

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G650	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/11/2012
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NAME OF PROVIDER OR SUPPLIER STONE BELT ARC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2228 35TH ST BEDFORD, IN 47421
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>This visit was in conjunction with the PCR (post certification revisit) to complaint #IN00102327 completed on 2/1/12.</p> <p>Survey Dates: April 4, 5, 9, 10 and 11, 2012.</p> <p>Facility Number: 001165 Provider Number: 15G650 AIM Number: 100240230</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/19/12 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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 4 of 4 clients with checking accounts (C, D, E and F), the facility failed to ensure the clients did not incur service charges on their accounts.</p> <p>Findings include:</p> <p>A review of the clients' financial records was conducted on 4/5/12 at 8:32 AM and 4/5/12 at 10:49 AM. The service charges were incurred due to not having sufficient funds in their checking accounts to meet the bank's minimum requirements.</p> <p>-Client C: Client C incurred \$1.95 service charges on 1/23/12 and 2/21/12.</p> <p>-Client D: Client D incurred \$1.95 service charges on 8/8/11, 9/11/11, 10/11/11, 11/8/11, 12/8/11, 1/10/12, 2/8/12 and 3/8/12.</p> <p>-Client E: Client E incurred \$1.95 service charges on 8/24/11, 9/27/11, 10/27/11, 11/28/11, 12/27/11, 1/29/12 and 2/27/12. Client E incurred a service charge of \$5.95 on 7/27/11.</p> <p>-Client F: Client F incurred \$1.95 service charges on 8/21/11, 9/22/11, 10/24/11,</p>	W0104	<p>W104 CLIENT FINANCES</p> <p>Plan of Correction:</p> <p>Stone Belt maintains a system that assures a full and complete accounting of client's personal funds.</p> <p>Responsible Person:</p> <p>QMRP Coordinator</p> <p>Date of Completion:</p> <p>May 11, 2012</p> <p>Plan of Prevention:</p> <p>Stone Belt staff continue to account for services charges by recording them on each individual client check registrar. Stone Belt is in the process of moving the client's checking accounts to a bank that does not have service charges. Establishing new accounts has been a lengthy process due to changes in the banking industry.</p> <p>Quality Assurance Monitoring:</p> <p>Stone Belt makes every effort to ensure that clients do not have service charges. Stone Belt is in the process of moving accounts</p>	05/11/2012			

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	<p>11/22/11, 12/21/11, 1/24/12 and 2/22/12.</p> <p>An interview with the facility's Financial Director (FD) was conducted on 4/5/12 at 10:49 AM. The FD indicated the clients were incurring service charges on their checking accounts for not meeting the minimum checking amounts set by the bank. The FD indicated the clients' previous bank was purchased by a new bank. The new bank had minimum requirements for checking accounts and if the requirements were not met, the clients incurred service charges. The FD indicated the facility was working on changing banks to avoid the service charges.</p> <p>9-3-1(a)</p>		<p>to bank without service charges. This is a long process due to bank requirements.</p>		

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W0126	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on observation and interview for 1 of 3 clients in the sample (E), the facility failed to ensure money management training at the facility-operated day program used real money for teaching client E about money.</p> <p>Findings include:</p> <p>An observation was conducted at the facility-operated day program on 4/4/12 from 2:44 PM to 3:27 PM. At 2:51 PM, client E was in the cafeteria area of the day program with staff #3. Client E had a tray of plastic coins and fake money in front of her. Staff #3 used the fake money to teach client E about money. At 3:05 PM, client E was prompted by staff #3 to use the plastic coins to practice purchasing a soda.</p> <p>A review of client E's record was conducted on 4/9/12 at 11:21 AM. Client E's Individual Support Plan (ISP), dated 11/3/11, indicated client E had a training objective to count 50 cents in coins.</p> <p>An interview with the Qualified Mental</p>	W0126	<p>W126</p> <p>PROTECTION OF CLIENT RIGHTS</p> <p>Plan of Correction:</p> <p>Stone Belt ensures the rights of all clients and allows them to manage their financial affairs and teach them to do so to the extent of their capabilities. Specifically, clients will have money management training with the use of real money.</p> <p>Responsible Person:</p> <p>QMRP Coordinator / Lifelong Learning Coordinator</p> <p>Date of Completion:</p> <p>May 1, 2012</p> <p>Plan of Prevention:</p> <p>Stone Belt Lifelong Learning staff will utilize real money when teaching the client about money. This had always been the case in the group home and now has been implemented in day programming.</p>	05/01/2012			

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	<p>Retardation Professional (QMRP) was conducted on 4/9/12 at 1:59 PM. The QMRP indicated using the fake plastic money was not an issue since the money client E used at the group home for training was real.</p> <p>9-3-2(a)</p>		<p>Quality Assurance Monitoring:</p> <p>QMRP Coordinator will conduct unannounced visits to ensure that day programming staff are using real money when teaching clients money management.</p>	

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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.</p> <p>Based on observation, interview and record review for 2 of 3 clients in the sample (D and E), the facility failed to ensure there was a plan to 1) trim client D's fingernails due to scratching himself, 2) address soda and coffee consumption for client E and 3) address client E's dental recommendations for toothbrushing.</p> <p>Findings include:</p> <p>1) Observations were conducted at the group home on 4/4/12 from 4:02 PM to 6:14 PM and 4/5/12 from 6:02 AM to 8:27 AM. During the observations, client D was noted to have a 2 inch scratch on his left temple, 1 inch scratch on the left side of his forehead, 1/2 inch scratch on his left forearm, 1/4 inch scratch on the top of his head, 1/4 inch scratch on his left calf and 5-6 inch scratch on the front of his right calf. Client D's nails were long and jagged during the observations at the group home.</p> <p>A review of client D's record was conducted on 4/9/12 at 10:43 AM. His</p>	W0227	<p>W 227</p> <p>INDIVIDUAL PROGRAM PLAN</p> <p>Plan of Correction:</p> <p>The individual program plan states specific objectives necessary to meet the client's needs, will be completed as identified by the comprehensive assessment. Specifically, 1) trimming of client fingernails, 2) soda and coffee consumption for client, and 3) client dental recommendations for tooth brushing.</p> <p>Responsible Person:</p> <p>QMRP Coordinator</p> <p>Date of Completion:</p> <p>May 1, 2012</p> <p>Plan of Prevention:</p> <p>1) Checking fingernails and toenails daily and file and trim as needed has been added to the Medication Information Sheet for the client. Staff will assure this is completed daily. 2) consumption of soda and coffee addressed by</p>	05/04/2012			

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	<p>Medical Information Sheet, dated 3/30/12, did not indicate a plan to trim and file his nails. His Behavioral Intervention Plan, dated 10/24/10, did not have a plan to trim and file his nails. His Individual Support Plan, dated 2/29/12, did not have a plan to trim and file his nails.</p> <p>An interview with the home manager (HM) was conducted on 4/5/12 at 6:50 AM. The HM indicated the scratches were from client D scratching himself. The HM indicated there was no plan to trim client D's nails. The HM indicated the staff do it as needed.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 4/5/12 at 7:32 AM. The QMRP indicated to client D the staff needed to trim and file his nails after checking his nails. The QMRP indicated there was no plan for staff to regularly and consistently trim and file his nails. On 4/9/12 at 1:59 PM, the QMRP indicated the staff did not trim and file client D's nails as much as they should. The QMRP indicated there should be a plan for staff to trim and file his nails.</p> <p>2) A review of client E's record was conducted on 4/9/12 at 11:21 AM. On 8/24/11, the Support Team Review form</p>		<p>primary care physician and Support Team. PCP order (Attachment # 1) indicates "No coffee after 6:00 p.m. Support Team determined at 4/25/2012 meeting that pop was not an issue. (Attachment # 2) 3) Tooth brushing goal has been put into place for client. (Attachment # 3)</p> <p>Quality Assurance Monitoring:</p> <p>Coordinator will ensure that staff are addressing the additions to the client's Medication Information Sheet and goals. SGL Director reviews goals on a monthly basis.</p>				

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	<p>indicated the following, "Increased drinking of pop. Going to multiple staff. Social worker to discuss with [client E]. Script to be written out for all staff to follow and BSP (Behavior Support Plan) to be updated." A review of her BSP, dated 5/31/10, indicated there were no updates/revisions to the plan since 5/31/10. The BSP did not address the consumption of soda.</p> <p>An interview with the behavior clinician (BC) was conducted on 4/10/12 at 1:11 PM. The BC indicated she had not made revisions to client E's plan due to waiting to hear from client E's primary care physician regarding whether or not there was a fluid restriction.</p> <p>An interview with the QMRP was conducted on 4/10/12 at 1:46 PM. The QMRP stated, "It probably wouldn't be a bad idea to have a plan for soda and coffee." The QMRP indicated there was no plan in place.</p> <p>3) A review of client E's record was conducted on 4/9/12 at 11:21 AM. On 12/1/11, client E went to the dentist. The recommendations indicated, "Brush 2-3 x (times) daily with bristles aimed towards gumline." On 12/15/11, client E went to the dentist for fillings. The comments section indicated, "pt (patient) needs</p>						

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	<p>better oral hygiene - heavy soft plaque today. Improper brushing has been missed in areas for several days."</p> <p>A review of client E's Individual Support Plan (ISP), dated 11/3/11, indicated, "[Client E] needs physical assistance with dressing, toileting, personal hygiene except for oral hygiene... Staff assist her with cutting up her meats into small bite-size pieces. [Client E] has no difficulty with swallowing, but had most all of her teeth extracted due to severe Periodontal disease... On 2/23/07 [name of dentist] extracted 14 of her teeth that were decayed and unable to restore." There was no training objective for client E to increase her toothbrushing skills.</p> <p>An interview with the QMRP on 4/9/12 at 1:59 PM was conducted. The QMRP indicated there was an informal goal for client E to brush her teeth twice a day. The QMRP indicated there was no plan to teach client E how to brush her teeth better at this time.</p> <p>9-3-4(a)</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.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (D), the facility failed to ensure his comprehensive functional assessment was reviewed and updated annually.</p> <p>Findings include:</p> <p>A review of client D's record was conducted on 4/9/12 at 10:43 AM. Client D's functional assessment was dated 3/10/11. There was no documentation in client D's record indicating client D's assessment was reviewed and updated since 3/10/11.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 4/9/12 at 1:59 PM. The QMRP indicated the program assessment was reviewed in 2012. The QMRP indicated she was not sure why the assessment was not in the record for review. The QMRP indicated the functional assessment should be reviewed and updated annually.</p> <p>9-3-4(a)</p>	W0259	<p>W259</p> <p>PROGRAM MONITORING AND CHANGE</p> <p>Plan of Correction:</p> <p>At least on an annual basis, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and update as needed. QMRP Coordinator is responsible for scheduling the annual assessment for each client.</p> <p>Responsible Person:</p> <p>QMRP Coordinator</p> <p>Date of Completion:</p> <p>May 1, 2012</p> <p>Plan of Prevention:</p> <p>The specific functional assessment for the client was completed during the annual case conference on February 29, 2012. However, it was not scanned into the electronic document system, FORTIS.</p> <p>Quality Assurance Monitoring:</p>	05/01/2012			

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			SGL Director and QMRP Coordinator complete a file review on a monthly basis to ensure that the annual functional assessment is current.	

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W0263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (E), the facility's specially constituted committee (HRC) failed to ensure consent was obtained from client E (emancipated) for her behavior support plan (BSP) with restrictive interventions.</p> <p>Findings include:</p> <p>A review of client E's record was conducted on 4/9/12 at 11:21 AM. Client E's Individual Support Plan (ISP), dated 11/3/11, indicated client E was an emancipated adult. Client E's Behavior Support Plan (BSP), dated 5/31/10, indicated she was prescribed Zoloft (depression) and Abilify (anxiety). There was no documentation in her record indicating client E consented to the use of the restrictive BSP since 1/15/10. The plan addressed refusals to take a shower, medical treatment, going to day program, getting up in the morning and completing assigned household chores.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 4/9/12 at 1:59 PM. The</p>	W0263	<p>W263</p> <p>PROGRAMING MONITORING AND CHANGE</p> <p>Plan of Correction:</p> <p>The Stone Belt Human Rights Committee will ensure that programs will be conducted with the written consent of the client, parents or legal guardian. Specifically, the signature of an emancipated client was not obtained for the behavior support plan with restrictive interventions.</p> <p>Responsible Person:</p> <p>QMRP Coordinator and Behavior Specialist</p> <p>Date of Completion:</p> <p>May 1, 2012</p> <p>Plan of Prevention:</p> <p>The signature on the behavior support plan of the emancipated client was obtained on April 25, 2012. The Coordinator and Behavior Specialist will ensure that all future plans will have necessary signatures.</p>	05/01/2012	

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	<p>QMRP indicated client E attended her annual and she should have signed the form to consent for her BSP at the time. The QMRP was unable to provide documentation client E consented to her BSP.</p> <p>An interview with the Behavior Clinician (BC) was conducted on 4/10/12 at 1:11 PM. The BC indicated client E was her own guardian. The BC submitted documentation on 4/10/12 at 12:55 PM indicating client E consented to her BSP however there was no documentation on the form client E signed the form. The form indicated, "own guardian" and the space for client E's signature was blank.</p> <p>9-3-4(a)</p>		<p>Quality Assurance Monitoring:</p> <p>The QMRP Coordinator and SGL Director review various documents on a monthly basis to ensure accuracy.</p>		

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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 (E), the facility failed to ensure an annual follow-up appointment for her vision was conducted as recommended.</p> <p>Findings include:</p> <p>A review of client E's record was conducted on 4/9/12 at 11:21 AM. On 8/2/10, client E was seen by her eye doctor. The diagnosis was compound hyperopic astigmatism and alt (alternating) exotropia (eye misalignment) at distance and near. The treatment indicated, "1) No rx (prescription) needed due to functional activities and 2) No tx (treatment)." The form indicated follow-up in 12 months. There was no documentation in client E's record indicating a follow-up appointment occurred.</p> <p>An interview with the nurse was conducted on 4/9/12 at 3:17 PM. The nurse indicated a follow-up appointment should have occurred within the recommended 12 month timeframe.</p>	W0323	<p>W323 PHYSICIAN SERVICES</p> <p>Plan of Correction:</p> <p>Stone Belt will provide or obtain annual examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Responsible Person:</p> <p>QMRP Coordinator</p> <p>Date of Completion:</p> <p>May 1, 2012</p> <p>Plan of Prevention:</p> <p>An vision evaluation has been schedule for May 17, 2012 for this particular client. QMRP Coordinator will review various documents on a monthly basis to ensure that appointments, such as an eye exam, is not missed.</p> <p>Quality Assurance Monitoring:</p> <p>SGL Director and QMRP Coordinator will review documentations on a monthly basis to ensure evaluations and examinations are maintained in a</p>	05/01/2012			

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	9-3-6(a)		timely manner.		

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W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview for 2 of 3 clients in the sample (D and E), the facility's nursing services failed to ensure: 1) follow-up appointments with the clients' neurologists, 2) pharmacy label recommendations were implemented and 3) clients received their medications as ordered.</p> <p>Findings include:</p> <p>1) A review of client D's record was conducted on 4/9/12 at 10:43 AM. Client D was seen by his neurologist (seizures) on 7/30/10. The Outside Services Report for the visit indicated a one year follow-up. The form indicated, "will call for annual @ (at) later date." There was no documentation in client D's record indicating a follow-up appointment was held since the 7/30/10 visit.</p> <p>An interview with the nurse was conducted on 4/9/12 at 3:17 PM. The nurse indicated client D was last seen by his neurologist in 2010. The nurse indicated the neurologist continued to renew client D's seizure medications. The nurse indicated client D needed to have an appointment with his neurologist.</p>	W0331	<p>W331 NURSING SERVICES</p> <p>Plan of Correction:</p> <p>Stone Belt will provide clients with nursing services in accordance with their needs. Specifically, 1) follow-up appointments with neurologists will be scheduled, 2) implementation of pharmacy label recommendations are followed 3) clients receive medication as ordered.</p> <p>Responsible Person:</p> <p>QMRP Coordinator</p> <p>Date of Completion:</p> <p>May 1, 2012</p> <p>Plan of Prevention:</p> <p>1) Neurology appointments have been schedule for two clients. One on May 16, 2012 and the second on June 7, 2012. Coordinator will review documentation to ensure future appointments are not missed. 2) Directions have been changed to indicate that Simethicone can be taken "with or after meals." Medication administration times have been changed to 7a, Noon, 7p and HS. Klor-Con is to be</p>	05/01/2012			

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	<p>A review of client E's record was conducted on 4/9/12 at 11:21 AM. Her Medication Information Sheet, dated 3/30/12, indicated she had a diagnosis of epilepsy. She was prescribed Phenobarb for epilepsy. There was no documentation in her record indicating client E had been seen by a neurologist.</p> <p>An interview with the nurse was conducted on 4/9/12 at 3:17 PM. The nurse indicated she was unable to locate documentation in client E's record indicating client E had been seen by a neurologist; the nurse indicated client E had a neurologist of record but there was no documentation client E had been seen by the neurologist. The nurse indicated she would schedule an appointment with a neurologist. The nurse client E's primary care physician was prescribing client E's seizure medication.</p> <p>2) Observations were conducted at the group home on 4/4/12 from 4:02 PM to 6:14 PM and 4/5/12 from 6:04 AM to 8:27 AM.</p> <p>a) On 4/4/12 at 4:32 PM, client F received Simethicone (gas relief) from staff #2. A label on the packaging indicated, "For best results, take after meals and at bedtime. Avoid cabbage...".</p>		<p>taken at meal time and taken with food. This has been added to the Medication Information Sheet. 3) Medications are to be administered as order. Staff were retrained on Medication Administration. (Attachment # 4) Stone Belt will follow Medication Administration protocol.</p> <p>Quality Assurance Monitoring:</p> <p>QMRP Coordinator will review files to assure necessary appointments are kept within the designated time frame. Unannounced visits during medication administration time will be conducted to observe that medications are passed as ordered. Stone Belt Medication Administration protocol will be strictly enforced.</p>		

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	<p>Client F started eating her dinner at 6:02 PM.</p> <p>An interview with staff #2 was conducted on 4/4/12 at 4:40 PM. Staff #2 indicated she was not aware of the information on the label. Staff #2 stated, "Good thing to know" in regard to avoid cabbage since cabbage was being served for dinner.</p> <p>b) On 4/5/12 at 6:14 AM, client E received her medications from staff #1 including Klor-Con for hypokalemia. The label on the package for Klor-Con indicated, "Best to take with food to lessen stomach upset." Client E started eating breakfast (cereal) at 6:41 AM.</p> <p>A review of client E's Physician's Orders (POs), dated 3/12/12, was conducted on 4/9/12 at 11:21 AM. The POs did not address taking the medication with food.</p> <p>An interview with the nurse was conducted on 4/5/12 at 11:32 AM. The nurse indicated Klor-Con should be given with food.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 4/9/12 at 1:59 PM. The QMRP indicated the medications should be administered as ordered. The QMRP indicated Klor-Con should be</p>						

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	<p>administered with food.</p> <p>c) On 4/4/12 at 4:42 PM, client D received Klor-Con for hypokalemia. A label on the packaging indicated, "Best to take with food to lessen stomach upset." On 4/4/12, client D ate dinner starting at 6:02 PM.</p> <p>An interview with the nurse was conducted on 4/5/12 at 11:32 AM. The nurse indicated Klor-Con should be given with food.</p> <p>An interview with the QMRP was conducted on 4/9/12 at 1:59 PM. The QMRP indicated the Klor-Con should be administered with food.</p> <p>3) A review of the facility's incident/investigative reports was conducted on 4/4/12 at 1:49 PM.</p> <p>Incident reports regarding medication errors: -On 3/12/12 at 7:00 AM, client A received a double dose of Levothyroxine (hypothyroidism). -On 2/9/12 at bedtime, client B did not receive her Amlodipine Besylate (hypertension). -On 3/7/12 at 8:00 AM, client C did not receive her Combipatch (hormone patch) as ordered. The medication was</p>						

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	<p>administered at bedtime.</p> <p>-On 2/29/12 at 12:00 PM, client F did not receive Simethicone (excess gas) at the facility-operated day program.</p> <p>An interview with the QMRP was conducted on 4/9/12 at 1:59 PM. The QMRP indicated medications should be administered as ordered. The QMRP indicated the facility was following their medication error protocol for medication errors. The QMRP indicated staff received disciplinary action and supervised med passes after errors.</p> <p>9-3-6(a)</p>			

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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 (D), the facility failed to ensure client D received the dental treatment recommended by the dentist.</p> <p>Findings include:</p> <p>A review of client D's record was conducted on 4/9/12 at 10:43 AM. On 4/14/11, client D was seen by his pediatric dentist. The reason for the visit was indicated as, "Eval before cleaning in OR [operating room]." The form indicated future treatments as, "Pt [patient] will have xrays, deep cleaning and fillings done in the operating room." Client D was seen by a dentist again on 2/8/12. The Outside Services Report form indicated, "unable to do exam today. Needs referral to pediatric dentist for treatment." There was no documentation in client D's record indicating client D received the x-rays, deep cleaning and fillings recommended on 4/14/11. Client D's Nurse Quarterly Physical, dated 3/2/12, indicated the following, "No health concerns at this time. Trying to get</p>	W0356	<p>W356 COMPREHENSIVE DENTAL TREATMENT Plan of Correction: Stone Belt will ensure comprehensive dental treatment services that include dental care as needed for relief of pain and infections, restoration of teeth and maintenance of dental health. Responsible Person: QMRP Coordinator and Nursing Manager Date of Completion: May 11, 2012 Plan of Prevention: Stone Belt Nursing Manager is seeking a doctor who will provide necessary supports for the client, who is unable to utilize general anesthetic prior to a dental procedure. General anesthetic can cause seizure activity. Dentist will only do exam and necessary work in operating room. Stone Belt will discuss with anesthesiologist. A dental desensitization plan was implemented for client. (Attachment # 5) Quality Assurance Monitoring: Nursing Manager and QMRP Coordinator will consult with anesthesiologist regarding client dental work. SGL Director reviews all client goals on a monthly basis.</p>	05/11/2012			

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	<p>into dentist due to bad front teeth. [Name of dentist] nor [name of dentist] will see [client D] due to having seizure during anesthetic last time. Will continue to try to solve this problem." An appointment with client D's primary care physician (PCP), dated 3/13/12, indicated the appointment was to discuss anesthesia for dental extraction. The physician documented on a prescription pad the following, "I do not recommend general anesthesia for [client D] without clearance by anesthesiologist with respect to his reaction and hospitalization in 2009." There was no documentation client D had a consultation with an anesthesiologist.</p> <p>A review of client D's Behavioral Intervention Plan (BIP), dated 3/19/11, indicated the targeted behaviors of physical aggression and non-compliance to dental procedures were removed from the plan. There was no documentation of a dental desensitization plan. A review of his Individual Support Plan (ISP), dated 2/29/12, indicated the following, "He will have a dental desense objective due to difficulties during dental services which will be addressing during oral hygiene." The ISP indicated, "When asked, [client D] will participate in oral hygiene process." The ISP indicated, "[Client D] requires heavy sedation for dental exams and treatment due to his fear and inability</p>				

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	<p>to relax during the exams. He sees [name of dentist] in [name of city] for dental tx (treatment). He is past due for tx at this time. Has an appt (appointment) to see GP (general practitioner) for cardiac work up before next appt with [name of dentist]."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 4/9/12 at 1:59 PM. The QMRP indicated there was an on-going issue with client D's dental needs due to client D, a few years ago, having a reaction from the anesthesia. The QMRP indicated the PCP did not want sedated treatment. The QMRP indicated the facility was working on getting his dental needs met. The QMRP indicated the facility was relying on recommendations by client D's dentist to meet his needs. The QMRP indicated client D had a dental desensitization plan. The QMRP stated client D "did not seem like his teeth were bothering him."</p> <p>An interview with the nurse (Director of Nursing) was conducted on 4/10/12 at 11:33 AM. The nurse indicated she took over as the nurse on 4/6/12. The nurse indicated the previous nurse did not inform her of the issue with client D needing dental work. The nurse indicated she was not aware of the on-going issue</p>						

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W0440	<p>with client D's dental needs.</p> <p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview for 6 of 6 clients living in the group home (A, B, C, D, E and F), the facility failed to ensure an evacuation drill was conducted quarterly for each shift.</p> <p>Findings include:</p> <p>A review of the facility's evacuation drills was conducted on 4/4/12 at 2:29 PM (at the facility office) and 4/5/12 at 8:28 AM (at the group home). There were no drills conducted during the evening shift (2:00 PM to 10:00 PM) since 11/25/11. This affected clients A, B, C, D, E and F.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 4/9/12 at 1:59 PM. The QMRP indicated there should be one drill per shift per quarter.</p> <p>9-3-7(a)</p>	W0440	<p>W440 EVACUATION DRILLS</p> <p>Plan of Correction:</p> <p>Stone Belt will hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Responsible Person:</p> <p>QMRP Coordinator</p> <p>Date of Completion:</p> <p>May 1, 2012</p> <p>Plan of Prevention:</p> <p>House staff were trained on evacuation drills and the need to be completed as scheduled. Only one drill was not completed during the quarter cited.</p> <p>Quality Assurance Monitoring:</p> <p>QMRP Coordinator will review all evacuation and emergency drills to ensure they are completed as scheduled.</p>	05/01/2012	

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W9999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met:</p> <p>1) 460 IAC 9-3-3 Facility Staffing</p> <p>(e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician.</p> <p>THIS STATE RULE WAS NOT MET AS EVIDENCED BY:</p> <p>Based on record review and interview for 2 of 3 employee files reviewed (Direct Care Staff #3 and #8), the facility failed to</p>	W9999	<p>W999 FINAL OBSERVATIONS</p> <p>Plan of Correction:</p> <p>1) Stone Belt will ensure that all staff receive the Mantoux tuberculosis screening on an annual basis. 2) Incidents are reported within 24 hours.</p> <p>Responsible Person:</p> <p>QMRP Coordinator</p> <p>Date of Completion:</p> <p>May 1, 2012</p> <p>Plan of Prevention:</p> <p>House Manager and QMRP Coordinator will ensure that all staff have the annual Mantoux screening. This will be reviewed with records from Stone Belt Human Resources Department. 2) Staff were retrained on reporting of incidents in a 24 hour time frame.</p> <p>Quality Assurance Monitoring:</p> <p>QMRP Coordinator and SGL Director will review Human Resource Records to assure all staff have completed a Mantoux screening on an annual basis. Coordinator and Director will review all Incident Reports to</p>	05/01/2012			

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	<p>ensure annual Mantoux (5TU, PPD) tuberculosis screenings were conducted.</p> <p>Findings include:</p> <p>A review of the facility's employee files was conducted on 4/9/12 at 9:53 AM. Direct Care Staff #8 had a negative PPD on 12/15/10. There was no documentation in her employee file she had a Mantoux since 12/15/10. Direct Care Staff #3 had a negative PPD on 1/12/10. There was no documentation in her employee file she had a Mantoux since 1/12/10.</p> <p>An interview was conducted with Human Resources (HR) employee #1 was conducted on 4/9/12 at 10:11 AM. HR #1 indicated staff should have an annual Mantoux.</p> <p>2) 431 IAC 9-3-1 Governing Body</p> <p>(b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for</p>		ensure they are reported within 24 hours.				

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	<p>5 of 11 incident/investigative reports reviewed affecting clients A, B, C and F, the facility failed to ensure incidents were reported to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours, in accordance with State law.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 4/4/12 at 1:49 PM.</p> <p>Incident reports regarding medication errors:</p> <p>-On 2/9/12 at bedtime, client B did not receive her Amlodipine Besylate (hypertension). This report was submitted to BDDS on 2/12/12.</p> <p>-On 3/7/12 at 8:00 AM, client C did not receive her Combipatch (hormone patch) as ordered. The medication was administered at bedtime. The facility did not report the medication error to BDDS.</p> <p>-On 2/29/12 at 12:00 PM, client F did not receive Simethicone (excess gas) at the facility-operated day program. This report was submitted to BDDS on 3/9/12.</p> <p>Additional reports not submitted to BDDS within 24 hours:</p> <p>-On 3/9/12 at 6:45 PM, client F tripped and fell. Client F had a "small bump" on her left knee and "signs that her bottom is</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G650		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/11/2012	
NAME OF PROVIDER OR SUPPLIER STONE BELT ARC INC				STREET ADDRESS, CITY, STATE, ZIP CODE 2228 35TH 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			
	<p>sore." No additional information was documented. This incident was reported to BDDS on 3/11/12.</p> <p>-On 3/27/12 at 5:00 PM, client F was unstable on her feet. The staff contacted the Qualified Mental Retardation Professional (QMRP). The QMRP instructed the staff to take client F to the emergency room. Labs and x-rays were normal. The report was submitted to BDDS on 3/29/12.</p> <p>An interview with the QMRP was conducted on 4/9/12 at 1:59 PM. The QMRP indicated incidents should be reported to BDDS within 24 hours. The QMRP indicated client C's medication being missed was not reported since the medication was received on the same day at bedtime.</p> <p>9-3-3(e)</p>						