

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G643	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/31/2012
NAME OF PROVIDER OR SUPPLIER STONE BELT ARC INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1006 W 11TH ST BLOOMINGTON, IN 47404		
(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	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: August 29, 30 and 31, 2012.</p> <p>Facility Number: 001221 Provider Number: 15G643 AIM Number: 100240220</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 9/6/12 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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W0149	<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 1 of 10 incident reports reviewed affecting clients #2 and #5, the facility neglected to implement its policies and procedures to prevent client to client abuse and to conduct a thorough investigation.</p> <p>Findings include:</p> <p>A review of the facility's incident reports was conducted on 8/29/12 at 12:21 PM. On 5/28/12 at 2:45 PM, client #5 finished his lunch, took his dishes to the sink and then "rushes" at client #2 taking him to the ground. Client #2 received a red mark on the back of his neck. The narrative section did not indicate client #5 bit client #2 however on the back page of the incident report it indicated, "bite mark." The incident report section for action taken by the supervisor indicated, "Please see attached investigation and follow-up." There was no attached investigation. The Bureau of Developmental Disabilities Services (BDDS) report, dated 5/29/12, indicated, "The team will investigate this incident and make any changes needed to BSP (behavior support plan) or needed training to staff or disciplinary action if needed to insure the health and safety of both [clients #2 and #5]." The facility provided a document indicating staff #8 received an Employee Warning on 5/31/12; this documentation was not included in the incident report documentation. The warning indicated, "Employee did not follow behavior plan for [client #5] and allowed new staff to work with him resulting in aggression and biting of a fellow housemate."</p> <p>A review of client #5's Behavior Support Plan</p>	W0149	<p>W 149</p> <p>GOVERNING BODY & MANAGEMENT</p> <p>Plan of Correction:</p> <p>Stone Belt will ensure that specific governing body and management requirements are met. Specifically, Stone Belt will ensure that policies and procedures that prohibit mistreatment, abuse and neglect are followed and all allegations will be investigated according to Stone Belt policy and procedure.</p> <p>Responsible Person:</p> <p>Bridgewater House Coordinator & SGL Director</p> <p>Date of Completion:</p> <p>September 30, 2012</p> <p>Plan of Prevention:</p> <p>House Staff were retrained on Stone Belt's policy of prevention of abuse and neglect, including the definition of both.(Attachment # 1 and #1A). Coordinators conducting investigations are retrained on investigation policy</p>	09/30/2012			

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	<p>(BSP), dated 1/10/12, was conducted on 8/31/12 at 10:58 AM. His BSP indicated, "On each shift, [client #5] will have a specific staff member assigned as his 1:1 (one on one) staff AT ALL TIMES during waking hours, and in anticipation of [client #5] waking in the morning. This staff will supervise [client #5] so that he does not enter the personal space of his housemates or others, in order to ensure that [client #5] does not have any opportunities to aggress on peers. 1:1 staff will stay within arm's length of [client #5] unless he is in a private space by himself, such as his room, the bathroom, or at home with no other consumers present. Staff may keep a light touch or loose grasp on part of [client #5's] clothing in order to keep up with his often darting and unpredictable movements. Any staff assigned to be [client #5's] 1:1 staff will retain these responsibilities unless another staff specifically agrees to take over. Staff should request relief as necessary, and all staff on shift at the group home should agree on a strategy for maintaining [client #5's] 1:1 staffing."</p> <p>A review of the facility's abuse and neglect policy, dated 10/17/11, was conducted on 8/29/12 at 1:53 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</p>		<p>and procedure. (Attachment # 2 and #2A).</p> <p>Quality Assurance Monitoring:</p> <p>Training staff on Stone Belt's policy of prevention of abuse and neglect will continue as needed with current staff and covered during initial staff orientation of new hires. Administrative staff will make unannounced visits at Bridgewater House to ensure that the health and safety of the clients is being monitored.</p>				

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	<p>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."</p> <p>An interview with the Program Coordinator (PC) was conducted on 8/30/12 at 10:43 AM. The PC indicated an investigation was conducted however he was not able to locate the documentation. The PC indicated staff #8 was not following the partnering schedule, part of client #5's plan, and staff #8 received a written warning.</p> <p>An interview with the Director of Group Homes (DGH) was conducted on 8/30/12 at 12:33 PM. The DGH indicated he was not able to locate the investigation. The DGH indicated if there was no documentation then it (the investigation) did not happen. The DGH indicated an investigation should be conducted for client to client aggression which was considered abuse.</p> <p>9-3-2(a)</p>			

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 10 incident reports reviewed affecting clients #2 and #5, the facility failed to conduct a thorough investigation of client to client abuse.</p> <p>Findings include:</p> <p>A review of the facility's incident reports was conducted on 8/29/12 at 12:21 PM. On 5/28/12 at 2:45 PM, client #5 finished his lunch, took his dishes to the sink and then "rushes" at client #2 taking him to the ground. The narrative section did not indicate client #5 bit client #2 however on the back page of the incident report it indicated, "bite mark." Client #2 received a red mark on the back of his neck. The incident report section for action taken by the supervisor indicated, "Please see attached investigation and follow-up." There was no attached investigation. The Bureau of Developmental Disabilities Services (BDDS) report, dated 5/29/12, indicated, "The team will investigate this incident and make any changes needed to BSP (behavior support plan) or needed training to staff or disciplinary action if needed to insure the health and safety of both [clients #2 and #5]." The facility provided a document indicating staff #8 received an Employee Warning on 5/31/12; this documentation was not included in the incident report documentation. The warning indicated, "Employee did not follow behavior plan for [client #5] and allowed new staff to work with him resulting in aggression and biting of a fellow housemate."</p> <p>An interview with the Program Coordinator (PC) was conducted on 8/30/12 at 10:43 AM. The PC</p>	W0154	<p>W154 STAFF TREATMENT OF CLIENTS Plan of Correction Stone Belt will ensure that all allegations are investigated thoroughly. Date of Completion September 30, 2012 Responsible Person Bridgewaters Coordinator/SGL Director Plan of Prevention The Coordinators reviewed and completed training on Stone Belt investigation procedures. (Attachment # 2). This included how to conduct proper investigations and who should be interviewed. (Attachment # 3) Quality Assurance Monitoring The SGL Director will ensure, after reviewing the incident, that investigations will be completed thoroughly.</p>	09/30/2012			

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	<p>indicated an investigation was conducted however he was not able to locate the documentation. The PC indicated staff #8 was not following the partnering schedule, part of client #5's plan, and staff #8 received a written warning.</p> <p>An interview with the Director of Group Homes (DGH) was conducted on 8/30/12 at 12:33 PM. The DGH indicated he was not able to locate the investigation. The DGH indicated if there was no documentation then it did not happen. The DGH indicated an investigation should be conducted for client to client aggression which was considered abuse.</p> <p>9-3-2(a)</p>			

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W0225	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. Based on record review and interview for 1 of 3 clients in the sample (#6), the facility failed to ensure his vocational skills were reassessed annually.</p> <p>Findings include:</p> <p>A review of client #6's record was conducted on 8/30/12 at 11:52 AM. Client #6's vocational assessment was dated 8/1/11. There was no documentation in his record indicating his vocational skills were reassessed since 8/1/11.</p> <p>An interview with the Director of Group Homes (DGH) was conducted on 8/30/12 at 12:33 PM. The DGH indicated client #6's vocational skills should be assessed annually.</p> <p>9-3-4(a)</p>	W0225	<p>W225 INDIVIDUAL PROGRAM PLAN Plan of Correction</p> <p>Stone Belt will ensure that each clients plan includes a comprehensive functional assessment must include, as applicable, vocational skills.</p> <p>Date of Completion</p> <p>September 21, 2012</p> <p>Responsible Person</p> <p>Bridgewaters Coordinator</p> <p>Plan of Prevention</p> <p>The Coordinator will review documents on an annual basis to assure that all assessments are completed on a annual basis. The specific client's assessment was completed on 7/28/12, but was not entered into the Stone Belt electronic document system, Fortis prior to survey. (Attachment # 4).</p> <p>Quality Assurance Monitoring</p> <p>House Coordinator and SGL Director will review schedule of annual assessment to ensure that they are complete on time,</p>	09/21/2012	

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W0227	<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 client #6 had a plan in place to address refusals to wear knee pads.</p> <p>Findings include:</p> <p>A review of client #6's record was conducted on 8/30/12 at 11:52 AM. Client #6's Medication Information Sheet (MIS), dated 8/20/12, indicated, "***STAFF MUST ENCOURAGE [client #6] NOT TO WALK ON HIS KNEES**" The MIS indicated, "Despite repeated refusals, staff will encourage [client #6] to wear knee pads daily as needed during waking hours to protect knees (ambulates on his knees)." Client #6's Individual Support Plan, dated 7/29/11, did not address client #6's refusals to wear knee pads. There was no documentation in client #6's plan indicating there was a plan to increase his use of knee pads.</p> <p>An interview with the Director of Group Homes (DGH) was conducted on 8/30/12 at 12:33 PM. The DGH indicated client #6 should have a plan addressing his refusals to wear his knee pads.</p> <p>9-3-4(a)</p>	W0227	<p>W227 STAFF TREATMENT OF CLIENTS Plan of Correction Stone Belt will ensure that each individual plan states specific objectives necessary to meet the client's needs, as identified in the comprehensive assessment. Specifically, there is not a plan in place for a client when he refuses to wear knee pads that are identified in his plan.</p> <p>Date of Completion September 30, 2012</p> <p>Responsible Person Bridgewater Coordinator</p> <p>Plan of Prevention The Bridgewater Behavior Specialist will develop a plan and tracking to identify clients refusals of him wearing knee pads as suggested in his plan. The tracking will also be trained on</p>	09/30/2012			

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			<p>and reviewed by house staff and coordinator.</p> <p>Quality Assurance Monitoring</p> <p>Coordinator will monitor the tracking of refusals and discuss with the Bridgewater Support Team as deemed necessary.</p>	

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W0259	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 1 of 3 clients in the sample (#6), the facility failed to ensure his comprehensive functional assessment was reassessed annually.</p> <p>Findings include:</p> <p>A review of client #6's record was conducted on 8/30/12 at 11:52 AM. Client #6's comprehensive functional assessment was dated 8/1/11. There was no documentation in his record indicating his comprehensive functional assessment was conducted since 8/1/11.</p> <p>An interview with the Director of Group Homes (DGH) was conducted on 8/30/12 at 12:33 PM. The DGH indicated client #6's comprehensive functional assessment should be conducted annually.</p> <p>9-3-4(a)</p>	W0259	<p>W259 PROGRAM MONITORING & CHANGE</p> <p>Plan of Correction</p> <p>Stone Belt will ensure that each client will have a comprehensive assessment, at least annually, and will be reviewed by the IDT team for relevancy and updated as necessary.</p> <p>Date of Completion</p> <p>September 30, 2012</p> <p>Responsible Person</p> <p>Bridgewaters Coordinator</p> <p>Plan of Prevention</p> <p>The Bridgewaters Coordinator updated the functional assessment on 7/29/2012, but it was not placed in the Stone Belt electronic document file, Fortis. (Attachment # 4)</p> <p>Quality Assurance Monitoring</p>	09/30/2012	

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			House Coordinator and SGL Director will review schedule of annual assessment to ensure that they are complete on time, annually.		

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W0260	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (#6), the facility failed to ensure his Individual Program Plan was revised annually.</p> <p>Findings include:</p> <p>A review of client #6's record was conducted on 8/30/12 at 11:52 AM. Client #6's individual program plan was dated 7/29/11. There was no documentation in his record indicating his program plan was revised since 7/29/11.</p> <p>An interview with the Director of Group Homes (DGH) was conducted on 8/30/12 at 12:33 PM. The DGH indicated client #6's program plan should be revised annually.</p> <p>9-3-4(a)</p>	W0260	<p>W260 PROGRAM MONITORING & CHANGE</p> <p>Plan of Correction</p> <p>Stone Belt will ensure that each client will have an individual program plan revised at least annually</p> <p>Date of Completion</p> <p>September 30, 2012</p> <p>Responsible Person</p> <p>Bridgewaters Coordinator</p> <p>Plan of Prevention</p> <p>The Bridgewaters Coordinator updated the IPP on 7/29/2012, but it was not placed in the Stone Belt electronic document file, Fortis. (Attachment # 5)</p> <p>Quality Assurance Monitoring</p> <p>House Coordinator and SGL Director will review schedule of IPP's to ensure that they are complete on time, annually.</p>	09/30/2012			

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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (#3), the facility failed to ensure client #3 had an annual physical exam including an evaluation of his hearing.</p> <p>Findings include:</p> <p>A review of client #3's record was conducted on 8/30/12 at 11:03 AM. Client #3 moved into the group home on 6/15/12. There was no documentation in his record indicated client #3's hearing was assessed at his annual physical on 6/14/12. The hearing section on the annual physical form did not contain documentation it was evaluated.</p> <p>An interview with the Director of Nursing Services (DNS) was conducted on 8/30/12 at 11:35 AM. The DNS indicated client #3 needed a hearing exam. The DNS indicated she was not aware of the appointment being scheduled.</p> <p>An interview with the Director of Group Homes (DGH) was conducted on 8/30/12 at 12:33 PM. The DGH indicated the previous provider did not send client #3's most recent hearing assessment. The DGH indicated client #3's hearing should be assessed annually.</p> <p>9-3-6(a)</p>	W0323	<p>W323</p> <p>PHYSICIAN SERVICES</p> <p>Plan of Correction</p> <p>Stone Belt will ensure that each client obtain a annual physical examination that at a minimum a evaluation of hearing and vision.</p> <p>Date of Completion</p> <p>September 30, 2012</p> <p>Responsible Person</p> <p>Bridgewaters Coordinator</p> <p>Plan of Prevention</p> <p>When the 450B was completed prior to the client admission, the doctor failed to complete the hearing section of the document. An appointment has been scheduled to complete a hearing exam. (Attachment # 6)</p> <p>Quality Assurance Monitoring</p> <p>House Coordinator will ensure that all appointments are</p>	09/30/2012			

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NAME OF PROVIDER OR SUPPLIER STONE BELT ARC INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1006 W 11TH ST BLOOMINGTON, IN 47404		
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			completed on an annual basis. The House Manager reviews all appointments on a monthly basis to ensure that all screenings are completed annually.		

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W0356	<p>483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (#3), the facility failed to ensure client #3 had a dental exam.</p> <p>Findings include:</p> <p>A review of client #3's record was conducted on 8/30/12 at 11:03 AM. Client #3 moved into the group home on 6/15/12. There was no documentation in his record indicated client #3 had a dental exam.</p> <p>An interview with the Director of Nursing Services (DNS) was conducted on 8/30/12 at 11:35 AM. The DNS indicated the client #3 had a dental exam prior to moving into the facility. The DNS indicated the facility received the date of the exam but no documentation. The DNS indicated she was not aware if an appointment with client #3's dentist was scheduled.</p> <p>An interview with the Director of Group Homes (DGH) was conducted on 8/30/12 at 12:33 PM. The DGH indicated the previous provider did not send client #3's most recent dental exam. The DGH indicated client #3's should have had a dental exam.</p> <p>9-3-6(a)</p>	W0356	<p>W356</p> <p>COMPREHENSIVE DENTAL TREATMENT</p> <p>Plan of Correction</p> <p>Stone Belt will ensure that each client will have a comprehensive dental treatment service that includes dental care needed for relief of pain and infections, restoration of teeth and maintenance of dental health.</p> <p>Date of Completion</p> <p>September 24, 2012</p> <p>Responsible Person</p> <p>Bridgewater Coordinator</p> <p>Plan of Prevention</p> <p>At the time of client transition to Stone Belt, he did not have a updated dental examination. This occurred on 9/19/2012. (Attachment # 7).</p> <p>Quality Assurance Monitoring</p>	09/24/2012	

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			House Coordinator will ensure that all appointments are completed on an annual basis. The House Manager reviews all appointments on a monthly basis to ensure that all screenings are completed annually.	

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W0460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, interview and record review for 5 of 5 clients present during breakfast (#1, #2, #4, #5 and #6), the facility failed to ensure the clients received the items or an appropriate nutritionally equivalent substitution from the menu.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 8/30/12 from 5:55 AM to 7:38 AM. During the observation, clients #1, #2, #4, #5 and #6 were not offered or provided (or offered nutritionally equivalent substitutions) scrambled eggs, toast or bagel, margarine, and jelly. Clients #1, #4 and #6 ate cereal. Client #4 did not have a drink during breakfast. Client #5 was not observed to eat. Client #2 ate a banana and was not observed to drink anything or be offered a drink.</p> <p>A review of the menu, dated 2012 Spring/Summer Week 1, was conducted on 8/30/12 at 6:30 AM. The menu indicated the following were to be served: 4 ounces of juice, 1/2 cup hot or 3/4 cup cold cereal, 1/4 cup scrambled eggs, 2 toast or bagel, 1 teaspoon margarine, 1 tablespoon of jelly, and 1 cup of skim milk.</p> <p>An interview with the Director of Group Homes (DGH) was conducted on 8/30/12 at 12:33 PM. The DGH indicated the items on the menu should be provided or offered to the clients or an appropriate, nutritionally equivalent substitution.</p> <p>9-3-8(a)</p>	W0460	<p>W460</p> <p>FOOD AND NUTRITION SERVICES</p> <p>Plan of Correction</p> <p>Stone Belt will ensure that each client receives a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Date of Completion</p> <p>September 24, 2012</p> <p>Responsible Person</p> <p>Bridgewaters Coordinator</p> <p>Plan of Prevention</p> <p>House staff were retrained on 9/14/2012, to offer items that are on the menu schedule. (Attachment # 8).</p> <p>Quality Assurance Monitoring</p> <p>House Manager and House Coordinator will ensure during announced and unannounced visits that the prescribed menu's</p>	09/24/2012			

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			are being followed and offered to the individual clients.		