| 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 02/01/2013 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| STONE BELT ARC INC | 1006 W 11TH ST<br>BLOOMINGTON, IN 47404 |

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| W0000 | This visit was for a post certification revisit (PCR) to the recertification and state licensure survey completed on 8/31/12.<br><br>Survey Dates: January 31 and February 1, 2013.<br><br>Facility Number: 001221<br>Provider Number: 15G643<br>AIM Number: 100240220<br><br>Surveyor: Steven Schwing, Medical Surveyor III<br><br>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/6/13 by Ruth Shackelford, 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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| W0149 | 483.420(d)(1)<br>STAFF TREATMENT OF CLIENTS<br>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.<br>Based on record review and interview for 1 of 21 incident/investigative reports reviewed affecting client #2, the facility failed to implement its policies and procedures for conducting an investigation of an injury of unknown origin and failed to report the injury to the Bureau of Developmental Disabilities Services (BDDS).<br><br>Findings include:<br><br>A review of the facility's incident/investigative reports was conducted on 1/31/13 at 12:52 PM. On 10/29/12 at 1:00 PM while at the facility-operated day program, Day Program Staff (DPS) #1 noticed client #2 was limping. His left ankle was swollen. The report indicated, "We do not know what happened to [client #2's] ankle." The report indicated, "The ankle was examined at the [name of walk-in clinic]." The facility did not report the injury of unknown origin to BDDS. The facility did not conduct an investigation.<br><br>A review of client #2's record was conducted on 1/31/13 at 5:03 PM. The Outside Services Report, dated 10/29/12, | W0149 | **W 149**<br><br>**GOVERNING BODY & MANAGEMENT**<br><br>**Plan of Correction**:<br><br>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.<br><br>**Responsible Person:**<br><br>Bridgewater House Coordinator & SGL Director | 03/03/2013 |

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| | indicated an x-ray was taken and Tylenol was ordered for pain. A Nursing Consultation note, dated 10/31/12, indicated the x-ray was negative for fracture or other structural damage.<br><br>A review of the facility's abuse and neglect policy, dated 10/17/11, was conducted on 1/31/13 at 12:45 PM. The policy indicated, "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 Incident Reporting Procedure, dated 9/2010, indicated, in part, "8) Injuries of unknown origin that require medical evaluation or treatment or could be indicative of abuse, neglect or exploitation." The Investigation Protocols, dated 8/2010, indicated, in part, "There are several types of investigation: Injuries of Unknown Origin - The referral for an investigation | | **Date of Completion:**<br><br>March 3, 2013<br><br>**Plan of Prevention:**<br><br>All SGL staff were retrained on Stone Belt's policy of prevention of abuse and neglect, including the definition of both.(Attachment # 1 and #2). In addition, new hires are trained on the policy during orientation training.<br><br>Coordinators will review Stone Belt protocol in Incident Investigation/Review Protocol. (Attachment # 3)<br><br>**Quality Assurance Monitoring:**<br><br>Training staff on Stone Belt's policy of prevention of abuse and neglect will continue as needed with current staff and covered | |

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| | of injuries of unknown origin is made by the director of the program to the immediate supervisor or designee. An Investigation of Injuries of Unknown Origin report is completed."<br><br>An interview with the Program Coordinator (PC) was conducted on 2/1/13 at 10:47 AM. The PC indicated the incident was not reported to BDDS since there was no suspicion of abuse, neglect or mistreatment. The PC indicated an information investigation was completed however there was no documentation for review.<br><br>An interview with Administrative Staff (AS) #1 was conducted on 1/31/13 at 2:11 PM. AS #1 indicated he thought an investigation was completed however he was unable to locate the investigation. AS #1 indicated an investigation should have been conducted.<br><br>This deficiency was cited on 8/31/12. The facility failed to implement a systemic plan of correction to prevent recurrence.<br><br>9-3-2(a) | | 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. SGL Director will review all incident reports to ensure that an investigation is completed if necessary. | |

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| W0153 | 483.420(d)(2)<br>STAFF TREATMENT OF CLIENTS<br>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.<br>Based on record review and interview for 1 of 21 incident/investigative reports reviewed affecting client #2, the facility failed to report an injury of unknown origin to the Bureau of Developmental Disabilities Services (BDDS), in accordance with state law.<br><br>Findings include:<br><br>A review of the facility's incident/investigative reports was conducted on 1/31/13 at 12:52 PM. On 10/29/12 at 1:00 PM while at the facility-operated day program, Day Program Staff (DPS) #1 noticed client #2 was limping. His left ankle was swollen. The report indicated, "We do not know what happened to [client #2's] ankle." The report indicated, "The ankle was examined at the [name of walk-in clinic]." The facility did not report the injury of unknown origin to BDDS.<br><br>A review of client #2's record was conducted on 1/31/13 at 5:03 PM. The Outside Services Report, dated 10/29/12, | W0153 | **W153**<br><br>**STAFF TREATMENT OF CLIENTS**<br><br>**Plan of Correction**<br><br>Stone Belt will ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.<br><br>**Date of Completion**<br><br>March 3, 2013<br><br>**Responsible Person** | 03/03/2013 |

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| | indicated an x-ray was taken and Tylenol was ordered for pain. A Nursing Consultation note, dated 10/31/12, indicated the x-ray was negative for fracture or other structural damage.<br><br>An interview with the Program Coordinator (PC) was conducted on 2/1/13 at 10:47 AM. The PC indicated the incident was not reported to BDDS since there was no suspicion of abuse, neglect or mistreatment.<br><br>9-3-2(a) | | Bridgewaters Coordinator/SGL Director<br><br>**Plan of Prevention**<br><br>All SGL staff were retrained on Stone Belt's policy of prevention of abuse and neglect, which includes reporting procedures. (# 4) In addition, new hires are trained on the policy during orientation training.<br><br>**Quality Assurance Monitoring**<br><br>The Bridgewaters and SGL Director will ensure that incidents are reported in a timely manner. | |

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| W0154 | 483.420(d)(3)<br>STAFF TREATMENT OF CLIENTS<br>The facility must have evidence that all alleged violations are thoroughly investigated.<br>Based on record review and interview for 1 of 21 incident/investigative reports reviewed affecting client #2, the facility failed to conduct an investigation of an injury of unknown origin.<br><br>Findings include:<br><br>A review of the facility's incident/investigative reports was conducted on 1/31/13 at 12:52 PM. On 10/29/12 at 1:00 PM while at the facility-operated day program, Day Program Staff (DPS) #1 noticed client #2 was limping. His left ankle was swollen. The report indicated, "We do not know what happened to [client #2's] ankle." The report indicated, "The ankle was examined at the [name of walk-in clinic]." The facility did not conduct an investigation.<br><br>A review of client #2's record was conducted on 1/31/13 at 5:03 PM. The Outside Services Report, dated 10/29/12, indicated an x-ray was taken and Tylenol was ordered for pain. A Nursing Consultation note, dated 10/31/12, indicated the x-ray was negative for fracture or other structural damage. | W0154 | **W154**<br><br>**STAFF TREATMENT OF CLIENTS**<br><br>**Plan of Correction**<br><br>Stone Belt will have evidence that all violations are thoroughly investigated.<br><br>**Date of Completion**<br><br>March 3, 2013<br><br>**Responsible Person**<br><br>Bridgewaters Coordinator/SGL Director | 03/03/2013 |

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| | An interview with the Program Coordinator (PC) was conducted on 2/1/13 at 10:47 AM. The PC indicated an information investigation was completed however there was no documentation for review.<br><br>An interview with Administrative Staff (AS) #1 was conducted on 1/31/13 at 2:11 PM. AS #1 indicated he thought an investigation was completed however he was unable to locate the investigation. AS #1 indicated an investigation should have been conducted.<br><br>This deficiency was cited on 8/31/12. The facility failed to implement a systemic plan of correction to prevent recurrence.<br><br>9-3-2(a) | | **Plan of Prevention**<br><br>Coordinators will review Stone Belt protocol in Incident Investigation/Review Protocol. (Attachment # 3)<br><br>**Quality Assurance Monitoring**<br><br>The Bridgewaters Coordinator and SGL Director will ensure that incidents are investigated properly. | |

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| W0488 | 483.480(d)(4)<br>DINING AREAS AND SERVICE<br>The facility must assure that each client eats in a manner consistent with his or her developmental level.<br>Based on observation and interview for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility failed to ensure the clients participated in preparing breakfast and clean up.<br><br>Findings include:<br><br>An observation was conducted at the group home on 1/31/13 from 6:06 AM to 7:22 AM. At 6:06 PM, staff #4 was in the kitchen cooking eggs. At 6:15 AM, client #1 sat down at the dining room table. Client #1 was not prompted by staff #4 to assist with cooking eggs. At 6:18 AM, client #4 exited the medication room and entered the living room adjacent to the dining room. Client #4 was not prompted to assist with breakfast prep. At 6:18 AM, staff #4 poured a bowl of cereal and added milk. The Home Manager (HM) prompted client #1 to the medication area "while breakfast was cooking." At 6:20 AM, staff #4 gave client #6 the bowl of cereal. Staff #4 stated, "How about something to hold you over a little bit." Staff #4 gave client #6 a cup with water. At 6:25 AM, staff #4 was buttering toast. At 6:26 AM, staff #4 was buttering toast and then started warming up the eggs | W0488 | **W488**<br><br>**DINING AREAS AND SERVICE**<br><br>**Plan of Correction**<br><br>Stone Belt will ensure that each client eats in a manner consistent with his development level. Stone Belt clients should be prompted to assist with meals as they are capable.<br><br>**Date of Completion**<br><br>February 18, 2013<br><br>**Responsible Person**<br><br>Bridgewaters Coordinator | 02/18/2013 |

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| | previously cooked. At 6:28 AM, staff #4 gave client #6 a plate with toast and eggs. The toast was cut into small pieces. Client #6 was not involved in making his breakfast. At 6:29 AM, staff #4 was cutting toast in the kitchen. Staff #4 took a plate to the table for client #1. The plate had eggs and toast. Staff #4 gave client #1 a cup of water. Staff #4 stated, "There you go, buddy." Staff #4 returned to the kitchen and buttered more toast. At 6:34 AM, staff #4 gave client #4 a plate with toast and eggs. Client #4 was not involved in the preparation of the toast or eggs. Staff #4 returned to the kitchen and buttered more toast. At 6:37 AM, client #4 received a cup of water from staff #4. At 6:38 AM, the HM gave client #1 a straw for his water. The HM also put milk and juice on the table without prompting any of the clients to do it. The HM stated, "I thought [staff #4] served [client #1] an empty cup." At 6:38 AM when client #5 entered the kitchen, staff #4 stated, "[Client #5], you have some food right there." Client #5 sat down to eat the eggs and toast. Client #5 was not involved in the preparation of the eggs and toast. At 6:44 AM, staff #4 was in the kitchen washing dishes. At 6:46 AM, client #5 took his dishes to the sink. Staff #4 put them into the dishwasher. At 6:51 AM, client #1 poured his own milk all the way to the top of the cup. When client #1 | | **Plan of Prevention**<br><br>During a house meeting on February 8, 2013, house staff were retrained on involving clients in various aspects of meals including preparation, serving and clean up.<br><br>**Quality Assurance Monitoring**<br><br>Coordinator will monitor the meal times during announced and unannounced visits at various times of the day. Other administrative staff will also make such visits. | |

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| | picked up the cup, milk spilled on the table. At 6:58 AM, staff #4 made toast. At 7:01 AM, staff #4 was warming up eggs. At 7:04 AM, staff #4 stated to client #1, "How bout I clean that up, [client #1]?" Staff #4 wiped the milk off the table without prompting client #1 to assist. At 7:13 AM when client #2 entered the dining room, staff #4 offered him a plate with eggs and toast. Client #2 walked away. Client #3 was offered eggs and toast and client #3 indicated he wanted toast. Staff #4 took the piece of toast (untouched and uneaten) from client #2's plate and put the toast on another plate. Staff #4 asked client #3 if the butter bothered him. Client #3 indicated he wanted peanut butter. Staff #4 indicated he would make client #3 another piece of toast. Client #3 indicated he would make his own toast.<br><br>An interview with Administrative Staff (AS) #1 was conducted on 1/31/13 at 2:11 PM. AS #1 indicated the clients should be involved in breakfast preparation and clean up. AS #1 indicated staff #4 was new to the group home. AS #1 stated the staff were "missing teachable moments."<br><br>9-3-8(a) | | | |