

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G655	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/04/2013
NAME OF PROVIDER OR SUPPLIER STONE BELT ARC INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2606 H ST BEDFORD, IN 47421		
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: May 29, 30, 31, June 3 and 4, 2013</p> <p>Facility Number: 001166 Provider Number: 15G655 AIM Number: 100445440</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed June 11, 2013 by Dotty Walton, QIDP.</p>	W000000			

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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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview for 2 of 3 non-sampled clients (#2 and #5), the governing body failed to exercise general operating direction over the facility by failing to ensure the clients did not pay for their own haircuts.</p> <p>Findings include:</p> <p>A review of the clients' finances was conducted on 5/30/13 at 2:48 PM.</p> <p>Client #2 paid for a haircut on 5/9/13 out of his checking account with check number 518 in the amount of \$12.00. There was no documentation in client #2's checkbook indicating client #2 was reimbursed.</p> <p>Client #5 paid for a haircut out of his checking account with check numbers 514 (\$11.00 on 2/8/13) and 503 (\$12.00 on 4/25/13). There was no documentation in client #5's checkbook indicating client #5 was reimbursed.</p> <p>An interview with the Home Manager (HM) was conducted on 5/30/13 at 2:48 PM. The HM indicated clients #2 and #5 paid for their haircuts from their checking</p>	W000104	<p>W 104 GOVERNING BODY</p> <p>Plan of Correction:</p> <p>Stone Belt ensures that each of its group homes exercise operating direction over the facility. Specifically, it ensures that the facility purchases haircuts for the clients. Clients were reimbursed for these particular expenditures.</p> <p>Responsible Person:</p> <p>Program Coordinator</p> <p>Date of Completion:</p> <p>July 4, 2013</p>	07/04/2013			

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	<p>accounts since the barber did not accept credit cards (HM indicated typically the group home paid for haircuts using the group home credit card and since the credit card could not be used, the clients had to pay using their own money from their checking accounts). The HM indicated the clients should be reimbursed for paying for the haircuts.</p> <p>An interview with the Program Coordinator (PC) was conducted on 6/3/13 at 11:12 AM. The PC indicated the clients should receive reimbursement when they pay for their own haircuts.</p> <p>An interview with the Director was conducted on 6/3/13 at 2:40 PM. The Director indicated the clients should not pay for their haircuts. The Director indicated if the clients paid out of their money, the facility should reimburse them.</p> <p>9-3-1(a)</p>		<p>Plan of Prevention:</p> <p>Staff training was conducted on June 14, 2013, to advise staff that Stone Belt is responsible for reimbursing clients for haircuts. (Attachment # 1)</p> <p>Quality Assurance Monitoring:</p> <p>Program Coordinator will review monthly expenditures to see haircuts and other expenditures that are the responsibility of Stone Belt are reimbursed to clients if they pay themselves.</p>		

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS 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 6 of 52 incident/investigative reports reviewed affecting clients #1, #3 and #4, the facility neglected to monitor clients to prevent client to client abuse and sexual acting out.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 5/29/13 at 1:30 PM.</p> <p>1) On 5/22/13 at 4:50 PM, client #3 was sitting next to client #4 at the dining room table. Client #3 looked at client #4 and slapped him on the upper right arm.</p> <p>2) On 3/1/13 at 9:30 AM, client #3 was at the facility-operated day program taking a break. Client #3 sat down next to a female peer and smacked her on her right shoulder. The peer had a small red mark on her right shoulder.</p> <p>3) On 2/19/13 at 9:00 AM, client #3 sat down next to a female peer at the facility-operated day program and hit her twice.</p>	W000149	<p>W149</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>Plan of Correction:</p> <p>Stone Belt develops and maintains written policies and procedures that prohibit mistreatment, neglect and abuse of the client. In addition, Stone Belt has policies that distinguish between sexual abuse and sexual acting out.</p> <p>Responsible Person:</p> <p>Program Coordinator</p> <p>Date of Completion:</p>	07/04/2013			

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	<p>4) On 2/19/13 at 8:00 AM, client #3 yelled "I hate you" toward client #4. Client #3 swung and made contact with client #4's left shoulder. Client #3's second attempt to hit client #4 was blocked by staff #3.</p> <p>5) On 2/5/13 at 11:35 AM, client #4 punched a male peer on his upper left arm while at the facility-operated workshop. Client #4 ran away from the peer after punching him.</p> <p>6) On 1/23/13 at 1:30 PM, client #1 and a female peer were found in the restroom together at the facility-operated workshop. Client #1 indicated the female peer told him she was "[provocative word]" while in the break room. Client #1 indicated they decided to meet in the restroom's shower room. Client #1 reported they both took off their tops but the female peer still had a tank top on. Client #1 reported there was no touching or kissing. Client #1 indicated they got caught by a day program staff. The facility concluded both clients willingly created a plan to meet in the restroom. Both clients reported they were not forced or pressured into doing anything against their will. The investigative report, dated 1/23/13, indicated, "It is concluded that this was an incident of sexual acting out.</p>		<p>July 4, 2013</p> <p>Plan of Prevention:</p> <p>Program Coordinator completed training with staff at the home regarding Stone Belt's policy on Prevention of Abuse, Neglect. (Attachment # 2 and # 2A). This includes distinguishing between sexual abuse and sexual acting out.</p> <p>Quality Assurance Monitoring:</p> <p>SGL Director and Program Coordinator review all Incident Reports to ensure they are reported accurately.</p> <p>Prevention of Abuse, Neglect and Client Rights are reviewed on a annual basis and is trained during new hire orientation.</p>				

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	<p>Day program staff have received training to increase monitoring of (name of female peer), especially when she is with this male client."</p> <p>A review of the facility's abuse and neglect policy, dated 10/17/11, was conducted on 5/29/13 at 1:23 PM. The policy indicated, "Abuse and neglect are never acceptable. Abuse is defined as the willful/purposeful infliction of physical or emotional pain, injury, physical violation, revilement, malignment, exploitation and/or otherwise disregard of an individual. Neglect is the failure to provide appropriate care, food, medical care or supervision of an individual, whether purposeful or due to carelessness, inattentiveness, or omission of the responsible party which results in risk of physical harm and/or emotional trauma." The policy indicated, "Cases or suspected cases of mistreatment/neglect/abuse involving the implementation of behavioral intervention techniques or any incident involving the use of physical intervention, accident or injury to a Client shall be reported according to the Incident Reporting Procedure. The Executive Director will be notified in accordance with this procedure. A file of these Incident Reports shall be maintained by the appropriate agency personnel. This file is accessible to the Chairperson of the</p>			

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	<p>Human Rights Committee for review upon request. An investigation of any incident may be requested by a client, parent/guardian, advocate, staff member, or other involved party."</p> <p>An interview with the Social Worker (SW) was conducted on 5/31/13 at 1:25 PM. The SW indicated she conducted the investigation of client #1's sexual acting out. The SW indicated both clients made a plan to meet in the shower room which had access from both the men's and women's bathrooms. The SW indicated both clients had their shirts off, however, the female client still had on a tank top and bra.</p> <p>An interview with the Program Coordinator (PC) was conducted on 5/30/13 at 2:05 PM. The PC stated the incidents involving client #3 were "hard to predict." The PC indicated his aggression had no antecedents and staff never knew when it was going to happen. The PC indicated his behavior was usually one slap and done. The PC indicated there was a plan in place to address it. The PC indicated client to client aggression was considered abuse.</p> <p>An interview with the Director was conducted on 6/3/13 at 2:40 PM. The Director indicated client to client was</p>						

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	considered abuse and the staff should prevent, as much as possible, incidents from occurring. The Director indicated the facility had a policy prohibiting abuse of the clients. 9-3-2(a)				

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W000227	<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. Based on record review and interview for 1 of 3 clients in the sample (#6), the facility failed to ensure there was a plan addressing client #6 spending time at his fiance's home on the weekends.</p> <p>Findings include:</p> <p>A review of client #6's record was conducted on 5/31/13 at 12:16 PM. There was no plan in client #6's record addressing his visits with his fiance. On 10/24/12, a Support Team Review Form indicated, in part, "Documentation to note [client #6] can have alone time in community. Social Worker to follow-up on." Client #6's Individual Support Plan (ISP), dated 5/15/13, was not in client #6's record. The Program Coordinator emailed the plan on 5/31/13 at 12:38 PM. The informal goals in the ISP indicated, "Overnight with girlfriend 1 x (time) per month." There was no additional documentation in client #6's record regarding spending time with his fiance. There was no plan addressing the extended periods of time client #6 spent with his fiance. There was no plan for</p>	W000227	<p>W227 INDIVIDUAL PROGRAM PLAN</p> <p>Plan of Correction:</p> <p>The individual program plan completed by the Program Coordinator will state specific objectives necessary to meet the clients needs. Specifically a plan has been developed that addresses community time and time with client's fiancé that promotes independence.</p> <p>(Attachment # 3)</p> <p>Responsible Person:</p> <p>Program Coordinator</p> <p>Date of Completion:</p>	07/04/2013			

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	<p>client #6 or the group home staff to contact client #6. There was a sign in and out sheet titled, "[Client #6] Community Access." The sheet indicated, "I release Stonebelt of liability of my actions. I agree to keep myself safe. In case of emergency I will call 911. If I would need assistance, I will call [name of group home] house. If any money is spent, I agree to return all receipts in to staff." The form indicated client #6 was to include the date, time out, estimated time of return, signature and where he was going.</p> <p>An interview with the Home Manager (HM) was conducted on 5/30/13 at 2:39 PM. The HM indicated client #6 took no medication and did not have a behavior plan. The HM indicated client #6 had alone time on the weekends with his fiance. The HM indicated client #6 was his own guardian. The HM indicated client #6 signed out of the facility for 12 hours or more at a time. The HM indicated client #6 spent the night with his fiance about one time per month. The HM indicated client #6 visited his fiance every weekend and spends the whole day with her. The HM indicated there was no plan for the visits to his fiance.</p> <p>An interview with the Program Coordinator (PC) was conducted on</p>		<p>July 4, 2013</p> <p>Plan of Prevention:</p> <p>House staff were trained (Attachment # 3B) on the Community Access Plan and the Community Access Log. (Attachment # 3A)</p> <p>Quality Assurance Monitoring:</p> <p>Program Coordinator will complete the goals which are reviewed by the SGL Director. Program Coordinator will review Community Access Log during visits to the home.</p> <p>The Support Team will review the plan, as needed, to see that it continues to promote independence for the client.</p>				

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	<p>6/3/13 at 11:15 AM. The PC indicated client #6 had a fiance. Client #6 spends Friday evening to Sunday at his fiance's apartment, every weekend. The PC indicated client #6 contacted the group home if he needed anything. The PC indicated the group home staff did not contact client #6. The PC indicated there was no plan for the group home staff or client #6 to make contact during the time he spent at his fiance's apartment. The PC indicated there was no written plan to address client #6's time away from the group home. The PC indicated the visits have occurred since his admission to the group home (5/9/12). The PC indicated there have been no incidents, injuries or issues during the time client #6 spent away from the group home. The PC indicated client #6's fiance received support from the facility's Supported Living staff. The PC indicated the Community Access form was for client #6 to use if he was going to an unscheduled place in the community like the store or restaurant. The PC indicated the form was not used for his time spent at his girlfriend's apartment.</p> <p>An interview with the Director was conducted on 6/3/13 at 2:40 PM. The Director indicated he instructed the Program Coordinator to develop a plan for the time client #6 spends with his</p>				

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	<p>finance. The Director indicated the plan should address both the time client #6 was in the community and the time client #6 was with his finance. The Director indicated client #6 needed a plan.</p> <p>An interview with the Social Worker (SW) was conducted on 5/31/13 at 1:04 PM. The SW indicated client #6 spent the weekends with his fiance. The SW indicated client #6's fiance received staffing from the facility's Supported Living staff. The SW indicated client #6 did not have a behavior plan and had no regularly scheduled medications. The SW indicated client #6 spent the night with his fiance. The SW indicated prior to moving into the group home, client #6 was completely independent but homeless. The SW indicated the team discussed him spending time with his fiance and determined since he was already doing it prior to moving in, he could do it. The SW indicated client #6 had a cell phone.</p> <p>9-3-4(a)</p>				

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W000240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview for 1 of 3 non-sampled clients (#3), the facility failed to ensure his plan to address hoarding included a timeframe or regular schedule for cleaning his room.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/30/13 from 4:07 PM to 5:47 PM and 5/31/13 from 5:56 AM to 8:00 AM. During the observations, client #3's bedroom was filled with items. His bedroom was covered with stuffed animals, books, magazines, papers, etc. The floor was covered with items including empty soda cans. The room had several shelves; all filled with items. There was not a path to walk into client #3's bedroom.</p> <p>A review of client #3's record was conducted on 5/31/13 at 12:13 PM. Client #3's Behavior Support Plan, dated 4/30/12, indicated client #3 had a targeted behavior of non-compliance with hoarding behavior. The plan indicated, in part, "[Client #3] is often non-compliant with keeping his room clear of excess items that could be considered a health</p>	W000240	<p>W240 PROGRAM MONITORING & CHANGE</p> <p>Plan of Correction:</p> <p>The individual program plan completed by the Program Coordinator will describe relevant interventions to support the individual toward independence. Specifically, a time frame was placed on the plan to clean a client's room. (Attachment # 4)</p> <p>Responsible Person:</p> <p>Program Coordinator</p> <p>Date of Completion:</p> <p>January 30, 2012</p>	07/04/2013	

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	<p>and safety risk, as he cannot exit his room due to the excessive amount of items that he has stored there. [Client #3] will be given 1 tub to choose items he wants to store in his room. All of the other excess items will be stored in the backyard storage locker. The storage locker will have a lock and key. If [client #3] would like to switch out items from his room to the storage locker, he will just need to ask for the storage locker to be unlocked. [Client #3] will be given a tub in which to put items that he wants to move into the storage locker. [Client #3] will be given a 5 minute limit to switch out items in the storage locker for the items in his room." The plan did not indicate the frequency for client #3 cleaning his room.</p> <p>An interview with the Director was conducted on 6/3/13 at 2:40 PM. The Director indicated client #3's plan for hoarding should include a timeframe for the frequency client #3 was going to clean his room. The Director indicated the storage unit was full and needed to be cleaned out which may be the reason client #3 had not cleaned his room recently.</p> <p>9-3-4(a)</p>		<p>Plan of Prevention:</p> <p>House staff were trained on the addition and implementation to client's BSP regarding hoarding in the bedroom. (Attachment # 4A)</p> <p>Quality Assurance Monitoring:</p> <p>Program Coordinator will review and the client's bedroom to ensure that the plan designed is implemented by staff. This will be done during weekly visits to the home.</p> <p>Support Team will review, as needed, to see if any adjustments to the plan need to be completed.</p>				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G655		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/04/2013	
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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 4 of 6 clients living at the group home (#1, #2, #3 and #4), the facility failed to ensure staff implemented the clients' program plans.</p> <p>Findings include:</p> <p>1) An observation was conducted at the group home on 5/31/13 from 5:56 AM to 8:00 AM. At 6:04 AM, client #4 received his medications (Chlorhexidine for dental hygiene, Denta 5000 for dental hygiene, Divalproex for bipolar disorder, Fluticasone Propionate for allergies, Pravastatin Sodium for hyperlipidemia, and Clonidine for impulse control) from staff #6. Client #4 was not prompted to indicate the name, purpose and dosage of his medications. At 6:12 AM, client #1 received his medications from staff #6 (Phenobarbital for seizures, Ferrous Sulfate for anemia, Calcium with vitamin D for a calcium supplement, Warfarin Sodium for anticoagulant and Cerovite as</p>	W000249	<p>W249 PROGRAM IMPLEMENTATION</p> <p>Plan of Correction:</p> <p>Each Stone Belt client is to receive a continuous active treatment program consisting of needed assistance and interventions in sufficient number and frequency to support the clients individual program plan. Specifically, this include med administration goals and hoarding goals for two different clients.</p> <p>Responsible Person:</p> <p>Program Coordinator</p>	07/04/2013			

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	<p>a supplement). Staff #6 did not prompt client #1 to name the medications, pour his drink, state the dose, purpose and medication side effects or sign the medication log. At 6:22 AM, client #2 received his medications (Trileptal for seizures, Folbee Plus as a vitamin, Docusate Sodium for constipation, Guanfacine for tics, Risperidone for autism) from staff #6. Staff #6 did not ask client #2 to repeat the names of the medications or pour his drink.</p> <p>A review of client #1's record was conducted on 6/3/13 at 10:53 AM. Client #1's Individual Support Plan (ISP), dated 1/30/13, indicated he had training objectives to ask the staff for 4 medications, name the medications, put the medications in a cup, pour his drink, state how much he took of each medication and the purpose of the medication, name one side effect, take his medications and sign the medication log.</p> <p>A review of client #2's record was conducted on 5/31/13 at 12:08 PM. Client #2's ISP, dated 4/17/13, indicated he had training objectives to use hand sanitizer, repeat the names of his medications, pour his drink and take the cup to the kitchen.</p> <p>A review of client #4's record was</p>		<p>Date of Completion:</p> <p>July 4, 2013</p> <p>Plan of Prevention:</p> <p>House staff were retrained on the implementation of individual client's goals, specifically medication administration for all clients and hoarding for an individual client. (Attachment # 5)</p> <p>Quality Assurance Monitoring:</p> <p>Program Coordinator will review and monitor plans to ensure they are implemented. This will be reviewed during weekly visits to the home.</p>				

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	<p>conducted on 6/3/12 at 12:02 PM. Client #4's ISP, dated 1/30/13, indicated he had training objectives to get his medication card on time, state the purpose, name, dose of his medications, and take his medications.</p> <p>An interview with staff #6 was conducted on 5/31/13 at 6:28 AM. Staff #6 indicated client #1's medication administration training objectives included dumping the container (pill box) on Fridays, stating the total amount of medications (6), and naming the purpose of his Phenobarbital. Staff #6 indicated client #2's medication training objectives included trying to get client #2 to slow down when taking his medications and trying to get him to repeat the names of his medications. Staff #6 indicated client #4's medication training objectives included teaching all of his medications 2 to 3 times per week.</p> <p>On 6/3/13 at 11:26 AM, the Program Coordinator (PC) indicated the clients' medication training objectives should be implemented at each medication pass.</p> <p>On 6/3/13 at 2:40 PM, the Director indicated the clients' medication training objectives should be implemented at each medication pass.</p>						

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	<p>2) Observations were conducted at the group home on 5/30/13 from 4:07 PM to 5:47 PM and 5/31/13 from 5:56 AM to 8:00 AM. During the observations, client #3's bedroom was filled with items. His bedroom was covered with stuffed animals, books, magazines, papers, etc. The floor was covered with items including empty soda cans. The room had several shelves; all filled with items. There was not a path to walk into client #3's bedroom.</p> <p>A review of client #3's record was conducted on 5/31/13 at 12:13 PM. Client #3's Behavior Support Plan, dated 4/30/12, indicated client #3 had a targeted behavior of non-compliance with hoarding behavior. The plan indicated, in part, "[Client #3] is often non-compliant with keeping his room clear of excess items that could be considered a health and safety risk, as he cannot exit his room due to the excessive amount of items that he has stored there. [Client #3] will be given 1 tub to choose items he wants to store in his room. All of the other excess items will be stored in the backyard storage locker. The storage locker will have a lock and key. If [client #3] would like to switch out items from his room to the storage locker, he will just need to ask for the storage locker to be unlocked. [Client #3] will be given a tub in which to</p>			

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	<p>put items that he wants to move into the storage locker. [Client #3] will be given a 5 minute limit to switch out items in the storage locker for the items in his room."</p> <p>An interview with the Director was conducted on 6/3/13 at 2:40 PM. The Director indicated client #3's plan for hoarding should be implemented.</p> <p>9-3-4(a)</p>			

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W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility failed to conduct quarterly evacuation drills for the night shift.</p> <p>Findings include:</p> <p>A review of the facility's evacuation drills was conducted on 5/30/13 at 2:19 PM. There have been no evacuation drills conducted during the night shift (10:00 PM to 6:00 AM) since 9/29/12. There were 3 drills conducted during the night shift during the past 12 months on 6/30/12, 9/27/12 and 9/29/12. This affected clients #1, #2, #3, #4, #5 and #6.</p> <p>An interview with the Home Manager (HM) was conducted on 5/30/13 at 2:19 PM. The HM indicated he was unable to locate documentation indicating the group home had an evacuation drill during the night shift since 9/29/12. The HM stated drills were his "weak" point.</p> <p>An interview with the Program Coordinator (PC) was conducted on 6/3/13 at 11:28 AM. The PC indicated the drills should be conducted 2 times per month, one time during the week and</p>	W000440	<p>W440 EVACUATION DRILLS</p> <p>Plan of Correction:</p> <p>Stone Belt group homes are to hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Responsible Person:</p> <p>Program Coordinator</p> <p>Date of Completion:</p> <p>July 4, 2013</p> <p>Plan of Prevention:</p>	07/04/2013	

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	<p>once on the weekend. The PC indicated the drills should be conducted quarterly for each shift.</p> <p>An interview with the Director was conducted on 6/3/13 at 2:40 PM. The Director indicated drills should be conducted quarterly for each shift.</p> <p>9-3-7(a)</p>		<p>House staff were retrained on the frequency of evacuation drills. (Attachment # 6)</p> <p>Quality Assurance Monitoring:</p> <p>Program Coordinator will review drills on a monthly basis to ensure that all evacuation drills are conducted according to standards.</p> <p>Timing of these drills are also reviewed by the Stone Belt Quality Assurance Manager. The QA Manager provides a monthly report to the SGL Director of drills not completed.</p>		

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W000441	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills under varied conditions. Based on record review and interview for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility failed to conduct varied evacuation drills for the night shift.</p> <p>Findings include:</p> <p>A review of the facility's evacuation drills was conducted on 5/30/13 at 2:19 PM. There were three night shift drills during the past 12 months (6/30/12, 9/27/12 and 9/29/12). The three drills were conducted at 10:05 PM. This affected clients #1, #2, #3, #4, #5 and #6.</p> <p>An interview with the Program Coordinator (PC) was conducted on 6/3/13 at 11:28 AM. The PC indicated the drills should be held at varied times.</p> <p>An interview with the Director was conducted on 6/3/13 at 2:40 PM. The Director indicated drills should be conducted at varied times.</p> <p>9-3-7(a)</p>	W000441	<p>W441 EVACUATION DRILLS</p> <p>Plan of Correction:</p> <p>Stone Belt group homes are to hold evacuation drills at least quarterly for each shift of personnel and under varied conditions.</p> <p>Responsible Person:</p> <p>Program Coordinator</p> <p>Date of Completion:</p> <p>July 4, 2013</p> <p>Plan of Prevention:</p>	07/04/2013			

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			<p>House staff were retrained on the frequency of evacuation drills and to vary the times they are conducted. (Attachment # 6)</p> <p>Quality Assurance Monitoring:</p> <p>Program Coordinator will review drills on a monthly basis to ensure that all evacuation drills are conducted according to standards.</p> <p>Timing of these drills are also reviewed by the Stone Belt Quality Assurance Manager. The QA Manager provides a monthly report to the SGL Director of drills not completed.</p>	

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W000460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review and interview for 1 of 3 non-sampled clients (#5), the facility failed to ensure the facility-operated day program staff implemented client #5's diet.</p> <p>Findings include:</p> <p>An observation was conducted at the facility-operated day program and workshop on 5/30/13 from 12:57 PM to 1:58 PM. At 1:42 PM, staff #11 entered the day program room and asked staff #10 if client #5 was "Being good." Staff #11 had one hand behind her back. After staff #10 told staff #11 that client #5 was being good, staff #11 gave client #5 a Hostess Cup Cake. Staff #11 stated she gave client #5 snacks and treats "When he's good." Client #5 finished his cup cake and requested the remainder of staff #11's cup cake. Staff #11 gave client #5 the quarter piece of cup cake remaining. Staff #11 stated client #5 had a "rough week" and she was making up for him not getting a "Treat."</p> <p>An interview with the Home Manager (HM) was conducted on 5/30/13 at 3:39 PM. The HM indicated client #5 was on</p>	W000460	<p>W460 FOOD AND NUTRITION SERVICES</p> <p>Plan of Correction:</p> <p>Each Stone Belt group home client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Specifically, day programming staff failed to follow the diet plan implemented for a particular client.</p> <p>Responsible Person:</p> <p>Program Coordinator</p> <p>Date of Completion:</p> <p>July 4, 2013</p>	07/04/2013			

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	<p>a portion controlled, restricted diet. The HM indicated the staff was not trained on client #5's diet and should not be giving him cup cakes.</p> <p>A review of client #5's record was conducted on 5/31/13 at 12:19 PM. Client #5's Nutrition Assessment, dated 4/4/13, indicated client #5 was on an 1800 calorie diet. Client #5's Physician's Orders, dated 3/28/13, indicated client #5 was on an 1800 calorie diet. There was no documentation in client #5's record indicating there was a plan for client #5 to receive food as a reward for not exhibiting maladaptive behavior.</p> <p>An interview with the Program Coordinator (PC) was conducted on 6/3/13 at 11:26 AM. The PC indicated client #5 was on an 1800 calorie diet. The PC indicated there was no reward plan</p> <p>9-3-8(a)</p>		<p>Plan of Prevention:</p> <p>Day programming staff were retrained on specific client's diet plan and the issue of offering food as a reward to a client who has a diet plan. (Attachment # 7)</p> <p>Quality Assurance Monitoring:</p> <p>House Program Coordinator will conduct observations in the day programming area to ensure that the clients diet plan is being followed.</p> <p>Day Program Coordinator will also monitor staff to ensure they are not providing food contrary to the client's plan.</p>		