

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G294	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/14/2012
NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 1763 HARTZLER WARSAW, IN 46580		
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W0000	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Survey Dates: June 11, 12, 13, and 14, 2012</p> <p>Facility Number: 000813 Provider Number: 15G294 AIM Number: 100235010</p> <p>Surveyor: Kathy Craig, Medical Surveyor III</p> <p>These deficiencies also reflect state findings under 460 IAC 9.</p> <p>Quality review completed on 6/21/12 by Dotty Walton, 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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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, the facility failed to report timely 2 of 20 reportable incidents to BDDS (Bureau of Developmental Disabilities Services) regarding 3 of 8 clients who resided in the home (clients #3, #4, and #5).</p> <p>Findings include:</p> <p>Review on 6/11/12 at 2:50 PM of the facility's BDDS incident reports was completed. The following BDDS reports were not reported timely:</p> <p>1. An incident that occurred on 9/28/11 indicated client #5 "came to staff to show them where she hurt. Staff then saw the bruise. It was dark purple/brown and appeared to be old. It was approximately 13.5 by 5.5 [unit of measurement not specified]. . .[client #5] went to [name of clinic] on 10/5/11 to have it checked out. Dr. said it was healing fine. Monitor her closely to be sure she is not falling and/or bumping into anything. Staff at the home will be trained on the issue." It was reported to BDDS on 10/5/11. The</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>Per the "Incident/Abuse/Neglect Policy Persons Served" policy Cardinal Services Inc. is committed to ensuring the safety, dignity, and protection of persons served. Direct Support Professionals and Residential Managers will receive training regarding the Incident Reporting Procedures including client to client</p>	07/12/2012			

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	<p>follow-up report dated 10/13/11 indicated "On 9/28/2011 an accident report was completed regarding a bruise that [staff #1] had discovered on [client #5]'s right hip. At the time of the accident report the bruise was less than 4 inches long; however the size of the bruise was not noted on the accident report by mistake. On 10/4/2011 the facility nurse assessed [client #5] and the bruise. At this time the bruise had gotten much larger (15.5 x 5.5) [unit of measurement not specified] and a knot had developed in the center. The facility nurse notified the Residential Coordinator. The Residential Coordinator instructed the Residential Manager to complete an incident report and start an investigation. On 10/4/11 the Residential manager started the investigation. On 10/5/2011 the Residential Manager submitted an incident report regarding the incident. On 10/4/2011 the RM [Residential Manager] asked [client #5] how she got the bruise. She said she did not know. The RM asked her where she thought she might have gotten it from; she said she did not know. The RM asked [client #5] if she fell. [Client #5] stated that she thinks or that she may have bumped into something. The RM asked if a staff or client hurt her there. [Client #5] responded No. All staff that had worked with [client #5] during (sic) this time</p>		<p>aggression and unknown injuries by July 12, 2012. (See Attachment A)</p> <p>To ensure this deficiency does not occur again, the Residential Manager and Residential Coordinator will monitor the implementation of the Incident/Abuse/Neglect policy through ongoing training and observation.</p> <p>Residential Manager and Residential Coordinator Responsible</p>				

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	<p>frame were also questioned on how [client #5] may have received the bruise. All staff report that (sic) they did not know as they did not observe [client #5] having any accidents and/or falls. All staff were also question (sic) on whether they or they (sic) suspect abuse and neglect. All of which stated no." Under the "systemic actions being taken to assume health and safety issues" indicated: "At this time it is concluded that the cause of the bruise is unknown, however [client #5] is at risk for falls and bumping into things. It is also concluded that it is not suspected that abuse or neglect was the cause of the injury. . . Additionally, training was also provided to staff regarding the guidelines for reportable incidents. All staff have been trained to also submit accident reports to the Residential Coordinator for quality assurance to review the reports and provide follow up or to instruct staff that an incident report needs to be completed, meeting the requirements for reportable incidents."</p> <p>Interview on 6/11/12 at 1:30 PM with the Residential Coordinator (RC) was conducted. The RC indicated the above-mentioned incident originally was submitted as an incident/accident and after review staff knew it was a BDDS reportable incident.</p>						

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	<p>2. An incident that occurred on 12/28/11 but not reported until 1/4/12 indicated a peer, client #4, "was leaving the med room after getting her meds. There was a staff in the kitchen, who saw [client #3] run up and shove the peer very hard into the small kitchen table, peer hit the corner of the table on her left middle back, when she hit the table, the table moved about a foot. The peer then lost her footing and fell to the ground. Staff assisted her to her feet. The peer was able to walk and bend as normal. When staff looked over the peer her back was extremely red, scraped, and had blood coming to the surface of the skin but skin was not broken open. . . .[client #3] was having a behavior and the peer was just in the wrong place at the wrong time. [Client #3] was counseled and behavior plan was followed." The follow-up report dated 1/11/12 indicated under the systemic actions being taken to assume health and safety issues indicated staff have been trained to ensure peer-to-peer aggression incidents are reported timely.</p> <p>Interview on 6/14/12 at 11:05 AM with the RC was conducted. The RC indicated the above-mentioned incident was reported late. The RC indicated it should have been reported immediately to the on-call supervisor.</p>			

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	9-3-2(a)			

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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on record review and interview, the facility failed for 3 of 4 sampled clients (clients #1, #2, and #4) by not incorporating a formal oral hygiene goal into their program based on dental recommendations.</p> <p>Findings include:</p> <p>Review on 6/12/12 at 11:10 AM of client #1's records was completed. Client #1's most current dental exam was dated 5/1/12 and the dental recommendations indicated her oral hygiene needed improvement and she needed to brush two times a day for 2 minutes. Client #1's ISP (Individual Support Plan) dated 3/20/12 indicated she did not have a formal oral hygiene goal to brush two times a day for 2 minutes.</p> <p>Review on 6/12/12 at 11:40 AM of client #2's records was completed. Client #2's most current dental exam dated 9/7/11 indicated she had gingivitis and recommended she brush two times a day for 2 minutes each time. Client #2's ISP dated 1/3/12, did not include a formal oral</p>	W0227	<p>W227</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c) (3) of this section.</p> <p>On 06/28/2012 and 06/29/2012 QDP's received training on individual program planning, noting that specific objectives necessary to meet each clients' need as identified by comprehensive assessments, such as annual medical exams or other physical assessments, must be put in place. (See Attachment B)</p> <p>The QDP created formal goals with measurable objectives for</p>	07/09/2012			

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	<p>hygiene goal to brush two times a day for 2 minutes.</p> <p>Review on 6/12/12 at 12:20 PM of client #4's records was completed. Client #4's most current dental exam was dated 3/7/12. It indicated client #4 had gingivitis, moderate plaque, and an area of decay and needed improvement in her oral hygiene. Client #4's ISP dated 8/23/11 did not include a formal goal to improve her oral hygiene.</p> <p>Interview on 6/14/12 at 11:05 AM with the Residential Coordinator (RC) was conducted. RC indicated clients #1 and #4 did not have a formal oral hygiene goal in their program plans.</p> <p>9-3-4(a)</p>		<p>clients #1 and #4, amended each respective Individual Support Plan and provided training to staff regarding these goals and revisions on 06/21/2012. (See Attachments C, D and E) The QDP revised client #2's formal goal to include that she brush for two minutes along with brushing two times daily on 07/02/2012. (See Attachment F) Staff will be trained on the revision by 07/09/ 2012.</p> <p>To ensure this deficiency does not occur in the future, the Coordinator will monitor assessment and goal development through documentation review, internal audits and observation. The QDP will ensure ongoing compliance through observation and monthly review of person served objectives.</p> <p>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 2 of 4 sampled clients (clients #3 and #4) by not ensuring the physician screened their hearing at their annual physical.</p> <p>Findings include:</p> <p>Review on 6/12/12 at 12:00 PM of client #3's records was completed. Client #3's last hearing evaluation was on 10/21/10. Client #3's annual physical was on 6/7/11 and it did not indicate her hearing was screened.</p> <p>Review on 6/12/12 at 12:20 PM of client #4's records was completed. Client #4's last hearing evaluation was on 10/21/10. Client #4's annual physical was on 6/2/11 and it did not indicate her hearing was screened.</p> <p>Interview on 6/14/12 at 11:05 AM with the Residential Coordinator (RC) was conducted. The RC indicated there had been no hearing screenings for clients #3 and #4 since 10/21/10.</p> <p>9-3-6(a)</p>	W0323	<p>W323</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>Cardinal Services Inc. strives to meet this standard by including hearing as well as other specific areas as part of the Annual Medical Examination form. After reviewing files for client #3 and #4 it was noted that staff in this location has been using an outdated form when assisting with annual medical appointments. Staff working in the Pondorosa group home received training by 07/01/2012 stating that staff must obtain and use the correct Annual Medical Examination form when assisting with annual medical</p>	07/12/2012			

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			<p>appointments to ensure that hearing and vision assessments are completed yearly. (See Attachment G) All staff will receive training on obtaining and using the correct Annual Medical Examination Form by 07/12/2012. Upon review of client #4's documents it was discovered that her physician had noted that client #4's hearing was "Intact" on the annual Medical Exam form. (See Attachment H) The Residential Manager has contacted the Audiologist to schedule a hearing evaluation for client #3and is waiting for a reply. The screening will take place at the first available appointment.</p> <p>To prevent this deficiency from occurring in the future, Residential Managers and the agency's nursing department will review all Annual Medical Examination paperwork to ensure that the correct form has been used and that annual hearing assessments have taken place.</p>		

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			Residential Nurse and Residential Manager Responsible		