STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G170	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/17/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONE BELT ARC INC	4417 BLACKSTONE CT BLOOMINGTON, IN 47401

(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
W0000	This visit was for a recertification and state licensure survey. Survey Dates: October 10, 11, 15, 16 and 17, 2012. Facility Number: 000704 Provider Number: 15G170 AIM Number: 100234540 Surveyor: Steven Schwing, Medical Surveyor III These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review was completed on 10/18/12 by Tim Shebel, Medical Surveyor III.	W0000		

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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W0104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview for 7 of 7 clients living in the group home (#1, #2, #3, #4, #5, #6 and #7), the governing body failed to exercise operating direction over the facility by not ensuring the carpet in the common areas was cleaned or replaced and the walls of the group home were repainted. Findings include: Observations were conducted at the group home on 10/10/12 from 4:11 PM to 5:48 PM and 10/11/12 from 5:57 AM to 8:15 AM. The carpet on the stairs and in the common living areas of the group home were stained and discolored. The walls in the common areas of the group home were scuffed and discolored. This affected clients #1, #2, #3, #4, #5, #6 and #7. An interview with client #4 was conducted on 10/11/12 at 7:21 AM. Client #4 indicated she had lived at the group home for 4 years and the walls had never been painted. Client #4 indicated the walls of the group home needed to be painted. An interview with staff #3 was conducted	W0104	**W 104 GOVERNING BODY** **Plan of Correction:** Stone Belt exercises general policy, budget, and operating direction over the facility. Specifically, the facility will ensure that the interior walls of the home are painted and in good repair and the floor covering is cleaned or replaced. **Date of Completion:** November 16, 2012 **Person Responsible:** Blackstone Program	11/16/2012

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	on 10/10/12 at 5:15 PM. Staff #3 indicated the carpet had been cleaned at some point during 2012 however the stains would not come out with cleaning. An interview with the home manager (HM) was conducted on 10/10/12 at 5:13 PM. The HM indicated the group home was getting estimates to have the carpeting replaced with laminate on the floors and new carpet on the stairs. The HM indicated the carpets had not been cleaned since June 2012 when she started working in the home. An interview with the Program Coordinator (PC) was conducted on 10/16/12 at 11:23 AM. The PC indicated she had been trying to get maintenance to paint the home's inside walls since January 2012 however it has not been done. The PC indicated the former home manager told her the home had not been repainted during her time working at the home (7 years). The PC indicated the walls needed to be painted. The PC stated, "It's in dire need of painting." The PC indicated maintenance should have repainted the home by now. The PC indicated the home was waiting for approval to get the carpet replaced. The PC indicated the carpet needed to be replaced.		Coordinator **Plan of Prevention:** Stone Belt Maintenance Manager has been notified of the need to repaint the interior walls at Blackstone House and three estimates have been obtained to replace the carpet in the common areas. **Quality Assurance Monitoring:** Program Coordinator and House Manager will conduct a Quarterly Internal Inspection of the home which will identify environmental needs. (Attachment # 1). Program Coordinator and SGL Director will review and prioritize various repairs.	

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W0149	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 12 of 25 incident/investigative reports reviewed affecting 7 of 7 clients living in the group home (#1, #2, #3, #4, #5, #6 and #7), the facility neglected to implement its policies and procedures to prevent abuse and neglect of the clients. Findings include: A review of the facility's incident/investigative reports was conducted on 10/10/12 at 3:11 PM. 1. On 10/12/12 at 7:55 AM, client #3 was prompted to vacuum. Client #3 initially refused but then went upstairs to vacuum. Staff heard yelling and went up to check on client #3. Client #3 was intentionally running the vacuum into client #1's foot causing client #1 to cry. Staff blocked client #3 from hitting client #1 again and client #3 hit staff in the face. 2. On 9/27/12 at 8:15 AM, client #3 was running late for work and her housemates were waiting on her. When the clients boarded the van to leave for the workshop, client #3 allegedly hit client #6 however staff did not witness the incident. Client #3 left the van and went into the house. As she entered the house,	W0149	**W149** **STAFF TREATMENT OF CLIENTS** **Plan of Correction:** Stone Belt Arc, Inc. will ensure any incidents of Abuse, Neglect, and/or mistreatment of the consumers will be reported immediately. **Person Responsible:** Blackstone Program Coordinator **Date of Completion:** November 16, 2012	11/16/2012

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	she passed client #1 and hit her in the leg. Neither client was injured. 3. On 9/19/12 at 8:00 PM while at a dance at the day program gym, client #1 hit client #7 when the music ended. Client #7 was not injured. 4. On 9/5/12 at 7:50 AM, client #3 realized she left a notebook at the group home during transport to the workshop. Client #3 became upset and began to engage in self-injurious behavior (did not indicate what she did). She calmed down but then became upset again and reached forward and hit client #7 on the back of the head. Client #3 apologized to client #7 but then pushed past "everyone" to get out of the van and ran to the workshop. Client #7 was not injured. 5. On 7/31/12 at 4:15 PM, client #3 "was behaving very violently and had grabbed a butter knife and threatened to kill one of her roommates with it. Client #3 continued to threaten others with spoons, forks and knifes and then indicated she was going to harm herself. The staff contacted the behaviorist who contacted the psychiatrist. Psychiatrist ordered staff to take client #3 to the emergency room. Client #3 was admitted to Crisis Care. No one was injured. 6. On 6/22/12 at 7:15 PM, client #3 threw a pair of sunglasses at client #6 hitting client #6 on her left cheek. Client #6 was not injured.		**Plan of Prevention:** Staff were retrained on the Stone Belt policy of Prevention of Abuse and Neglect. (Attachment # 2 & #2A) **Quality Assurance Monitoring:** The Stone Belt Staff receive training during new hire orientation and annually on The Stone Belt Abuse, Mistreatment, Neglect and Incident Report Policies. The Program Coordinator and other administrative staff will conduct visits to the home, both announced and unannounced to provide administrative oversite.	

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	7. On 6/18/12 at 7:00 AM, client #3 was arguing with client #6. Client #3 dropped the vacuum and ran over and hit client #6 on her left arm/upper chest. Client #6 was not injured. 8. On 5/4/12 at 3:20 PM, client #2 was "upset" and hugged client #7. Client #7 then started to cry due to being hugged by client #2 while client #2 was upset. 9. On 5/4/12 at 2:15 PM, client #2 attempted to hug a male peer at the facility-operated workshop. The male peer pushed client #2 who then bumped into client #7, knocking client #7 to the floor. Clients #2 and #7 were not injured. 10. On 4/27/12, the social worker was informed of rumors client #4 posted a naked photo of herself on a social website at the request of her former boyfriend. The social worker interviewed client #4 who confirmed she had posted a nude photo of herself. Client #4 indicated she was attempting to send a private message to her boyfriend but posted the photo for other people to see. The report indicated client #4 did not have the cognitive capacity to give informed sexual consent. The investigative report, dated 5/3/12, indicated the allegation of exploitation was substantiated. The report indicated, "Stone Belt's definition of exploitation states, in part, 'any instance of creating a situation to manipulate and/or take advantage of a client for one's own profit;			

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	unfair advantage of client's trust and relationship to use the client's personal services for personal interest.'" The report indicated, "[Client #4] was reportedly dating [name of former boyfriend] at the time of the alleged incident. [Client #4] was unaware that [client #4] was a registered sex offender. [Client #4] does not have the capacity to give informed sexual consent. [Client #4] reported feeling pressured to give [name of former boyfriend] a naked photo of her upon his request. [Client #4] reported that [name of former boyfriend] talked her through the steps of using her web camera to take the photo. This meets Stone Belt's definition of exploitation." 11. On 4/18/12 at 5:15 PM, client #3 pushed client #5 toward the railing of the stairs causing client #5 to fall toward the railing. Client #5 did not fall down the stairs and was not injured. 12. On 4/5/12 at 1:00 PM, client #7 reported to the social worker during art class client #2 wanted her attention. Client #7 reported client #2 hit her on the arm, pinched her buttocks and touched her bad knee. The staff in the room at the time reported she did not observe the incident client #7 reported to the social worker. A review of the facility's abuse and neglect policy, dated 10/17/11, was			

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	conducted on 10/10/12 at 2:23 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 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 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." An interview with the Program			

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	Coordinator (PC) was conducted on 10/16/12 at 11:23 AM. The PC indicated client to client aggression was abuse. The PC indicated the facility prohibited abuse. The PC indicated client #3 was told by her mom that her mom was dying (been saying it for 4 years). The PC indicated client #3 was told by her mom she could go home to visit however the mom never follows through. The PC indicated client #3 broke up with her boyfriend over the summer. An interview with the Behavior Consultant (BC) was conducted on 10/16/12 at 11:00 AM. The BC indicated client #3 had an increase in her behavior over the summer due to several factors (started on a new seizure medication, home manager who had worked there 7 years left, client #3's mom told her she was dying, and client #3 ended a relationship with her boyfriend and the boyfriend started dating one of client #3's roommates). The BC indicated client #3's behaviors were on the way down since client #3 was hospitalized at the end of July 2012. Client #3 started new medications and started weekly therapy sessions to help her develop coping skills. The BC indicated the staff at the home were not used to physical aggression at the home.			

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W0186	483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. Based on observation and interview for 7 of 7 clients living at the group home (#1, #2, #3, #4, #5, #6 and #7), the facility failed to ensure staff were appropriately deployed to supervise the clients. Findings include: An observation was conducted at the group home on 10/11/12 from 5:57 AM to 8:15 AM. At 7:29 AM, client #3 was preparing her lunch in the kitchen. At 7:31 AM, client #3 screamed at staff #9 (substitute staff). At 7:37 AM, staff #9 informed staff #7 that client #3 was upset due to not wanting to follow the lunch menu. Staff #9 told staff #7 that client #3 wanted to take items for lunch not on the menu. At 7:41 AM, client #3 hit the wall at the top of the stairs and indicated staff #7 made her mad. Staff #7 indicated to client #3 she should not hit the wall or she could break her bracelet. Staff #7 then indicated client #3 broke her bracelet. Client #3 stated, "Leave me alone."	W0186	**W 186** **DIRECT CARE STAFF** **Plan of Correction:** Stone Belt will provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. **Person Responsible:** Blackstone Program Coordinator **Date of Completion:**	11/16/2012

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	Client #3 went downstairs and brought a soda up to put in her lunch. Staff #7 then prompted client #3 to get a drink for her med (medication) pass. Client #3 asked staff #7 for help with closing her lunchbox. She had an apple, orange, banana, rice, meat, pretzels, soda and orange juice. At 7:43 AM, client #3 yelled "I don't know!" when asked by staff #7 when she was going to eat certain items. Client #3 raised her hand to throw the orange juice but did not throw it. At 8:01 AM, clients #1, #2, #3, #4, #5, #6 and #7 were prompted to go out to the van. Client #3 stood up, indicated it hurt to stand, and then kicked the couch. At 8:05 AM, clients #1, #2, #3, #4 and #6 were in the van. Client #7 was standing outside the van when client #5 started to sit in the front passenger seat. Staff #9 prompted client #5 to sit in the back since everyone else indicated it was not fair for client #5 to sit in the front seat. Client #5 sat in the back. Client #1 screamed and then client #7 yelled. Staff #9 told the group that all the clients were going to sit in the back. Client #7 then entered the back of the van. Staff #9 got in and drove the clients to the workshop. Staff #7, who was still at the group home, did not go with the group in the van. An interview with the Program Coordinator (PC) was conducted on		November 16, 2012 **Plan of Prevention:** Program Coordinator and House Manager trained staff to ensure that transport guidelines are followed which includes not transporting a client if the individual is showing signs of agitation. (Attachment # 3) **Quality Assurance Monitoring:** Observations by the Program Coordinator and SGL Director will ensure that staff are being deployed properly during the given shifts.	

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	10/16/12 at 11:23 AM. The PC indicated there was no set amount of staff set for transporting the clients while on the van. The PC indicated during the morning transport to the workshop there was typically one staff. The PC indicated usually when a client was upset, the client would stay at the group home and get a ride to the workshop once the staff returned with the van. The PC indicated since all the clients went on transport on 10/11/12 and there were three clients upset, two staff should have gone on transport. An interview with the Behavior Consultant (BC) was conducted on 10/16/12 at 11:00 AM. The BC indicated since all the clients went on transport on 10/11/12, both staff should have gone on transport. The BC indicated the regular staff (#7) should have done the transport if only one staff was going. The BC indicated there was no plan for ensuring there was increased supervision during transport when one or more clients were agitated. 9-3-3(a)			

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W0198	483.440(b)(1) ADMISSIONS, TRANSFERS, DISCHARGE Clients who are admitted by the facility must be in need of and receiving active treatment services. Based on observation, record review and interview for 1 of 4 clients in the sample (#4), the facility failed to ensure client #4 was in need of and received active treatment services. Findings include: Observations were conducted at the group home on 10/10/12 from 4:11 PM to 5:48 PM and 10/11/12 from 5:57 AM to 8:15 AM. During the evening observation on 10/10/12, client #4 sat in the living room using her laptop and studying for her GED test. Client #4 was not prompted to engage in activities but independently engaged in activities herself. During the morning observation on 10/11/12 at 5:57 AM, client #4 was in the living room using her laptop. At 6:17 AM, client #4 was able to name her medications and purpose. Client #4 popped the medications out of the pill pack and then signed the Medication Administration Record (MAR) to document she administered her medications. At 6:21 AM, client #4 informed staff #7 that client #7 was upstairs getting ready to cook eggs. Staff #7 stated to client #4, "Oh, dear." At 7:29 AM, client #4	W0198	**W 198** **ADMISSIONS, TRANSFERS, DISCHARGE** **Plan of Correction:** Clients who are admitted to Stone Belt must be in need of receiving active treatment services. **Person Responsible:** Blackstone Program Coordinator/Social Worker/SGL Director **Date of Completion:** November 16, 2012	11/16/2012

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	assisted client #5 with fitting (rearranging) her lunch items into her lunch box. At 7:31 AM, client #4 was sitting on the couch studying for her GED class. At 7:37 AM, client #4 indicated she was able to budget her money (going on vacation to Florida on 10/20/12) and write checks. Client #4 indicated she was an emancipated adult. Client #4 indicated she attended Self-Advocates meetings. An interview with client #4 was conducted on 10/10/12 at 4:29 PM. Client #4 indicated she had a community job 4 days per week at a local catering company. Client #4 indicated she was taking a GED (General Education Development) class. At 4:37 PM, client #4 indicated she was going on vacation with staff #3 to Florida on 10/20/12. On 10/11/12 at 7:21 AM, client #4 indicated she had lived at the group home for 4 years. Client #4 indicated she was trying to increase her comprehension skills as a reader. Client #4 indicated she was able to cook, clean, shop, and do personal hygiene independently. Client #4 indicated she started taking GED classes on 9/17/12. Client #4 indicated she was ready for a waiver but was on the waiting list. A review of client #4's record was conducted on 10/15/12 at 9:40 AM.		**Plan of Prevention:** Contact has been made with the Bureau of Developmental Disabilities Services to begin the process to obtain a Medicaid Waiver for the specific client. **Quality Assurance Monitoring:** Continue the above process for the specific individual, but review assessments annual to assure Stone Belt is providing sufficient active treatment to all clients in the home.	

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	Client #4's Individual Support Plan (ISP), dated 6/29/12, indicated client #4 had worked at her community job for over a year. Client #4 works in the kitchen and assists in preparing items for catering events. The ISP indicated she did not have a formal pedestrian safety training objective due to being able to cross the street safely. The ISP indicated client #4 was able to evacuate appropriately in the event of an emergency. The ISP indicated, "[Client #4] says that she would one day like to live on her own possibly in a supported living environment." The ISP indicated client #4 integrated well into community activities, had good manners, and was able to regulate water temperature. Her current training objectives included making a purchase using cash, reconciling her bank statement, increasing her reading comprehension skills, meal preparation, administering her own medications, planning an activity to participate in during the week, and increasing her social awareness. Her Program Assessment, dated 6/14/12, indicated client #4 was independent in the following areas: eating using appropriate utensils, taking appropriate amounts of food to serve herself and to consume, using condiments appropriately, wetting her hair, rinsing her hair, communicating she needs to bathe, gathering her supplies for a shower,			

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	adjusting water temperature, washing, rinsing and drying thoroughly, getting dressed, using different fasteners on clothing, getting and putting away toothbrush supplies, using mouth wash, shaving using a razor (both straight and electric), using restroom and washing her hands, menstrual care skills, using a thermometer, knowing how and when to answer the door, using a telephone, knowing chemicals were dangerous, identifying kitchen appliances, using a toaster, can opener, mixer, appropriate amount of dishwasher detergent, using the stove, preheating the oven, washing and drying her clothes, using a broom, mop and vacuum, knowing her name, address and telephone number, using shopping cart, selecting items only from a shopping list and handling the items with care, locating the check out line, keeping her receipts, carrying bagged items, completing deposit and withdrawal slips, endorsing checks, writing checks, entering check amounts onto a ledger, knowing how and where to mail a letter, using the television and radio, knowing what friends and family were, identifying coins and bills, knowing cents in a penny, nickel, dime, quarter and dollar, knowing which amount of coins was worth more, and using a calculator. An interview with the Home Manager			

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	(HM) was conducted on 10/11/12 at 11:36 AM. The HM indicated client #4 was working on getting her GED by taking a GED class and being tutored at the public library. The HM indicated client #4 had the skills to perform hygiene tasks but occasionally needed prompting to complete. The HM indicated client #4 was able to balance her checkbook with staff assistance. The HM stated, "She's on it as far as going her things." The HM indicated client #4 could cook, clean, launder her clothes, and handling money (needs double checked). The HM stated client #4 "could be successful in waiver." The HM indicated client #4 knew her meds, purpose and side effects. The HM indicated client #4 was unsupervised while at her community job and there have been no issues at work she was aware of. The HM indicated client #4 knew first aid. An interview with the Behavior Consultant (BC) was conducted on 10/16/12 at 11:00 AM. The BC indicated she thought client #4 had the ability to be independent in day to day tasks. The BC stated client #4 was "clearly independent" with dressing, cooking, and hygiene. The BC indicated client #4 was higher functioning than anyone else at the group home. The BC indicated client #4 could be successful in waiver (a less restrictive			

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	setting). An interview with the Program Coordinator (PC) was conducted on 10/15/12 at 12:24 PM. The PC indicated client #4 could cook but may burn items. The PC indicated client #4 could clean independently. The PC indicated client #4 was working on increasing her reading comprehension. The PC indicated client #4 wanted to get her GED in order to go to college but it may not be a realistic goal. The PC indicated client #4 was able to reconcile her bank statements with little assistance. The PC indicated client #4 had the skills to do personal hygiene but refuses. The PC indicated client #4 knew her medications, purpose and side effects. The PC indicated client #4 had unsupervised time while at her community job. The PC stated, "She would do really well in SLP (Supported Living)." The PC indicated client #4 was independent with her free time. The PC indicated client #4 was higher functioning than the other ladies living at the group home. The PC stated client #4 was, "Very independent with everything. I'm surprised she's in a group home." 9-3-4(a)			

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W0210	483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on record review and interview for 1 of 4 clients in the sample (#6), the facility failed to ensure a comprehensive functional assessment was completed within 30 days after admission. Findings include: A review of client #6's record was conducted on 10/15/12 at 11:50 AM. Client #6 was admitted to the facility on 1/6/12 according to her Behavioral Intervention Plan, dated 6/13/12. Client #6's record did not contain a comprehensive functional assessment. An interview with the Program Coordinator (PC) was conducted on 10/15/12 at 12:14 PM. The PC indicated she had not completed a comprehensive functional assessment (CFA) for client #6 since admission. The PC indicated she thought she could wait until client #6's next annual to complete the CFA. The PC stated, "That's news to me," regarding completing the CFA prior to the Individual Support Plan.	W0210	**W 210** **INDIVIDUAL PROGRAM PLAN** **Plan of Correction:** Stone Belt will ensure that within 30 days of Admission, the Support Team will perform an accurate assessment or reassessment as needed to supplement the preliminary evaluation conducted prior to admission. **Date of Completion:** November 9, 2012 **Person Responsible:**	11/09/2012

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	9-3-4(a)		Blackstone Program Coordinator **Plan of Prevention:** The Program Coordinator completed the Program Assessment for the specific individual on November 1, 2012. (Attachment # 4) **Quality Assurance Monitoring:** Program Coordinator and SGL Director review client files on an annual basis to assure that all proper documentation is completed. SGL Director reviews annual packet following the annual client meeting.	

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W0227	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 4 clients in the sample (#6), the facility failed to ensure there was a plan to addressing client #6's toothbrushing concerns noted by the dentist on 7/27/12. Findings include: A review of client #6's record was conducted on 10/15/12 at 11:50 AM. On 1/23/12, client #6 was seen at the dentist for a "new patient check-up." The report did not indicate concerns regarding client #6's teeth and gums. At the next appointment on 7/27/12, the dental report indicated the following areas of concern: gum damage, evidence of improper brushing, and an infection was present. Client #6's Individual Support Plan (ISP), dated 1/6/12, did not indicate client #6 had a training objective to address her toothbrushing skills. The record did not contain documentation the team addressed the dentist's concerns or an addendum was made to the ISP to address toothbrushing skills. An interview with the Program	W0227	**W 227** **INDIVIDUAL PROGRAM PLAN** **Plan of Correction:** Stone Belt will ensure that individual's program plan state the specific objectives necessary to meet the client's needs, as identified by the required comprehensive assessment. **Date of Completion:** November 9, 2012 **Person Responsible:**	11/09/2012

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	Coordinator (PC) was conducted on 10/15/12 at 12:24 PM. The PC indicated a goal was not added to client #6's program plan after her dental appointment on 7/27/12. The PC indicated client #6 needed a training objective (formal goal) to address her toothbrushing skills. 9-3-4(a)		Blackstone Program Coordinator **Plan of Prevention:** The Blackstone Program Coordinator completed the tooth brushing goal for the specific client. (Attachment # 5) **Quality Assurance Monitoring:** Deckard Program Coordinator and other Administrative Staff will conduct announced and announced visits to ensure that plans are being carried out as presented.	

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W0312	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 record review and interview for 4 of 4 clients in the sample (#2, #3, #4 and #6), the facility failed to ensure there was a specific plan of reduction for each psychotropic medication. Findings include: A review of client #2's record was conducted on 10/15/12 at 11:26 AM. Her Behavioral Intervention Plan (BIP), dated 7/5/12, indicated she took the following psychotropic medication: Risperdal. The plan of reduction indicated, "Risperdal is being used as one component in [client #2's] treatment of Impulse Control Disorder. When [client #2] has exhibited 0 instances of impulsive behavior, as measured by aggressive behavior, for 6 consecutive months, [client #2's] team and psychiatrist will assess the appropriateness of a medication reduction." Client #2's plan did not include a specific plan (amount) to reduce Risperdal. A review of client #3's record was	W0312	**W 312** **DRUG USAGE** **Plan of Correction:** Stone Belt will ensure that 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. **Date of Completion:** November16, 2012	11/16/2012

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	conducted on 10/15/12 at 10:48 AM. Her BIP, dated 8/9/12, indicated she took the following psychotropic medication: Zyprexa. The plan of reduction indicated, "Zyprexa is being used as a part of [client #3's] psychiatric care to help with her mood instability. When there are fewer than three incidents of aggression/agitation/self-injurious behavior per quarter for two consecutive quarters, [client #3's] team will recommend a possible decrease in the use of Zyprexa." Client #3's plan did not include a specific plan (amount) to reduce Zyprexa. A review of client #4's record was conducted on 10/15/12 at 9:40 AM. Her BIP, dated 9/10/12, indicated she took the following psychotropic medications: Lexapro and Trazadone. The plan of reduction for Lexapro indicated, "[Client #4] has been prescribed Lexapro for symptoms relating to her diagnosis of PTSD (post traumatic stress disorder). When [client #4] had fewer then 1 episode of anxiety or PTSD related symptoms per month for six months the team will consider recommending a reduction in this medication." The plan of reduction for Trazadone indicated, "[Client #4] has been prescribed Trazadone for symptoms of depression. When [client #4] has had zero episodes of		**Person Responsible:** Blackstone Program Coordinator /Behavior Specialist **Plan of Prevention:** The Milestones Psychiatrist meets with clients on a quarterly basis to review psychotropic medications. As necessary the doctor will reduce medications based on the individual plan for medication reduction. The Milestones Director, Behavioral Specialist Manager and Doctor are reviewing current practices for medication reduction and assess the need to change to be more specific as required within the standard. **Quality Assurance Monitoring:** A quarterly review will take place regarding the reduction in psychotropic medications for each Stone Belt client.	

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	depressive symptoms per month for six months then the team will consider recommending a reduction in this medication. Client #4's plan did not include specific plans of reduction (amounts) for Lexapro and Trazadone. The plan did not specify which medication would be targeted first for reduction. A review of client #6's record was conducted on 10/15/12 at 11:50 AM. Her BIP, dated 6/13/12, indicated she took the following psychotropic medications: Intuniv and Prozac. The plan of reduction for Intuniv indicated, "Intuniv is one component of [client #6's] treatment plan prescribed for symptoms of Attention-Deficit/Hyperactivity Disorder (ADHD). When [client #6] has had 1 or less episodes of ADHD behavior for 10 consecutive months, this medication will be reviewed by her psychiatrist and team for possible reduction." The plan of reduction for Prozac indicated, "Prozac is one component of [client #6's] treatment plan for anxiety related to her Obsessive-Compulsive Disorder (OCD). When [client #6] has had 2 or less instances of OCD behavior per month for 10 consecutive months, this medication will be reviewed by her psychiatrist and team for possible reduction." The plan did not indicate which medication would			

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	be targeted first for reduction. The plan did not include specific plans of reduction (amounts) for Intuniv and Prozac. An interview with the Behavior Consultant (BC) was conducted on 10/16/12 at 11:00 AM. The BC indicated none of the behavior plans she had written included specific plans (amounts) of reduction for each psychotropic medication. The BC indicated the psychiatrist did not know how much she wanted to reduce each psychotropic medication when the medication was initially prescribed. 9-3-5(a)			

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W0323	483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Based on record review and interview for 3 of 4 clients in the sample (#2, #3 and #4), the facility failed to ensure: client #2 had a vision examination, client #3 had a hearing examination, and client #4 had a vision examination. Findings include: A review of client #2's record was conducted on 10/15/12 at 10:48 AM. Client #2's most recent hearing exam was conducted on 8/19/09. There was no documentation in client #2's record indicating client #2 had a hearing exam since 8/19/09. A review of client #3's record was conducted on 10/15/12 at 11:26 AM. Client #3's most recent eye exam was conducted on 9/13/11. The form indicated to return in one year. There was no documentation in client #3's record to indicated client #3 returned for an eye exam in one year. A review of client #4's record was conducted on 10/15/12 at 9:40 AM. Client #4's most recent eye exam was	W0323	**W 323** **PHYSICIAN SERVICES** **Plan of Correction:** Stone Belt will ensure that annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. **Date of Completion:** November 16, 2012 **Person Responsible:** Blackstone Program Coordinator	11/16/2012

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	conducted on 7/18/11. The form indicated to return in one year. An interview with the Program Coordinator (PC) was conducted on 10/15/12 at 12:24 PM. The PC indicated eye exams should be conducted once every 2 years unless specified otherwise. The PC indicated hearing exams should be conducted every 3 years. 9-3-6(a)		**Plan of Prevention:** Appointments have been scheduled for vision and hearing examinations for the specific clients identified. **Quality Assurance Monitoring:** A monthly file review is being completed by each home and is reviewed by the Program Coordinator and the SGL Director for accuracy and timeliness. (Attachment # 6)	

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W0365	483.460(j)(4) DRUG REGIMEN REVIEW An individual medication administration record must be maintained for each client. Based on observation, interview and record review for 2 of 3 clients observed to receive their medication from staff #7, the facility failed to ensure staff initialed the Medication Administration Record (MAR) after administering the clients' medications. Findings include: An observation was conducted at the group home on 10/11/12 from 5:57 AM to 8:15 AM. 1. At 6:34 AM, client #5 received her medications (Chlorhexidine, Voltaren, Aspir-Low, Calcium with vitamin D, Ferrous Sulfate, Flaxseed oil, Glucosamine Sulfate, Lisinopril, Namenda, Omeprazole, Resta, and Liquitears) from staff #7. Prior to the client taking/administering medications, staff #7 initialed the MAR, dated October 2012, as the medications being administered. 2. At 6:54 AM, client #6 received her medications (Tizonidine, Gabapentin, Fluoxetine, Docusate Sodium, Fish Oil, Glucosamine, Intuniv, Loratadine, Oxybutynin, Fluticasone, Ketotifen Fumarate and Eucerin cream) from staff #7. Staff #7 initialed Child Chew plus	W0365	**W 365** **DRUG REGIMEN REVIEW** **Plan of Correction:** Stone Belt will ensure that an individual medication administration record is maintained for each client. **Date of Completion:** November 9, 2012 **Person Responsible:** Blackstone Program Coordinator	11/09/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G170	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/17/2012
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	iron after administering the medications. Prior to client #6 taking/administering medications, staff #7 initialed the MAR, dated October 2012, as the medications being administered. An interview with the Home Manager (HM) was conducted on 10/11/12 at 11:30 AM. The HM indicated the staff should initial the MAR after the client takes the medications. An interview with the Program Coordinator (PC) was conducted on 10/15/12 at 9:52 AM. The PC indicated the staff should initial the MAR after the client takes the medications. An interview with the Nursing Director (ND) was conducted on 10/11/12 at 9:04 AM. The ND indicated the staff should initial the MAR after the clients takes the medications. 9-3-6(a)		**Plan of Prevention:** Program Coordinator completed Medication Administration with house staff on November 2, 2012. (Attachment # 7) Specifically, the training included proper documentation on the Medication Administration Record. **Quality Assurance Monitoring:** Program Coordinator and Nursing Services will review MAR during announced and unannounced visits to the home to assure proper documentation is taking place.	

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