

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  10/19/2012
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W0000	<p>This visit was a post certification revisit to a fundamental recertification and state licensure survey completed on September 7, 2012.</p> <p>This visit was in conjunction with the investigation of complaint #IN00116736.</p> <p>Dates of survey: October 18 and 19, 2012</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III.</p> <p>Facility number: 001050 Provider number: 15G536 AIM number: 100245380</p> <p>This federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 10/26/12 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><b>483.410(a)(1) GOVERNING BODY</b></p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review, and interview, the governing body failed to exercise general direction in a manner that resulted in the facility being well maintained for 8 of 8 clients (clients A, B, C, D, E, F, G, and H) who lived in the group home.</p> <p>Findings include:</p> <p>On 10-18-12 from 11:45 a.m. until 2:15 p.m. an observation at the home of clients A, B, C, D, E, F, G, and H was conducted. The cabinet under the kitchen sink had a black substance which covered the back wall.</p> <p>On 10-18-12 at 12:50 p.m. a review of the facility's maintenance request summary was reviewed. The maintenance request summary dated 9-11-11 through 10-5-12 indicated on 2-29-12 staff reported mold/mildew under both kitchen sinks. No new maintenance request to address the mold/mildew issue was available for review.</p> <p>On 10-18-12 at 1:15 p.m. an interview with direct care staff (DCS) #5 stated she was unsure of what the black substance</p>	W0104	<p>W104</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Cardinal Services strives to provide residential settings that are free from all types of environmental hazards. To ensure that this standard is upheld, Cardinal Services' Maintenance Department removed the wall board that was covered with a black substance from under the sink in the women's kitchen in the home of Clients A, B, C, D, E, F, G and H on October 18, 2012. (See Attachment A) This wall board was replaced. (See Attachment B) Staff received training regarding their responsibility to report all environmental concerns in a timely manner to the Cardinal Services' Maintenance Department on October 30, 2012. (See Attachment C) Staff also received thorough training instructing them on the use of the system in place used to report all maintenance concerns. (See Attachment D) Additionally, on October 30, 2012 the Residential Manager received training regarding the responsibility of the Residential</p>	10/30/2012			

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	<p>on the wall was because she wasn't a "specialist."</p> <p>On 10-18-12 at 1:15 p.m. an interview with DCS #6 indicated maintenance had said the black substance was mildew.</p> <p>On 10-18-12 at 1:15 p.m. an interview with the House Manager indicated maintenance had cleaned the black substance with bleach but it came back. She indicated the black substance was not on the maintenance request summary log for the past 6 months (5-12 through 10-18-12) but maintenance had been told several times verbally about the mold/mildew.</p> <p>This deficiency was cited on 9/7/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>		<p>Manager for ensuring that the residence is well maintained. (See Attachment E)</p> <p>To ensure this deficiency does not occur in the future the physical environment of the home will be monitored through weekly, monthly and quarterly observation by the Direct Support Professionals, Residential Manager, Residential Coordinator and the Maintenance Manager.</p> <p>Residential Manager, QDP, Residential Coordinator and Maintenance Manager responsible</p>		