

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G634	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/07/2011
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NAME OF PROVIDER OR SUPPLIER STONE BELT ARC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4100 DECKARD DR BLOOMINGTON, IN47408
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W0000	<p>This visit was for the investigation of complaint #IN00098805.</p> <p>Complaint #IN00098805 - Substantiated, Federal/state deficiencies related to the allegation(s) are cited at W104, W149, W153, W154 and W157.</p> <p>Unrelated deficiencies cited.</p> <p>Survey Dates: November 4 and 7, 2011.</p> <p>Facility Number: 001209 Provider Number: 15G634 AIM Number: 100240160</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed on 11/18/11 by Tim Shebel, Medical Surveyor III.</p>	W0000		
W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (A), the governing body failed to ensure the staff at the group home secured client A's gift card.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 11/4/11 at 2:23 PM. The Bureau of Developmental Disabilities Services (BDDS) incident report, dated</p>	W0104	<p>W 104</p> <p>GOVERNING BODY</p> <p>Plan of Correction:</p> <p>Stone Belt will exercise general policy, budget, and operating direction over the home. Specifically, Stone Belt will ensure that staff in the group home secure client's finances, including gift cards.</p> <p>Responsible Person:</p>	12/01/2011

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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	10/20/11, indicated the following: On Monday, October 17th at 12:40 PM, Direct Care staff (DCS) #4 informed the manager that he could not locate client A's prepaid debit card. The home manager (HM) then checked client A's locked travel box and did not see the card in there. The HM then checked the clients' finances and the rest of the office to attempt to locate the card but did not find it. The HM contacted the coordinator to inform him of the missing card. The HM told the coordinator DCS #2 told him he saw staff #4 place the card back in the travel box on Friday the 14th after client A used it at (name of restaurant) to buy lunch. When staff #4 tried to get it back out on Monday the 17th, the card was gone. The coordinator asked the HM how much was on the card and the HM stated \$192.00. The HM called and interviewed all staff that were working between the 14th and the 17th to find out what happened to the card. The HM interviewed DCS #2, #6, #3, #9, #7 and #10. The staff indicated they did not access the card over the weekend nor did they see anyone else access the card. The HM and DCS #2 received written warnings for not properly putting the gift card back with the rest of the client accounts in the locked filing cabinet. The travel box would no longer be used to store client A's money. Stone Belt Arc,		Deckard House Coordinator Date of Completion: December 1, 2011 Plan of Prevention: House Manager and Associate Manager received disciplinary action for inadequately securing the gift card. Training was conducted with all staff on security of consumer finances, including gift card. (Attachment # 1) Other topics regarding management of cash on hand and gift cards were completed (Attachment # 2 and # 3). Quality Assurance Monitoring: Deckard Coordinator will review cash on hand and gift cards every two weeks to assure accuracy and security.		

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	<p>Inc. will reimburse the \$192.00 to back to client A.</p> <p>A review of the Consumer Finances - Security policy, dated 9/8/10, was conducted on 11/4/11 at 3:38 PM. The policy indicated, "ALL consumer banking materials are to be locked up expect when in use by assigned staff. House Managers are responsible for securing these banking materials and accounting for them at all times."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 11/7/11 at 10:29 AM. The QMRP indicated the home manager and assistant home manager received written warnings for not following policy to secure the client's finances.</p> <p>An interview with Administrative staff (AS) #1 was conducted on 11/4/11 at 2:45 PM. AS #1 indicated the manager and assistant manager were given written warnings for not following policy.</p> <p>This federal tag relates to complaint #IN00098805.</p> <p>9-3-1(a)</p>				

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W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 3 incident/investigative reports reviewed affecting client A, the facility neglected to implement its policies and procedures to prevent theft.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 11/4/11 at 2:23 PM. The Bureau of Developmental Disabilities Services (BDDS) incident report, dated 10/20/11, indicated the following: On Monday, October 17th at 12:40 PM, Direct Care staff (DCS) #4 informed the manager that he could not locate client A's prepaid debit card. The home manager (HM) then checked client A's locked travel box and did not see the card in there. The HM then checked the clients' finances and the rest of the office to attempt to locate the card but did not find it. The HM contacted the coordinator to inform him of the missing card. The HM told the coordinator DCS #2 told him he saw staff #4 place the card back in the travel box on Friday the 14th after client A used it at Texas Roadhouse to buy lunch. When staff #4 tried to get it back out on Monday the 17th, the card was</p>	W0149	<p>W 149</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>Plan of Correction:</p> <p>Stone Belt has and implements written policies and procedures that prohibit mistreatment, neglect or abuse of a client.</p> <p>Date of Completion:</p> <p>December 1, 2011</p> <p>Responsible Person:</p> <p>Deckard Coordinator</p> <p>Plan of Prevention:</p> <p>Deckard staff were retrained on the Stone Belt Prevention of Sexual Abuse and Exploitation Policy. (Attachment # 4)</p> <p>Quality Assurance Monitoring:</p> <p>Deckard Coordinator will monitor for possible abuse and exploitation during scheduled and unscheduled site visits. Coordinator will also review consumer financial books twice a</p>	12/01/2011	

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	<p>gone. The coordinator asked the HM how much was on the card and the HM stated \$192.00. The HM called and interviewed all staff that were working between the 14th and the 17th to find out what happened to the card. The HM interviewed DCS #2, #6, #3, #9, #7 and #10. The staff indicated they did not access the card over the weekend nor did they see anyone else access the card. The HM and DCS #2 received written warnings for not properly putting the gift card back with the rest of the client accounts in the locked filing cabinet. The travel box would no longer be used to store client A's money. Stone Belt Arc, Inc. will reimburse the \$192.00 to back to client A.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 11/7/11 at 10:29 AM. The QMRP indicated the home manager and assistant home manager received written warnings for not following policy to secure the client's finances. The QMRP indicated the HM conducted interviews with the staff who worked in the home however he was unable to locate the documentation of the interviews. The QMRP indicated client A had not received reimbursement.</p> <p>An interview with Administrative staff</p>		<p>month. Staff will be trained annually on abuse/exploitation policy at Stone Belt.</p>		

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W0153	<p>(AS) #1 was conducted on 11/4/11 at 2:45 PM. AS #1 indicated the manager and assistant manager were given written warnings for not following policy. AS #1 indicated an investigation was not conducted since the police were involved. AS #1 indicated the staff failed to follow policies and procedures for securing the client's funds. AS #1 indicated client A had not been reimbursed.</p> <p>This federal tag relates to complaint #IN00098805.</p> <p>9-3-2(a)</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>Based on record review and interview for 1 of 3 incident/investigative reports reviewed affecting client A, the facility failed to report a missing gift card to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours, in accordance with state law.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was</p>	W0153	<p>W153</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>Plan of Correction</p> <p>Stone Belt ensures that all allegations of mistreatment, abuse or neglect are reported immediately to the administrator or other officials. Stone Belt will report within 24 hours.</p>	12/01/2011	

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	<p>conducted on 11/4/11 at 2:23 PM. The Bureau of Developmental Disabilities Services (BDDS) incident report, date submitted was listed as 10/20/11, indicated the following: On Monday, October 17th at 12:40 PM, Direct Care staff (DCS) #4 informed the manager that he could not locate client A's prepaid debit card. The home manager (HM) then checked client A's locked travel box and did not see the card in there. The HM then checked the clients' finances and the rest of the office to attempt to locate the card but did not find it. The HM contacted the coordinator to inform him of the missing card. The HM told the coordinator DCS #2 told him he saw staff #4 place the card back in the travel box on Friday the 14th after client A used it at Texas Roadhouse to buy lunch. When staff #4 tried to get it back out on Monday the 17th, the card was gone. The coordinator asked the HM how much was on the card and the HM stated \$192.00. The HM called and interviewed all staff that were working between the 14th and the 17th to find out what happened to the card. The HM interviewed DCS #2, #6, #3, #9, #7 and #10. The staff indicated they did not access the card over the weekend nor did they see anyone else access the card. The HM and DCS #2 received written warnings for not properly putting the gift card back with the rest of</p>		<p>Date of Completion December 1, 2011</p> <p>Responsible Person Deckard Coordinator</p> <p>Plan of Prevention The Coordinator will assure that such reports are completed within 24 hours of the incident. The training included Incident Reporting Procedures. (Attachment # 5)</p> <p>Quality Assurance Monitoring The SGL Director will review all incident reports and assure they are reported within the 24 hour period. Training conducted with all Coordinators.</p>		

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	<p>the client accounts in the locked filing cabinet. The travel box would no longer be used to store client A's money. Stone Belt Arc, Inc. will reimburse the \$192.00 to back to client A.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 11/7/11 at 10:29 AM. The QMRP indicated he was notified of the missing gift card on 10/17/11. The QMRP indicated he did not report the incident to BDDS within 24 hours due to spending time trying to determine if any of the staff accidentally took the card home with them. He indicated he reported the incident to BDDS upon learning none of the staff knew where the card was. The QMRP indicated staff #4 reported to the assistant home manager on 10/14/11 that he had concerns with the remaining gift card amount. The QMRP indicated staff #4 noticed there was less money remaining on the gift card and reported his concerns to the assistant manager. The QMRP indicated the assistant manager did not report the concerns to the HM or the QMRP.</p> <p>An interview with Administrative staff (AS) #1 was conducted on 11/4/11 at 2:45 PM. AS #1 indicated the BDDS report should have been made within 24 hours. On 11/7/11 at 1:55 PM, AS #1 indicated</p>			

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W0154	<p>he was notified of the missing gift card on 10/17/11.</p> <p>This federal tag relates to complaint #IN00098805.</p> <p>9-3-2(a)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 3 incident/investigative reports reviewed affecting client A, the facility failed to ensure a thorough investigation was conducted.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 11/4/11 at 2:23 PM. The Bureau of Developmental Disabilities Services (BDDS) incident report, dated 10/20/11, indicated the following: On Monday, October 17th at 12:40 PM, Direct Care staff (DCS) #4 informed the manager that he could not locate client A's prepaid debit card. The home manager (HM) then checked client A's locked travel box and did not see the card in there. The HM then checked the clients' finances and the rest of the office to attempt to locate the card but did not find it. The HM contacted the coordinator to</p>	W0154	<p>W154</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>Plan of Correction</p> <p>Stone Belt will ensure that all allegations are investigated thoroughly.</p> <p>Date of Completion</p> <p>December 1, 2011</p> <p>Responsible Person</p> <p>Deckard Coordinator/SGL Director</p> <p>Plan of Prevention</p> <p>The Coordinator reviewed and completed training on Stone Belt investigation procedures. (Attachment # 6). This included how to conduct proper investigations and who should be interviewed.</p>	12/01/2011	

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	inform him of the missing card. The HM told the coordinator DCS #2 told him he saw staff #4 place the card back in the travel box on Friday the 14th after client A used it at Texas Roadhouse to buy lunch. When staff #4 tried to get it back out on Monday the 17th, the card was gone. The coordinator asked the HM how much was on the card and the HM stated \$192.00. The HM called and interviewed all staff that were working between the 14th and the 17th to find out what happened to the card. The HM interviewed DCS #2, #6, #3, #9, #7 and #10. The staff indicated they did not access the card over the weekend nor did they see anyone else access the card. The HM and DCS #2 received written warnings for not properly putting the gift card back with the rest of the client accounts in the locked filing cabinet. The travel box would no longer be used to store client A's money. Stone Belt Arc, Inc. will reimburse the \$192.00 to back to client A. There was no documentation the facility investigated the incident. There were no witness statements from the staff involved or the clients. The facility did not document whether or not the theft was substantiated or not. There was no documentation the facility addressed the issue of staff #4 reporting to the assistant manager on 10/14/11 of his concerns regarding the remaining balance of the		Quality Assurance Monitoring The SGL Director will ensure, after reviewing the incident, that investigations will be completed thoroughly.		

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W0157	<p>gift.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 11/7/11 at 10:29 AM. The QMRP indicated the HM conducted interviews with the staff who worked in the home however he was unable to locate the documentation of the interviews. The QMRP indicated staff #4 reported to the assistant home manager on 10/14/11 that he had concerns with the remaining gift card amount. The QMRP indicated staff #4 noticed there was less money remaining on the gift card and reported his concerns to the assistant manager. The QMRP indicated the assistant manager did not report the concerns to the HM or the QMRP.</p> <p>An interview with Administrative staff (AS) #1 was conducted on 11/4/11 at 2:45 PM. AS #1 indicated an investigation was not conducted since the police were involved.</p> <p>This federal tag relates to complaint #IN00098805.</p> <p>9-3-2(a)</p> <p>If the alleged violation is verified, appropriate corrective action must be taken.</p>				

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	<p>Based on record review and interview for 1 of 3 incident/investigative reports reviewed affecting client A, the facility failed to ensure appropriate corrective action was taken.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 11/4/11 at 2:23 PM. The Bureau of Developmental Disabilities Services (BDDS) incident report, dated 10/20/11, indicated the following: On Monday, October 17th at 12:40 PM, Direct Care staff (DCS) #4 informed the manager that he could not locate client A's prepaid debit card. The home manager (HM) then checked client A's locked travel box and did not see the card in there. The HM then checked the clients' finances and the rest of the office to attempt to locate the card but did not find it. The HM contacted the coordinator to inform him of the missing card. The HM told the coordinator DCS #2 told him he saw staff #4 place the card back in the travel box on Friday the 14th after client A used it at Texas Roadhouse to buy lunch. When staff #4 tried to get it back out on Monday the 17th, the card was gone. The coordinator asked the HM how much was on the card and the HM stated \$192.00. The HM called and</p>	W0157	<p>W157</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>Plan of Correction</p> <p>Stone Belt will ensure that if a violation is verified, appropriate corrective action will be taken and in be completed in a timely manner.</p> <p>Date of Completion</p> <p>December 1, 2011</p> <p>Responsible Person</p> <p>Deckard Coordinator/SGL Director</p> <p>Plan of Prevention</p> <p>The Coordinator will ensure that all corrective action is taken and in a timely manner. Client A was reimbursed for missing funds. Reimbursement check and deposit slip attached. (Attachment # 7)</p> <p>Quality Assurance Monitoring</p> <p>The SGL Director and Coordinator will insure that reimbursements are made within seven business days.</p>	12/01/2011	

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	<p>interviewed all staff that were working between the 14th and the 17th to find out what happened to the card. The HM interviewed DCS #2, #6, #3, #9, #7 and #10. The staff indicated they did not access the card over the weekend nor did they see anyone else access the card. The HM and DCS #2 received written warnings for not properly putting the gift card back with the rest of the client accounts in the locked filing cabinet. The travel box would no longer be used to store client A's money. Stone Belt Arc, Inc. will reimburse the \$192.00 to back to client A. There was no documentation client A received reimbursement of the money.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 11/7/11 at 10:29 AM. The QMRP indicated client A had not received reimbursement.</p> <p>An interview with Administrative staff (AS) #1 was conducted on 11/4/11 at 2:45 PM. AS #1 indicated client A had not been reimbursed.</p> <p>This federal tag relates to complaint #IN00098805.</p> <p>9-3-2(a)</p>				

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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	
W0227	<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>Based on record review and interview for 4 of 5 clients (A, B, D and E), the facility failed to ensure the clients had plans in place to teach them to access sharps.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 11/4/11 at 2:23 PM. On 10/24/11 at 8:10 AM, client C was prompted multiple times to follow his morning schedule. He was asked to make his lunch for the day program. While in the kitchen, client C was verbally and physically aggressive toward staff. Client C told staff #7, "I'm going to kill you." Client C walked over to the silverware drawer and pulled out a large, chef's knife. Client C raised the knife above his head. Staff #7 prompted him to put the knife down. Client C put the knife down. The Bureau of Developmental Disabilities Services (BDDS) report, dated 10/25/11, indicated the following: The support team called an emergency meeting the following day. The team agreed to restrict client C's access to sharp objects.</p> <p>A review of client C's record was conducted on 11/4/11 at 3:23 PM. His Behavior Support Plan, dated 10/26/11, indicated the following, "Due to recent threats made by [client C] sharps (knives and other similar implements) will be kept locked in a keyed cabinet or lock box in the kitchen."</p> <p>A review of client A's record was conducted on 11/4/11 at 3:27 PM. There was no documentation</p>	W0227	<p>W227</p> <p>INDIVIDUAL PROGRAM PLAN</p> <p>Plan of Correction</p> <p>Stone Belt will ensure that a client's individual program plan states the specific objectives necessary to meet the client's needs are identified by a comprehensive assessment.</p> <p>Date of Completion</p> <p>December 1, 2011</p> <p>Responsible Person</p> <p>Deckard Coordinator</p> <p>Plan of Prevention</p> <p>The Coordinator will ensure that all restrictions are followed by teachable goals. Training goals were created for each client and house staff were trained on all goals for each client. (Attachment # 8)</p> <p>Quality Assurance Monitoring</p> <p>The Deckard Support Team will review all restriction on a</p>	12/01/2011	

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	<p>in his record indicating the client had a training objective to access sharp objects at the group home.</p> <p>A review of client B's record was conducted on 11/4/11 at 3:30 PM. There was no documentation in his record indicating the client had a training objective to access sharp objects at the group home.</p> <p>A review of client D's record was conducted on 11/4/11 at 3:33 PM. There was no documentation in his record indicating the client had a training objective to access sharp objects at the group home.</p> <p>A review of client E's record was conducted on 11/4/11 at 3:36 PM. There was no documentation in his record indicating the client had a training objective to access sharp objects at the group home.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 11/7/11 at 10:22 AM. The QMRP indicated he had not created training objectives for clients A, B, D and E to access the locked sharps.</p> <p>9-3-4(a)</p>		quarterly basis to ensure there are teachable goals.		