

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G637	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/25/2015
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NAME OF PROVIDER OR SUPPLIER STONE BELT ARC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 214 E SOUTHERN DR BLOOMINGTON, IN 47401
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W 000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: February 20, 23, 24 and 25, 2015</p> <p>Facility Number: 001210 Provider Number: 15G637 AIM Number: 100240200</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 2/27/15 by Ruth Shackelford, QIDP.</p>	W 000		
W 149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <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 9 of 17 incident/investigative reports reviewed affecting clients #1, #2, #4 and #5, the facility neglected to implement its policies and procedures to prevent client to client abuse.</p>	W 149	<p>Decision to create client #1 an individualized community based day program was a team decision</p> <p>There is an active treatment schedule for her day program which includes time at 10th Street Lifelong Learning to gradual introduce her back to group</p>	03/27/2015

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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	<p>Findings include:</p> <p>On 2/20/15 at 12:18 PM a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>1) On 2/16/15 at 11:35 AM client #1 kicked client #5's right foot. Client #5 was not injured.</p> <p>2) On 1/31/15 at 5:15 PM, client #1 was attempting to get staff's attention (using sign language due to client #1 being unable to speak or hear). Client #1 kicked out and hit client #3 on the front part of her lower left leg. Client #3 was not injured.</p> <p>3) On 1/28/15 at 12:50 PM, client #1 was at a community swimming pool. Client #1 attempted to communicate with a community member. When the community member did not respond to client #1, client #1 hit the community member's hand. Client #1 kicked the community member. The community member was asked to not engage client #1 prior to the incident however the community member did not adhere to staff's request. The Bureau of Developmental Disabilities Services (BDDS) incident report, dated 1/29/15,</p>				<p>programming HOuse and day program staff have been trained by behavior consultant on her plan including client #1 ASL, facility has had her evaluated by speech and hearing and did not receive additional orders for speech or other services at this time Plan of correction: Client #1 is no longer attending group day programming (LL); she has a customize schedule that is community based Plan of Prevention: LL staff and facility staff have been trained on client #1 BSP (attachment a). Plan of Monitoring: House manager / associate manager will provide daily monitoring and communication pertaining to BSP and behavior tracking to pysch and behavioral specialist. Coordinator Qipd-d will provide weekly monitoring (attachment a).</p>		

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	<p>indicated client #1 attempted to "go after" staff and the community member. The staff used a brief bear hug to keep the community member safe and then a one person transport out of the community building. Once client #1 returned to the facility operated day program, client #1 kicked a peer in the buttocks. The peer was not injured.</p> <p>4) On 1/18/15 at 6:00 PM, client #1 reached around staff and hit client #5 on the upper left arm causing a red mark to client #5's arm.</p> <p>5) On 1/5/15 at 3:15 PM at the facility operated day program, client #1 hit a peer in the mouth while staff was trying to block client #1. The peer's lower lip bled from the hit.</p> <p>6) On 1/4/15 at 12:40 PM client #1 reached around staff and punched client #5 on the right arm. Client #5 attempted to chase client #1 but stopped once client #1 went into her bedroom. Client #5 was not injured.</p> <p>7) On 12/19/14 at 1:30 PM at the facility operated day program, client #1 turned over tables in the gym. Client #1 ran over and hit a peer in the face with the heel of her hand. The peer cried "hysterically" according to the BDDS</p>			

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	<p>report, dated 12/19/14, however no injury was observed.</p> <p>8) On 12/3/14 at 7:00 PM, client #1 waved over and over to client #2. Client #2 waved several times to client #1. Client #2 did not want to wave to client #1 again. Client #1 pushed a chair into client #2 hitting client #2 on the left breast. Client #2 was not injured. Client #1 knocked a drink onto the floor when client #2 left the area. When client #1 appeared calm, the staff started to clean up the spill. The staff heard client #4 call out and client #1 began crying. Client #1 had thrown a remote control at client #4's face. Client #4 had a cut right below her right eye. Client #4's cut required first aid and ice.</p> <p>9) On 11/26/14 at 12:28 PM at the facility operated day program, client #1 picked up staff's drink and threw it at a peer. The cup hit the peer in the face and was drenched with soda. The peer was not injured.</p> <p>On 2/20/15 at 12:44 PM, the Group Home Director (GHD) indicated client to client aggression was considered abuse. The GHD indicated the facility should prevent abuse of the clients. The GHD indicated the facility had a policy and procedure prohibiting abuse of the</p>				

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	<p>clients.</p> <p>On 2/20/15 at 1:40 PM the Coordinator indicated there were 4-6 incidents involving client #1 as the aggressor since her admission on 8/28/14. The Coordinator indicated client #1's day programming was changed to be home based where client #1 starts her day program hours at the group home instead of the facility operated day program. The Coordinator indicated client #1 was aggressive toward others when the other person did not communicate using sign language with her.</p> <p>On 2/24/15 at 1:54 PM, the Coordinator indicated client to client aggression was considered abuse. The Coordinator indicated the facility should prevent abuse of the clients. The Coordinator indicated the facility had a policy and procedure prohibiting abuse of the clients.</p> <p>On 2/20/15 at 11:57 AM, a review of the facility's policy titled, Incident Investigation/Review Protocol, dated 6/2/07, indicated, in part, "Stone Belt is committed to protecting and advancing the safety, dignity, and growth of the individuals it supports. The agency has developed training programs, procedures, communication channels and services</p>			

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	<p>that promote these values. Stone Belt will provide the highest quality direct service to the clients we serve and to the community, and will provide ongoing training, supervision and guidance to employees to better meet the needs of individuals served. Stone Belt's emphasis is on prevention, being pro-active and encouraging open and ongoing dialogue about events. However, when failures in systems, procedures or individual conduct are detected which risk the safety, dignity and/or wellbeing of Clients, investigations will be initiated to intervene and protect individuals. Stone Belt will not tolerate abuse of individuals and whenever serious incidents occur, will pursue all measures allowed by Indiana Law...</p> <p>ABUSE/NEGLECT/EXPLOITATION - Situations involving suspected or alleged abuse, neglect or exploitation issues as described in agency policies will be investigated by staff designated and trained by the agency for this role. The Stone Belt social workers will oversee the investigations, participate and plan for specific interviews, and notify appropriate law enforcement agencies in these investigations. The Stone Belt social workers will interview clients and assist with support services for clients and employees related to emotional</p>				

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	<p>trauma, and stress related to events." The Human Rights Policy, dated 2/17/14, indicated, in part, "Physical abuse: Consists of any intentional and/or punitive physical action or motion by which physical harm or emotional trauma may occur."</p> <p>9-3-2(a)</p>				