

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

PRINTED: 11/08/2024
FORM APPROVED
OMB NO. 0938-039

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 10/09/2024	
NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 1008 SHORT DRIVE KNOX, IN 46534			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	<p>This visit was for the investigation of complaint #IN00438258.</p> <p>This visit was in conjunction with the Post Certification Revisit (PCR) to the pre-determined full recertification and state licensure survey completed on 5/22/24.</p> <p>Complaint #IN00438258: A federal and state deficiency related to the allegation is cited at W149.</p> <p>Dates of Survey: October 1, 2, 3, 4 and 9, 2024.</p> <p>Facility Number: 001050 Provider Number: 15G536 AIMS Number: 100245380</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #27547 on 10/16/24.</p>			W 0000			
W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>Based on record review and interview for 1 of 3 sample clients (A), the facility failed to implement its written policy and procedure to provide client A with a gait belt as indicated in her risk plan resulting in a fall with injury.</p> <p>Findings include:</p> <p>The facility's Bureau of Disabilities Services reports and related investigations were reviewed</p>			W 0149	<p>On 10/23/24 the DSP's and House Supervisor were retrained on Client A's fall risk plan (attachment A). Furthermore, they were retrained that Client A will be assisted to put on her gait belt during wake hours. (attachment B). Also, Client A's PCISP (attachment C) was updated to include her community staff goal to include</p>		10/25/2024

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>on 10/3/24 at 9:40 am.</p> <p>A BDS report dated 7/7/24 indicated the following: "On 7/6/24 it was reported that while on an outing at a park, [client A] got dizzy and hot. She fell on the grass and landed on her buttocks. Consumer reported pain, staff called 911 EMS (emergency medical services). Consumer refused service from EMS. Staff took her home and contacted her guardian who asked staff to take consumer to the ER (emergency room). At ER, x-rays showed a non-displaced fracture of the tail bone. Consumer was discharged at 8:00 pm with Ibuprofen (pain reliever) and rest orders."</p> <p>An investigation dated 7/12/24 indicated the following: "I found no discrepancies. [Staff] was approximately 15 feet away from [client A] while taking pictures of the other client, that he requested for her to do. [Client A] and [peer] were always within eyesight. [Client A] does have a fall plan that states that staff is to utilize her gait belt when walking long distances. When I questioned why she did not have a gait belt on, [staff] told me that she has not had one since she moved in. I then contacted [House Manager (HM) #1], and she verified that [client A] does not have a gait belt. If a gait belt is recommended in her risk plan, her doctor should be contacted to get an order for one and then get one for her to help ensure her safety."</p> <p>Client A's record was reviewed on 10/3/24 at 9:58 am and indicated an admission date of 1/3/24. Client A's fall risk plan dated 12/20/23 indicated the following: "Interventions: Staff will utilize [client A's] gait belt when walking long distances or walking with a continued shuffling gait."</p>				<p>gait belt use.</p> <p>To ensure this deficiency does not occur again, the QDP will increase oversight at the home to ensure Client A's gait belt is being used until competency is demonstrated.</p> <p>QDP Responsible</p>		

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	<p>HM #1 was interviewed on 10/2/24 at 7:19 am and stated, "[Client A] has only had the gait belt for a couple of weeks. It is new. She is still not very happy about it. She is trying to get used to it."</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed by phone on 10/9/24 at 1:34 pm and stated, "[Client A] should have had a gait belt in July if it was in her plan. She does have one now."</p> <p>Registered Nurse (RN) #1 was interviewed by phone on 10/9/24 at 12:44 pm and stated, "[Client A] did not have a gait belt in July. She does have a new one. She should have had the gait belt available. I doubt she did have one. She does not want to wear it."</p> <p>Assistant Residential Director (ARD) #1 was interviewed by phone on 10/4/24 at 10:20 am and stated, "The gait belt was in [client A's] plan at the time, but staff had not been utilizing it. We have made sure everyone is aware. She is to be wearing it at all times. There was one in her risk plan. When we investigated, we were made aware staff had not been utilizing the gait belt as they should have been."</p> <p>This federal tag relates to complaint #IN00438258.</p> <p>9-3-2(a)</p>						