

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G655	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/23/2013
NAME OF PROVIDER OR SUPPLIER STONE BELT ARC INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2606 H ST BEDFORD, IN 47421		
(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 the investigation of complaint #IN00121949.</p> <p>Complaint #IN00121949 - Substantiated, No deficiencies related to the allegation are cited.</p> <p>Unrelated deficiency cited.</p> <p>Survey Dates: January 22 and 23, 2013.</p> <p>Facility Number: 001166 Provider Number: 15G655 AIM Number: 100445440</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>The deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 1/30/13 by Ruth Shackelford, 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 observation, record review and interview for 6 of 47 incident/investigative reports reviewed affecting clients A, B, C, D and E, the facility neglected to implement its policies and procedures to prevent client to client abuse.</p> <p>Findings include:</p> <p>An observation was conducted at the facility-operated day program on 1/22/13. At 3:42 PM, client C hit the Program Coordinator (PC). The PC redirected client C. An interview with day program staff (DPS) #1 was conducted on 1/22/13 at 3:47 PM. DPS #1 indicated client C had a great day until around 2:30 PM when he became upset for no apparent reason. DPS #1 indicated there was no antecedent to the behavior. At 3:59 PM, client C hit client D in the chest while getting into the group home van. Staff #5 separated the clients.</p> <p>A review of the facility's incident/investigative reports was conducted on 1/22/13 at 1:08 PM and 3:13 PM.</p> <p>1. On 8/17/12 at 1:35 PM at the</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>Simpson House Coordinator & SGL Director</p>	02/01/2013	

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	<p>facility-operated day program, client C was in the break room when he hit a female peer on the left shoulder. Staff began to restrain client C when client C kicked staff; staff released the restraint.</p> <p>2. On 8/20/12 at 11:15 AM at the facility-operated day program, client C was observed to be sitting at a table when staff entered the room. Another client was lying face down on the floor. When the client on the floor turned over, her teeth were bloody due to a 1 inch ragged cut on the inner, upper lip. She also had bruising and an abrasion on her right elbow. The female peer indicated client C grabbed her shirt causing her to fall. Client C indicated he grabbed her shirt because she woke him up.</p> <p>3. On 11/14/12 at 11:00 AM, client C and a peer were in the art room at the facility-operated day program. Client C walked up to a peer and hit the peer on the left shoulder with an open hand. The peer was not injured.</p> <p>4. On 12/3/12 at 8:30 AM at the facility-operated workshop, client D walked up behind a female peer and pushed her with both hands on her back. The peer was not injured.</p> <p>5. On 12/15/12 at 5:30 PM, client B was</p>		<p>Date of Completion:</p> <p>February 1, 2013</p> <p>Plan of Prevention:</p> <p>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). This training occurred on January 4, 2013, which was after the incidents addressed in the survey. In addition, new hires are trained on the policy during orientation training.</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</p>		

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	<p>in the kitchen making a cup of coffee. When staff #2 asked client B what he was doing, client B dumped out the coffee in the sink and walked into the living room. Client B leaned over and hit client E with an open hand on the left side of his chest. Client E had a small red area on his chest. The redness faded within 10 minutes.</p> <p>A review of the facility's abuse and neglect policy, dated 10/17/11, was conducted on 1/23/13 at 10:51 AM. 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 intervention, accident or injury to a Client shall be reported according to the Incident Reporting Procedure. The Executive Director will be notified in accordance</p>		Simpson 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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	<p>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 Home Manager (HM) was conducted on 1/22/13 at 5:00 PM. The HM indicated client B hitting anyone was a rare, isolated incident. The HM indicated most of client C's incidents of physical aggression occurred at the workshop.</p> <p>An interview with the Program Coordinator (PC) was conducted on 1/22/13 at 3:34 PM. The PC indicated client to client aggression was treated as abuse depending on if there was intent to harm. The PC indicated the staff should prevent client to client aggression.</p> <p>9-3-2(a)</p>				