

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G357	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/19/2012
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NAME OF PROVIDER OR SUPPLIER  STONE BELT ARC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3502 FESTIVE DR BLOOMINGTON, IN 47401
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W0000	<p>This visit was for the post certification revisit (PCR) to the 8/6/12 PCR to the fundamental recertification and state licensure survey completed on 6/26/12.</p> <p>This visit was in conjunction with the PCR to the investigation of complaint #IN00112677 completed on 8/6/12.</p> <p>Survey Dates: September 18 and 19, 2012.</p> <p>Facility Number: 000872 Provider Number: 15G357 AIM Number: 100239670</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 was completed on 9/20/12 by Tim Shebel, 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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W0249	<p><b>483.440(d)(1) PROGRAM IMPLEMENTATION</b></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, interview and record review for 1 of 3 clients in the sample (A), the facility failed to ensure staff implemented client A's risk plan for choking.</p> <p>Findings include:</p> <p>An observation was conducted at the group home was conducted on 9/18/12 from 4:29 PM to 5:55 PM. At 5:26 PM, client A was observed sitting in the kitchen drinking hot chocolate through a straw. Staff #2, #3 and #6 did not prompt client A to take small sips. At 5:33 PM while at the dining room table, client A took 4 bites in a row without receiving prompts from staff to take a drink between bites. Staff #3 stated to client A she was doing a "great job." At 5:37 PM, client A took several drinks in a row finishing half of her cup of hot chocolate. Staff did not prompt client A to take small sips and alternate between liquids and solids.</p> <p>A review of client A's record was conducted on 9/18/12 at 1:18 PM.</p> <p>-On 9/12/12, client A had a swallow study completed. The results indicated on an Outside Services Report form, "Reg (regular) liquids, small sips by straw with frequent throat clear, mechanical soft cut into 1/4 in (inch) pieces, moist foods, alternate liquids and solids."</p> <p>-A Support Team Review Form, dated 9/13/12,</p>	W0249	<p><b>W 249</b></p> <p><b>PROGRAM IMPLEMENTATION</b></p> <p><b>Plan of Correction:</b></p> <p>Each Stone Belt will receive a continuous active treatment program consisting of needed interventions and services sufficient in number and frequency to support the achievement objectives identified in the individual program plan.</p> <p><b>Responsible Person:</b></p> <p>Festive Coordinator</p> <p><b>Date of Completion:</b></p> <p>October 1, 2012</p> <p><b>Plan of Prevention:</b></p> <p>Stone Belt Nurse Manager updated the client's plan to include a Choking/Swallowing Plan on 9/12/2012. (Attachment # 1) Staff were trained on plan.</p>	10/01/2012			

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	<p>indicated, "Nurse to update dining/choking risk plan regarding results of swallow study." -On 8/6/09, client A had a swallow study. The results indicated, "Regular diet. Thin liquids. Limit distractions. Take small bites/sips." -Client A's risk plan for choking, not dated, in place at the time of the observation indicated, "[Client A] is on an 1800 regular diet with meats cut into small pieces. [Client A] will cut her food up with staff assistance or supervision. Sit upright at the table. Have staff sit near [client A] at meal time to cue to chew food and take no more than 1 bite before chewing. Small sips of liquid. Staff may cue to stop after 1 bite and may block arms to prevent stuffing food in her mouth." -A review of client A's record indicated there was no plan addressing the results of the swallow study from 9/12/12.</p> <p>An interview with the Program Coordinator (PC) was conducted on 9/19/12 at 9:36 AM. The PC indicated the staff should have implemented the orders received on 9/12/12 from the swallow study. The PC indicated the staff received the information during a team meeting last week following the swallow study. The PC indicated since there was no plan developed from the new orders on 9/12/12, there was no documentation the staff were trained on the plan. The PC indicated the staff should have prompted client A to take small sips and alternate between solids and liquids.</p> <p>9-3-4(a)</p>		<p><b>Quality Assurance Monitoring:</b></p> <p>House Coordinator and SGL Director will ensure that all clients plans are kept current and followed by house staff. House nurse will assure plans are kept current based on physician orders.</p>		

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W0331	<p><b>483.460(c) NURSING SERVICES</b></p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, interview and record review for 1 of 3 clients in the sample (A), the nurse failed to ensure a plan was developed and implemented in regard to the results of a swallow study.</p> <p>Findings include:</p> <p>An observation was conducted at the group home was conducted on 9/18/12 from 4:29 PM to 5:55 PM. At 5:26 PM, client A was observed sitting in the kitchen drinking hot chocolate through a straw. Staff #2, #3 and #6 did not prompt client A to take small sips. At 5:33 PM while at the dining room table, client A took 4 bites in a row without receiving prompts from staff to take a drink between bites. At 5:37 PM, client A took several drinks in a row finishing half of her cup of hot chocolate. Staff did not prompt client A to take small sips and alternate between liquids and solids.</p> <p>A review of client A's record was conducted on 9/18/12 at 1:18 PM. -On 9/12/12, client A had a swallow study completed. The results indicated on an Outside Services Report form, "Reg (regular) liquids, small sips by straw with frequent throat clear, mechanical soft cut</p>	W0331	<p><b>W331 NURSING SERVICES</b></p> <p><b>Plan of Correction:</b></p> <p>Stone Belt will ensure that clients will necessary nursing services in accordance with their needs.</p> <p><b>Date of Completion:</b></p> <p>October 1, 2012</p> <p><b>Responsible Person:</b></p> <p>Festive Coordinator</p> <p><b>Plan of Prevention:</b></p> <p>Stone Belt Nurse Manager updated the client's plan to include a Choking/Swallowing Plan on 9/12/2012. (Attachment # 1) Staff were trained on plan.</p> <p><b>Quality Assurance Monitoring:</b></p> <p>House Coordinator and SGL Director will ensure that all clients plans are kept current and followed by house staff. House nurse will assure plans are kept current based on physician orders.</p>	10/01/2012			

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	<p>into 1/4 in (inch) pieces, moist foods, alternate liquids and solids."</p> <p>-A Support Team Review Form, dated 9/13/12, indicated, "Nurse to update dining/choking risk plan regarding results of swallow study."</p> <p>-On 8/6/09, client A had a swallow study. The results indicated, "Regular diet. Thin liquids. Limit distractions. Take small bites/sips."</p> <p>-Client A's risk plan for choking, not dated, in place at the time of the observation indicated, "[Client A] is on an 1800 regular diet with meats cut into small pieces. [Client A] will cut her food up with staff assistance or supervision. Sit upright at the table. Have staff sit near [client A] at meal time to cue to chew food and take no more than 1 bite before chewing. Small sips of liquid. Staff may cue to stop after 1 bite and may block arms to prevent stuffing food in her mouth."</p> <p>-A review of client A's record indicated there was no plan addressing the results of the swallow study from 9/12/12.</p> <p>An interview with the Program Coordinator (PC) was conducted on 9/18/12 at 1:47 PM. The PC indicated there should have been a plan in place immediately for the staff to implement. The PC indicated the results were discussed at a staff meeting however there</p>						

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	<p>was no plan to train the staff.</p> <p>An interview with the Director of Group Homes (DGH) was conducted on 9/18/12 at 2:08 PM. The DGH indicated there should have been a plan developed if there were changes to her dining plan.</p> <p>An interview with the nurse was conducted on 9/18/12 at 4:29 PM. The nurse stated the new swallow study results were "basically the same" as the previous swallow study. The nurse indicated client A's risk plan for choking should match the swallow study results. The nurse indicated the risk plan did not match the swallow study results.</p> <p>9-3-6(a)</p>				