must be reported. (See Attachment F) Agency staff will receive training on the policy revision by October 7, 2012. (See Attachment G)</p> <p>To ensure compliance all internal Accident/Injury reports will be monitored by document review by the QDP, Residential Manager and Residential Coordinator.</p>				

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			Residential Manager and Residential Coordinator Responsible	

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (client #1) to ensure his communication goal was implemented at times of opportunity and he had physical assistance when outside per his Individualized Support Plan (ISP).</p> <p>Findings include:</p> <p>On 9-4-12 from 2:30 p.m. until 5:30 p.m. an observation at the home of client #1 was conducted. Client #1 had coffee, had his medications, went for a van ride, sat outside by himself, ate supper, and had leisure time. Client #1's back yard did not have a fence around it and was adjoined to 2 streets. Client #1 did not point to a desired item during this observation and client #1 did not have physical assistance when he sat outside.</p> <p>On 9-5-12 from 7:00 a.m. until 8:30 a.m. an observation at the home of client #1 was conducted. Client #1 took his medications and lay on the floor, chewing</p>	W0249	<p>W249 As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Cardinal Services believes strongly in promoting personal growth for the people that we provide services for and offering and following programing that supports this belief. On September 21, 2012 the Residential Manager received training outlining her responsibilities to ensure the implementation of all program plans as written by the QDP. (See Attachment H) Direct Support Professionals will receive training by October 7, 2012 stating that they must provide continuous active treatment and follow all program plans as written. Specifically, staff must offer Client #1 the opportunity to point to an activity of his choice at every</p>	10/07/2012			

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	<p>a toy, pushing the couch around with his legs. Client #1 did not point to a desired item during this observation.</p> <p>On 9-5-12 at 10:00 a.m. a record review for client #1 was conducted. The ISP dated 2-7-12 indicated client #1 had a communication objective to point to a desired item. The Comprehensive Functional Assessment (CFA) dated 2-7-12 indicated client #1 needed physical assistance with his pedestrian safety skills and with understanding boundaries when outside. Client #1 did have a pedestrian safety goal to look both ways before crossing the street. The CFA did not indicate if staff needed to be outside with client #1 or if he was allowed to be outside alone; it only indicated he needed physical assistance.</p> <p>On 9-5-12 at 11:30 a.m. an interview with the Qualified Mental Retardation Professional indicated client #1's communication goal should be implemented per his ISP.</p> <p>9-3-4(a)</p>		<p>opportunity. The IDT reviewed Client #1's CFA and discussed his history of safely spending time outside of his home. Client #1's CFA was revised to reflect his ability to stay within boundaries with verbal prompts rather than physical assistance and includes that he does not have a history of leaving his porch and while he does not understand boundaries, he can be on his porch without physical assistance as long as staff maintain eyesight supervision. (See Attachment I) To ensure that staff understands Client #1's supervision requirements staff received training on Outside Protocol for Client #1 by September 19, 2012. (See Attachment J) To ensure this deficiency does not occur in the future, the Residential Manager, Residential Coordinator and QDP will monitor goal implementation and Client #1's level of supervision while on his porch through monthly and quarterly observation and record review. Residential Manager, Residential Coordinator and QDP Responsible</p>		

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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #2) to ensure her hearing was screened at a minimum of at least annually.</p> <p>Findings include:</p> <p>On 9-5-12 at 9:30 a.m. a record review for client #2 was conducted. The physical form dated 1-31-12 did not indicate her hearing had been screened at her physical exam. Client #2's hearing evaluation dated 1-26-11 was the only hearing evaluation available for review.</p> <p>On 9-5-12 at 11:30 a.m. an interview with the Residential Coordinator indicated client #2 needed a current hearing evaluation and it should be completed annually.</p> <p>9-3-6(a)</p>	W0323	<p>W323 The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Client #2 had her hearing screening on September 20, 2012. (see Attachment K) Nurses and QMRP's were retrained on 9-19-12. (See attachment L) Review of all client records to ensure hearing screenings are up to date will be completed by October 7, 2012. To ensure ongoing compliance, Nurse, QMRP and Coordinator will monitor through documentation review, internal audit and IDT assessment tracking. Coordinator, Nurse and QMRP responsible.</p>	10/07/2012			