

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G374	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/12/2016
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NAME OF PROVIDER OR SUPPLIER  STONE BELT ARC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1835 MAXWELL ST BLOOMINGTON, IN 47401
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W 0000  Bldg. 00	<p>This visit was for a Post Certification Revisit (PCR) to the full recertification and state licensure survey completed on 11/23/15.</p> <p>Survey Dates: January 11 and 12, 2016</p> <p>Facility Number: 000888 Provider Number: 15G374 AIM Number: 100239700</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/13/16.</p>	W 0000		
W 0149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 6 of 28 incident/investigative reports reviewed affecting clients #1, #5 and #6, the facility neglected to implement its policies and procedures to prevent client to client abuse.</p>	W 0149	<p><b>W 149 (Standard) Staff Treatment of Clients – Not preventing client-to-client abuse</b></p> <p><b>Corrective action for resident(s) found to have been affected</b> A behavior clinician certified to train the facility's CPI</p>	02/11/2016

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>On 1/11/16 at 1:28 PM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>1) On 1/8/16 at 6:24 AM, client #1 was in the kitchen and got upset due to client #6 standing outside the kitchen. Due to client #1 banging on the cabinets and stove, he was prompted to leave the kitchen. Client #1 slammed open the kitchen door and attempted to hit staff. Client #5 walked up the hallway and as he turned the corner client #1 hit him in the middle of the back. Client #5 was not injured.</p> <p>2) On 12/27/15 at 12:15 PM, client #6 was standing at the kitchen counter. The 12/28/15 Bureau of Developmental Disabilities Services (BDDS) incident report indicated, "Without warning, [client #6] charged at [client #5] and punched him in the back. Staff 1 and [client #5] had been leaning over [client #5's] plate getting a bite of food on his fork; staff 1 did not see [client #6] charge in time to block." Client #5 had a fist-sized mark on his back.</p> <p>3) On 12/26/15 at 3:25 PM, client #1</p>		<p>(Crisis Prevention Institute) intervention techniques will train all Direct Support Professionals (DSPs) on body positioning between escalated clients in order to prevent aggression or abuse between peers. <b>How facility will identify other residents potentially affected &amp; what measures taken</b> All residents potentially are affected, and corrective measures address the needs of all clients. <b>Measures or systemic changes facility put in place to ensure no recurrence</b> Staff training by CPI-certified trainer <b>How corrective actions will be monitored to ensure no recurrence</b> The trainer has met with the team and agreed to provide the training in the required time frame. The trainer is an employee of the acting SGL director, and they meet regularly. The acting SGL director will ensure that the training has taken place in the home.</p>	

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	<p>was listening to his CD player and client #5 was on the couch in the living room. Client #5 yelled "off" and staff responded to client #5 he could take off his socks. Client #5 repeated the same statement. Client #1 threw his alarm clock at client #5 and hit him on the shoulder.</p> <p>4) On 12/21/15 at 12:00 PM, client #5 yelled "nice hands." The 12/22/15 BDDS report indicated, "[Client #1] jumped up, ran around [staff #6], and tried to hit [client #5], but [Social Worker] blocked him twice. [Client #1] made contact on the third swing on the left side of [client #5's] back with an open palm." Client #5 was not injured.</p> <p>5) On 12/6/15 at 1:00 PM, client #6 jumped up from the table and lunged at client #5. The 12/6/15 BDDS report indicated, "[Staff #3] tried to block but could not reach across (the) tables/move them far enough apart in time to come between [client #6] and [client #5]. [Client #6] hit [client #5] with a flat hand/arm across his right shoulder blade as [client #5] blocked his own head... [Client #5] was checked over for injury and none were (sic) apparent."</p> <p>6) On 12/21/15 at 11:45 AM, client #1 was standing at a table. Client #6 walked from the dining room to the living room.</p>			

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	<p>Client #6 hit client #1 twice on his back with a closed fist. Client #1 was not injured.</p> <p>On 1/11/16 at 2:39 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated client to client aggression was abuse. The QIDP stated the facility should prevent abuse "using every measure possible." The QIDP indicated the facility had a policy and procedure in place prohibiting abuse of the clients.</p> <p>On 1/11/16 at 2:46 PM, a review of the facility's policy titled, Incident Investigation/Review Protocol, dated 5/14/13, indicated, in part, "Stone Belt is committed to protecting and advancing the safety, dignity, and growth of the individuals it supports. The agency has developed training programs, procedures, communication channels and services that promote these values. Stone Belt will provide the highest quality direct service to the clients we serve and to the community, and will provide ongoing training, supervision and guidance to employees to better meet the needs of individuals served. Stone Belt's emphasis is on prevention, being pro-active and encouraging open and ongoing dialogue about events. However, when failures in systems,</p>			

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W 9999  Bldg. 00	<p>procedures or individual conduct are detected which risk the safety, dignity and/or wellbeing of Clients, investigations will be initiated to intervene and protect individuals. Stone Belt will not tolerate abuse of individuals and whenever serious incidents occur, will pursue all measures allowed by Indiana Law...."</p> <p>This deficiency was cited on 11/23/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>	W 9999	There was no 9999 citation or comment on the survey, so no correction is being uploaded	02/11/2016	