

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 12/03/2013
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NAME OF PROVIDER OR SUPPLIER STONE BELT ARC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4417 BLACKSTONE CT BLOOMINGTON, IN 47401
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W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: October 29, 30, 31, November 19 and December 3, 2013.</p> <p>Facility number: 000704 Provider number: 15G170 AIM number: 100234540</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/11/13 by Ruth Shackelford, QIDP.</p>	W000000		
W000227	<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 observation, record review and interview for 1 of 2 sampled clients (client #1), the client's Individual Support Plan (ISP) failed to address the client's identified communication needs.</p>	W000227	<p>Deficiency W227 Plan of Correction: Client #1 has an informal communication goal (see Attachment W227) that is tracked daily by DSPs and reviewed monthly by QIDP. Staff are trained on prompting client to speak slowly and clearly. All</p>	01/02/2014

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>A morning observation was conducted at the group home on 10/29/13 from 5:40 A.M. until 7:45 A.M.. At 5:50 A.M., client #1 stated something to this surveyor. This surveyor could not understand client #1. Direct Support Professional (DSP) #1 asked client #1 what she said. Client #1 stated something to DSP #1. DSP #1 could not understand what client #1 was trying to say. During the entire observation client #1 had difficulty being understood while communicating in her home.</p> <p>A review of client #1's record was conducted at the group home on 10/30/13 at 10:05 A.M.. Client #1's ISP dated 10/12/12 failed to indicate a communication training objective to teach her to communicate with others about her wants and needs.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 11/19/13 at 2:45 P.M.. The QIDP indicated client #1 did not have a communication training objective in her plan and further indicated she did need one implemented into her program.</p> <p>9-3-4(a)</p>		<p>facility staff are trained on implementing all the facility's clients' program plans. No other facility clients were effected by deficiency. Plan of Prevention: All incoming staff will be trained on all clients' personal program plans, including communication and informal goals. Client #1 will have a speech and language evaluation scheduled by 1/2/13. Quality Assurance Monitoring: Group home manager and /or group home associate manager will make daily observation to ensure facility staff are efficiently implmenting personal program plans. Coordinator will make once weekly observations for the next quarter and will then resume to follow agency Supervision and Monitoring Procedures which states: All day and evening shifts will have monitoring visits by management at least one time per month. All overnight shifts will be monitored at least two times per quarter with one visit performed during a week-end shift. Items reviewed: Monitors will assess general interactions and active engagement with clients, cleanliness, and appropriateness of activities.</p>		

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (clients #1 and #3), the facility failed to implement the clients' training objectives when formal and/or informal opportunities existed at the group home.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 10/29/13 from 5:40 A.M. until 7:45 A.M.. During the entire observation period clients #1 and #3 sat in their living room with no interaction and/or meaningful activity. Direct Support Professionals (DSP) #1 and #2 would walk into the room and occasionally check on clients #1 and #3, but did not offer any meaningful activity.</p> <p>An evening observation was conducted at the group home on 10/29/13 from</p>	W000249	<p>Deficiency W249 Plan of Correction: Staff will be retrained on active treatment, which consists of needed interventions and services to support the achievement of objectives identified in individual program plans. Date of completion, 12/27/13. Other clients did not appear to be effected by this deficiency. Plan of Prevention: All staff will be trained on active treatment and clients' individualized program plans and receive retraining when updates or changes are made to the plan. Quality Assurance Monitoring: Group home manager and/or group home associate manager will make daily observations to ensure facility staff are providing active treatment in order to support clients' achievement of objectives as defined in personal program plans. Coordinator will make weekly observations during the next quarter to ensure active treatment is beng provided by facility staff and then will resume</p>	12/27/2013			

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	<p>4:50 P.M. until 6:10 P.M.. From 4:50 P.M. until 5:55 P.M., clients #1 and #3 sat in the living room area with no meaningful activity. Direct Support Professionals (DSP) #3, #4 and #5 would walk into the room and occasionally check on clients #1 and #3, but did not offer any meaningful activity.</p> <p>A review of client #1's record was conducted on 10/30/13 at 2:55 P.M.. A review of client #1's Individual Support Plan (ISP) dated 10/12/12 indicated the following objectives that could have been implemented during both observations: "Will demonstrate meal preparation with independence...Will perform money counting activities...Will develop a weekly budget."</p> <p>A review of client #3's record was conducted on 10/30/13 at 3:45 P.M.. The ISP dated 8/30/13 indicated the following objectives that could have been implemented during both observations: "Will increase her sign language...Will increase her safety awareness...Will exercise."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 11/19/13 at 4:20 P.M.. The QIDP indicated facility</p>		to follow agency Supervision and Monitoring Procedures which states: All day and evening shifts will have monitoring visits by management at least one time per month. All overnight shifts will be monitored at least two times per quarter with one visit performed during a week-end shift. Items reviewed: Monitors will assess general interactions and active engagement with clients, cleanliness, and appropriateness of activities.		

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W009999	<p>staff should implement training objectives at all times of opportunity.</p> <p>9-3-4(a)</p> <p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-2 Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is:</p> <p>(3) conviction of a crime substantially related to a dependent population or any violent crime.</p> <p>The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, SECTION 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers shall not</p>	W009999	<p>Deficiency W9999 Plan of Correction: Agency will obtain staff bureau of motor vehicles record by 1/2/13. Plan of Prevention: Facility will follow agency policy that states: All drivers must have a valid driver's license on your person while driving our vehicles and be eligible for Stone Belt Arc, Inc. vehicle insurance. Staff are responsible for keeping your insurance and license information up-to-date with the Human Resources Office. All drivers are required to report any change in their driving record to their appropriate supervisor, immediately. Quality Assurance Monitoring: Agency now has an electronic notification system that will alert Human Resources department prior to expiration date of staff driver's license and auto insurance to ensure documentation is received in a timely manner.</p>	01/02/2014			

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	<p>constitute a reference in compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on record review and interview, for 1 of 3 staff (staff #13) personnel files reviewed, the facility failed to ensure a bureau of motor vehicles record was obtained prior to employment.</p> <p>Findings include:</p> <p>The facility's administrative records were reviewed on 10/30/13 at 3:45 P.M.. Review of the personnel file for staff 13 indicated a bureau of motor vehicles record was not obtained. The personnel files for staff #13 did not include a bureau of motor vehicles record.</p> <p>The Human Resource Manager (HRM) was interviewed on 10/30/13 at 4:30 P.M. and indicated a bureau of motor vehicles record was not completed for staff #13.</p> <p>9-3-2(c)(3)</p>						