STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G694		12/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARDINAL SERVICES INC OF INDIANA	10381 S SR 15 SILVER LAKE, IN 46982

(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
W 0000 Bldg. 00	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: 12/2, 12/3, 12/4, 12/7, 12/8, 12/9, and 12/10/2015. Provider Number: 15G694 Facility Number: 003094 AIM Number: 200352640 The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/15/15.	W 0000		
W 0225 Bldg. 00	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. Based on observation, record review, and interview, for 1 of 4 sampled clients (client #1), the facility failed to assess client #1's vocational abilities related to his individual work history, work skills, and work interests for day services. Findings include: On 12/2/15 from 3:30pm until 5:45pm, client #1 was observed at the group home. From 3:30pm until 5:45pm, client	W 0225	**W 225** **The comprehensive functional assessment must include, as applicable, vocational skills.** The Adult Services Agreement Page, which is completed initially and annually thereafter, was marked not interested in community employment by Client #1's guardian on 4/20/15 (See Attachment A). Client #1's comprehensive functional	12/27/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	#1 sat in a recliner in the living room, used the bathroom, watched television, colored on a paper with a marker, traced then cut out his hand prints on colored paper with staff assistance, chose the color of glitter for his hand print, and glued glitter onto the paper. From 3:30pm until 5:45pm, client #1 paced in the living room, looked at a magazine, ate supper, and wiped his mouth with a napkin. Client #1's record was reviewed on 12/3/15 at 11:30am. Client #1's record indicated he was admitted on 4/20/15. Client #1's 5/19/15 ISP (Individual Support Plan) and 5/2015 Risk Assessment did not include his work history and/or work interests. Client #1's 5/19/15 "Work Performance" assessment indicated checkmarks that client #1 required verbal assistance for: "Follows simple instructions, Accepts supervision from familiar persons, (and) follows correct time schedule for breaks/lunch." Client #1's work assessment indicated checkmarks that client #1 required physical assistance for: "Attends work regularly, seeks help when needed, identifies mistakes, corrects mistakes, sets priorities for tasks to be completed...follows supervisor's suggestions...reports an emergency...follows general rules and		assessment was amended on 12/21/15 to reflect job seeking skills and work performance (See Attachment B). The individual's ISP indicates that client #1 does not have a history of paid work and does not have an interest at this time (See Attachment C). The QDP received training on 12/21/15 to ensure the comprehensive functional assessment includes, as applicable, vocational skills (See Attachment D). To ensure this deficiency does not occur again the Support Services Coordinator will monitor through review of enrollment forms for new clients and through quarterly quality checks to ensure ongoing compliance. **QDP and Support Services Coordinator responsible.**	

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	regulations, communicates need to use the restroom, dresses correctly...uses a vending machine correctly." Client #1's "Work Performance" assessment indicated "Day Services from home, Non verbal, limited attention span," and did not include client #1's work history, work skills, and work interests. On 12/4/15 at 12:00noon, an interview was conducted with the RC (Residential Coordinator). The RC indicated client #1 was a new admission to the facility and attended day services at the group home. The RC indicated client #1's vocational assessment did not include his work history, work interests, and work skills. 9-3-4(a)			
W 0312 Bldg. 00	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on interview and record review for 1 of 1 sampled client (client #1) with behavior controlling medications, the facility failed to have an active treatment program for the use of client #1's sleep medication which was used to treat the client's undocumented sleep issues. The	W 0312	**W312** **Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards**	12/27/2015

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	facility failed to develop a plan for client #1's medication which included a plan of reduction based on the behaviors for which the client was prescribed the medication for. Findings include: Client #1's record was reviewed on 12/3/15 at 11:30am. Client #1's 10/29/15 physician's orders indicated client #1 received Melatonin 5mg (milligrams) for night time sleep at bedtime. Client #1's 4/6/15 SMP (Self Management Plan) did not indicate the use of Melatonin medication for night time sleep. Client #1's SMP indicated targeted behaviors of food stealing behaviors. Client #1's 6/19/14 "Behavioral Assessment" indicated client #1 was prescribed Melatonin on 6/4/15 by his Neurologist "due to disruptive sleep patterns" related to client #1's allergies. Client #1's 6/10/15 HRC (Human Rights Committee) consent indicated signed consent from HRC after notification by the QIDP (Qualified Intellectual Disabilities Professional) that client #1's legal guardian had given consent for "Melatonin 5mg to assist with helping [client #1] to get to sleep." Client #1's Melatonin was not included into the SMP and/or ISP (Individual Support Plan). Client #1's record did not include a plan		**the reduction of and eventual elimination of the behaviors for which the drugs are employed.** Client #1's Self-Management plan was amended on 12/4/15 to reflect the use of Melatonin to modify his sleep behavior as well as a plan of reduction (See Attachment E). Guardian and HRC approvals were obtained for the amended plan on 12/12/15 and 12/17/15 (See Attachments F). The QDP received training on 12/18/15 regarding the use of medications intended for the purpose of behavior modification and ensuring they are addressed in an active treatment plan along with a plan of reduction (See Attachment G). To ensure systemic compliance within the agency all QDPs will receive training by 1/9/16. To ensure this deficiency does not occur again, the Support Services Coordinator will monitor through quarterly quality checks to ensure ongoing compliance. The Support Services Coordinator will review all updated plans and medication changes regarding behavior modification for thoroughness prior to it being sent to the HRC for approvals. **Support Services Coordinator and QDP responsible.**	

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	of reduction based on the behaviors for which the medication was prescribed. On 12/4/15 at 12:00noon, an interview with the Qualified Intellectual Disabilities Professional (QIDP) and the Residential Coordinator (RC) was conducted. Both the QIDP and RC indicated client #1 had allergies and was not sleeping before the use of Melatonin medication. The QIDP and RC both indicated the Melatonin was prescribed to ensure client #1 had a restful sleep. The RC indicated client #1's sleep patterns were documented. The RC and QIDP both indicated no active treatment program was available for review which included client #1's Melatonin medication. 9-3-5(a)			
W 0436 Bldg. 00	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review, and interview, for 1 of 4 sampled clients (client #1) with adaptive equipment, the facility failed to have client #1's	W 0436	**W436** **The facility must furnish, maintain in good repair, and teach clients to**	12/27/2015

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	prescribed eye glasses available and encourage client #1 to wear her prescribed eye glasses when opportunities existed. Findings include: On 12/2/15 from 3:30pm until 5:45pm, client #1 was observed at the group home and did not wear prescribed eye glasses. From 3:30pm until 5:45pm, client #1 sat in a recliner chair in the living room, used the bathroom, watched television, colored on a paper with a marker, traced then cut out his hand prints on colored paper with staff assistance, chose the color of glitter for his hand print, and glued glitter onto the paper. From 3:30pm until 5:45pm, client #1 paced in the living room, looked at a magazine, ate supper, and wiped his mouth with a napkin. On 12/3/15 from 7:05am until 9:30am, client #1 was observed at the group home and did not wear prescribed eye glasses. During the observation period client #1 fed himself breakfast, walked around the living room, sat in a recliner, removed his shoes, and watched television. During both observation periods the facility staff did not encourage client #1 to wear his prescribed eye glasses.		**use and to make informed choi8ces about the use of dentures, eyeglasses, hearing and other communication aids, braces, and other devices identified by the interdisciplinary team as needed by the client.** An informal goal was implemented on 12/7/15 for client # 1 to be encouraged to wear his eye glasses periodically (See Attachment H). All Direct Support Staff working directly in the home received training in regards to client #1 being encouraged to wear his eye glasses and providing training on the importance of wearing them on 12/18/15 (See Attachment I). To ensure this deficiency does not occur again, the Residential Manager, QDP, and Residential Coordinator will monitor the implementation of client #1's use of eye glasses through weekly, monthly, and quarterly observations. **Residential Manager, QDP, and Coordinator responsible.**	

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	Client #1's record was reviewed on 12/3/15 at 11:30am. Client #1's 5/19/15 ISP (Individual Support Plan) did not indicate a goal to wear his prescribed eye glasses. Client #1's ISP indicated a list of adaptive equipment which included prescribed eye glasses. Client #1's 5/19/15 ISP indicated "Vision Cataract both eyes, prescribed" eye glasses. Client #1's 4/28/15 visual examination indicated "Cataracts left eye more than right eye, Try Bifocals will help with distance and near." On 12/4/15 at 12:00noon, an interview with the QIDP (Qualified Intellectual Disabilities Professional) and the RC (Residential Coordinator) was conducted. The QIDP and RC both indicated client #1 should be encouraged to wear his prescribed eye glasses to see. On 12/10/15 at 3:30pm, an interview with the RC was conducted. The RC indicated client #1's prescribed eye glasses were located inside his bedroom at the group home. 9-3-7(a)			