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 05/23/2012

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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 post certification revisit (PCR) to the investigation of complaint #IN00105820 completed on 4/16/12. Complaint #IN00105820: Corrected. Unrelated deficiency cited. Survey Dates: May 22 and 23, 2012. Facility Number: 001221 Provider Number: 15G643 AIM Number: 100240220 Surveyor: Steven Schwing, Medical Surveyor III This deficiency also reflects state findings in accordance with 460 IAC 9. Quality review completed on May 24, 2012 by Dotty Walton, 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 1 of 3 clients in the sample (C), the governing body failed to exercise operating direction over the facility by not ensuring client C's bedroom carpet was cleaned or replaced timely. Findings include: An observation was conducted at the group home on 5/22/12 from 3:48 PM to 5:04 PM. During the observation while walking down the hallway where client C's bedroom was located, his door was open. Client C's bedroom carpet (beige) had dark areas (dirt and staining) covering the carpet. The areas near the bedroom door, bathroom door and next to his bed were the darkest. There were two areas, 4 inches in diameter where the carpet was matted down. Client C's bedroom had a strong odor. An interview with the home manager (HM) was conducted on 5/22/12 at 4:52 PM. The HM indicated he had been the HM for 10 months. The HM indicated during this time, client C's bedroom carpet had not been cleaned. The HM indicated client C's carpet was next on the	W0104	**Bridgwaters 2012W104Plan of Correction:** The facility will excercise operating direction by ensuring all floors are replaced in a timely manner **Date of Completion: June 6 2012Person Responsible: CoordinatorPlan of Prevention: Carpet Plus will be out on 6/7/12 to install tile flooring and to remove the old carpetQuality Assurance Monitoring: The coordinator makes regular visits to the home and monitor floors when completing these visits**	06/07/2012

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	list of items to address in the home. The HM indicated the carpet needed to be replaced. The HM indicated the guardians did not want client C's bedroom to have carpet when it was addressed. The guardians indicated to the HM they wanted linoleum. The HM indicated client C had an issue with incontinence however the urine was confined to the bed; the HM indicated client C did not urinate on the carpet. An interview with the Program Director (PD) was conducted on 5/23/12 at 11:14 AM. The PD indicated he was aware of client C's bedroom carpet being dirty. The PD was unable to recall the last time the carpet was cleaned; the PD indicated the carpet had been cleaned numerous times since it was installed however the repeated cleaning was not getting the stains and discoloration out of the carpet. The PD indicated he asked the guardian for permission to remove (the guardian paid for the carpeting) and the guardian wanted the carpet to stay (unable to provide documentation of this). The PD indicated the last time the carpet was cleaned, the carpet did not look any better and caused the carpet to smell worse. The PD indicated client C has, in the past, had incontinence of urine in his room. The PD indicated the carpet needed to be removed from client C's room.			

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W9999	This deficiency was cited on 4/16/12. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-1(a)			
		W9999	**Bridgwaters 2012**	06/07/2012