

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 01/31/2012	
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 an investigation of complaint #IN00102032.</p> <p>Complaint #IN00102032: Substantiated, Federal/State deficiencies related to the allegation(s) are cited at W149, W154, W186 and W227.</p> <p>Dates of Survey: January 30 and 31, 2012.</p> <p>Facility number: 001166 Provider number: 15G655 AIM number: 100445440</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 2/7/12 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.

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 01/31/2012	
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			
W0149	<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 1 of 3 clients in the sample (B), the facility failed to implement their policies and procedures to prevent neglect.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 1/30/12 at 1:29 PM. On 1/4/12 at 12:45 PM, client B and 3 additional clients (not from the group home) went to the [name of city][name of recreation center] with facility-operated day program staff #10. While waiting in the lobby, client B entered the women's restroom in the lobby. When client B exited the restroom, he no longer had a bag with his clothes in it. Staff #10 prompted client B to return to the restroom to get his bag. While watching the other clients, staff turned her back to the restroom door. When staff #10 checked the restroom, client B was not in the restroom. Staff #10 asked the [name of recreation center] staff for assistance with locating client B. Staff #10 called her supervisor to report client B was missing. [Name of recreation center] staff indicated they thought they had found client B in the hot tub. Staff #10</p>	W0149	<p>W 149 STAFF TREATMENT OF CLIENTS Plan of Correction: Stone Belt has written policies and procedures that prohibit mistreatment, neglect or abuse of a client. The policy and procedures (Attachment # 1) is presented at all orientation trainings and reviewed annually at department inservices. Date of Completion: March 1, 2012 Person Responsible: QMRP/Coordinator and Lifelong Learning Coordinator Plan of Prevention: Stone Belt Director of Group Homes will review all Incident Reports to assure possible client neglect is being reviewed appropriately. Documentation will be kept to assure all such incidents are addressed within 5 working days. All Stone Belt staff working in a day programming setting are trained on the Stone Belt Prevention of Abuse and Neglect/Client Rights and Incident Reporting policy and procedure during orientation training and annually. Staff involved with this specific incident was retrained. (Attachment # 2) Quality Assurance Monitoring: Stone Belt Director of Group Homes and Lifelong Learning Director will review all incident reports to assure policy is being followed. The Coordinator and other administrative staff will conduct</p>	03/01/2012			

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 01/31/2012
--	---	--	---

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
	<p>went into the pool area to verify client B was in the hot tub. The investigative report indicated client B's location was unknown for approximately 15 minutes. The facility partially substantiated neglect. The finding indicated, "the findings support part of how the event/allegation was described but not entirely... It is determined that [client B] was out of line of sight by his staff during his outing at [name of city] Day Program. This was an accidental event which occurred when [client B] moved quickly through his established routine, known from past visits to the [name of recreation center]. He left his group and DSP (Direct Support Professional) staff. DSP staff did not know where [client B] was for approximately 15 minutes of time. When staff realized she did not know where [client B] was, she immediately took steps to locate him, and to notify the program coordinator and Director of the problem. It is determined from this review that [client B] was not at any substantial risk during this event, and he was not observed to be in distress or to realize that others were worried about his safety. There is no evidence that this was a situation of neglect of a client."</p> <p>A review of client B's Individualized Support Plan (ISP), dated 4/5/11, was conducted on 1/30/12 at 1:29 PM. The</p>		random visits during day programming activities	

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 01/31/2012
--	---	--	---

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 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
--------------------	--	---------------	---	----------------------

	<p>ISP indicated, "[Client B] is vulnerable to all forms of exploitation and needs 24 hour supervision. He had limited safety awareness and trusts most people. [Client B] exhibits pica (eating non-nutritious items) and had drunken (sic) from bird baths, licked stray animals, eaten cigarette butts, and plant life from yards. He must be supervised when using cleaning chemicals... [Client B] has a most restrictive behavioral support plan with psychotropic medication. Target behaviors include: inappropriate masturbation, pica, self-injurious behavior, agitated behavior, rectal digging, and inappropriate mealtime behavior."</p> <p>A review of the facility's abuse and neglect policy, dated 10/08, was conducted on 1/30/12 at 1:13 PM. The policy indicated the following, "All consumers served through programs provided by Stone Belt Arc, Incorporated shall have the following rights: 11. To be free from mental, verbal, sexual and physical abuse... 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."</p>			
--	--	--	--	--

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 01/31/2012	
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			
	<p>An interview with staff #10 was conducted on 1/30/12 at 2:56 PM. Staff #10 indicated the outing to the [name of recreation center] was the first time she worked with client B. She indicated she received training to work with client B prior to the outing. Staff #10 indicated during the outing, client B kept trying to wander off. Staff #10 indicated client B did not want to wait for or stay with the group. Staff #10 indicated while client B was in the women's restroom getting his bag of clothes for swimming, she turned around due to one of the other 3 clients having a behavior. Staff #10 indicated client B must have exited the restroom and gone into the men's locker room to change to get into the hot tub. Staff #10 indicated there should have been a second staff with her for this outing.</p> <p>An interview with the Administrative Staff (AS) #1 was conducted on 1/31/12 at 9:54 AM. AS #1 indicated the issue with this incident was not the staff but the facility failing to send staff #10 to an unfamiliar place (name of recreation center) with an unfamiliar client (client B). AS #1 indicated she determined staff #10 was not negligent in her duties due to the grouping of clients was not appropriate and staff #10 should not have been sent to the [name of recreation center] with the clients alone. AS #1</p>						

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 01/31/2012
--	---	--	---

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
--------------------	--	---------------	---	----------------------

	<p>indicated she felt staff #10 was not inattentive to client B; she was watching the door but turned to address the other clients when client B exited the restroom. Client B was following his normal routine and was not attempting to elope. AS #1 stated the issue was not with staff #10 since staff #10 was put in a "bad situation" by the scheduling of the outing.</p> <p>This federal tag relates to Complaint #IN00102032.</p> <p>9-3-2(a)</p>			
--	--	--	--	--

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 01/31/2012	
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			
W0154	<p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (B), the facility failed to conduct a thorough investigation by failing to interview the clients.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 1/30/12 at 1:29 PM. On 1/4/12 at 12:45 PM, client B and 3 additional clients (not from the group home) went to the [name of city] [name of recreation center] with facility-operated day program staff #10. While waiting in the lobby, client B entered the women's restroom in the lobby. When client B exited the restroom, he no longer had a bag with his clothes in it. Staff #10 prompted client B to return to the restroom to get his bag. While watching the other clients, staff turned her back to the restroom door. When staff #10 checked the restroom, client B was not in the restroom. Staff #10 asked the [name of recreation center] staff for assistance with locating client B. Staff #10 called her supervisor to report client B was missing. [name of recreation center] staff indicated they thought they had found</p>	W0154	<p>W154 STAFF TREATMENT OF CLIENTS Plan of Correction</p> <p>Stone Belt will ensure that all allegations are investigated thoroughly. Stone Belt Investigation Protocol and Procedures will be followed. (Attachment # 3) Date of Completion February 17, 2012 Responsible Person QMRP Coordinator/SGL Director Plan of Prevention The Coordinators and Social Worker reviewed and completed training on Stone Belt investigation procedures. (Attachment # 3a). This included how to conduct proper investigations and who should be interviewed. Quality Assurance Monitoring The SGL Director will ensure, after reviewing the incident, that investigations will be completed thoroughly.</p>	02/17/2012			

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 01/31/2012	
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			
	<p>client B in the hot tub. Staff #10 went into the pool area to verify client B was in the hot tub. The investigative report indicated client B's location was unknown for approximately 15 minutes. The facility partially substantiated neglect. The finding indicated, "the findings support part of how the event/allegation was described but not entirely... It is determined that [client B] was out of line of sight by his staff during his outing at [name of city] Day Program. This was an accidental event which occurred when [client B] moved quickly through his established routine, known from past visits to the [name of recreation center]. He left his group and DSP (Direct Support Professional) staff. DSP staff did not know where [client B] was for approximately 15 minutes of time. When staff realized she did not know where [client B] was, she immediately took steps to locate him, and to notify the program coordinator and Director of the problem. It is determined from this review that [client B] was not at any substantial risk during this event, and he was not observed to be in distress or to realize that others were worried about his safety. There is no evidence that this was a situation of neglect of a client." The investigative report did not include interviews or attempted interviews with the 4 clients who attended the outing to</p>						

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 01/31/2012	
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			
	<p>the [name of recreation center].</p> <p>An interview with staff #10 was conducted on 1/30/12 at 2:56 PM. Staff #10 indicated the outing to the [name of recreation center] was the first time she worked with client B. She indicated she received training to work with client B prior to the outing. Staff #10 indicated during the outing, client B kept trying to wander off. Staff #10 indicated client B did not want to wait for or stay with the group. Staff #10 indicated while client B was in the women's restroom getting his bag of clothes for swimming, she turned around due to one of the other 3 clients having a behavior. Staff #10 indicated client B must have exited the restroom and gone into the men's locker room to change to get into the hot tub. Staff #10 indicated there should have been a second staff with her for this outing.</p> <p>An interview with the Administrative Staff (AS) #1 was conducted on 1/31/12 at 9:54 AM. AS #1 indicated she did not interview the clients.</p> <p>This federal tag relates to Complaint #IN00102032.</p> <p>9-3-2(a)</p>						

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 01/31/2012	
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			
W0186	<p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (B), the facility-operated day program failed to deploy staff appropriately to supervise the client.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 1/30/12 at 1:29 PM. On 1/4/12 at 12:45 PM, client B and 3 additional clients (not from the group home) went to the [name of city] [name of recreation center] with facility-operated day program staff #10. While waiting in the lobby, client B entered the women's restroom in the lobby. When client B exited the restroom, he no longer had a bag with his clothes in it. Staff #10 prompted client B to return to the restroom to get his bag. While watching the other clients, staff turned her back to the restroom door. When staff #10 checked the restroom, client B was not in the restroom. Staff #10 asked the [name of recreation center] staff for assistance</p>	W0186	<p>W186</p> <p>DIRECT CARE STAFF</p> <p>Plan of Correction:</p> <p>Stone Belt Arc, Inc. will provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Person Responsible:</p> <p>QMRP Coordinator and Lifelong Learning Coordinator</p> <p>Date of Completion:</p> <p>February 17, 2012</p> <p>Plan of Prevention:</p> <p>Staff will be trained on each individual client that is accessing the community. (Attachment # 4). As a result of the given incident a Swimming Protocol was developed (# 5) and trained with staff. (# 5a). A Community Activity Schedule is prepared by the Lifelong Learning Coordinator to assure sufficient staffing for</p>	02/17/2012			

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 01/31/2012
--	---	--	---

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
--------------------	--	---------------	---	----------------------

	<p>with locating client B. Staff #10 called her supervisor to report client B was missing. [Name of recreation center] staff indicated they thought they had found client B in the hot tub. Staff #10 went into the pool area to verify client B was in the hot tub. The investigative report indicated client B's location was unknown for approximately 15 minutes. The facility partially substantiated neglect. The finding indicated, "the findings support part of how the event/allegation was described but not entirely... It is determined that [client B] was out of line of sight by his staff during his outing at [name of city] Day Program. This was an accidental event which occurred when [client B] moved quickly through his established routine, known from past visits to the [name of recreation center]. He left his group and DSP (Direct Support Professional) staff. DSP staff did not know where [client B] was for approximately 15 minutes of time. When staff realized she did not know where [client B] was, she immediately took steps to locate him, and to notify the program coordinator and Director of the problem. It is determined from this review that [client B] was not at any substantial risk during this event, and he was not observed to be in distress or to realize that others were worried about his safety. There is no evidence that this was a</p>		<p>various activities.</p> <p>Quality Assurance Monitoring:</p> <p>Lifelong Learning Coordinator and QMRP Coordinator will review various outings to assure staffing is sufficient for a particular outing and that all staff are trained appropriately.</p>	
--	---	--	---	--

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 01/31/2012	
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			
	<p>situation of neglect of a client."</p> <p>A review of client B's Individualized Support Plan (ISP), dated 4/5/11, was conducted on 1/30/12 at 1:29 PM. The ISP indicated, "[Client B] is vulnerable to all forms of exploitation and needs 24 hour supervision. He had limited safety awareness and trusts most people. [Client B] exhibits pica (eating non-nutritious items) and had drunken (sic) from bird baths, licked stray animals, eaten cigarette butts, and plant life from yards. He must be supervised when using cleaning chemicals... [Client B] has a most restrictive behavioral support plan with psychotropic medication. Target behaviors include: inappropriate masturbation, pica, self-injurious behavior, agitated behavior, rectal digging, and inappropriate mealtime behavior."</p> <p>An interview with staff #10 was conducted on 1/30/12 at 2:56 PM. Staff #10 indicated the outing to the [name of recreation center] was the first time she worked with client B. She indicated she received training to work with client B prior to the outing. Staff #10 indicated during the outing, client B kept trying to wander off. Staff #10 indicated client B did not want to wait for or stay with the group. Staff #10 indicated while client B</p>						

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 01/31/2012
--	---	--	---

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 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
--------------------	--	---------------	---	----------------------

	<p>was in the women's restroom getting his bag of clothes for swimming, she turned around due to one of the other 3 clients having a behavior. Staff #10 indicated client B must have exited the restroom and gone into the men's locker room to change to get into the hot tub. Staff #10 indicated there should have been a second staff with her for this outing.</p> <p>An interview with the Administrative Staff (AS) #1 was conducted on 1/31/12 at 9:54 AM. AS #1 indicated the issue with this incident was not the staff but the facility failing to send staff #10 to an unfamiliar place ([name of recreation center]) with an unfamiliar client (client B). AS #1 indicated she determined staff #10 was not negligent in her duties due to the grouping of the clients was not appropriate and staff #10 should not have been sent to the [name of recreation center] with the clients alone. AS #1 indicated she felt staff #10 was not inattentive to client B; she was watching the door but turned to address the other clients when client B exited the restroom. Client B was following his normal routine and was not attempting to elope. AS #1 stated the issue was not with staff #10 since staff #10 was put in a "bad situation" due to the scheduling of the outing.</p>			
--	---	--	--	--

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 01/31/2012
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	
	This federal tag relates to Complaint #IN00102032. 9-3-3(a)				

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 01/31/2012	
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			
W0227	<p>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 record review and interview for 1 of 3 clients in the sample (B), the facility failed to develop a plan to address wandering off.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 1/30/12 at 1:29 PM. On 1/4/12 at 12:45 PM, client B and 3 additional clients (not from the group home) went to the [name of city] [name of recreation center] with facility-operated day program staff #10. While waiting in the lobby, client B entered the women's restroom in the lobby. When client B exited the restroom, he no longer had a bag with his clothes in it. Staff #10 prompted client B to return to the restroom to get his bag. While watching the other clients, staff turned her back to the restroom door. When staff #10 checked the restroom, client B was not in the restroom. Staff #10 asked the [name of recreation center] staff for assistance with locating client B. Staff #10 called her supervisor to report client B was missing. [Name of recreation center] staff indicated they thought they had found</p>	W0227	<p>W227</p> <p>INDIVIDUAL PROGRAM PLAN</p> <p>Plan of Correction</p> <p>Stone Belt will ensure that a client's individual program plan states the specific objectives necessary to meet the client's needs are identified by a comprehensive assessment.</p> <p>Date of Completion</p> <p>February 17, 2012</p> <p>Responsible Person</p> <p>QMRP Coordinator</p> <p>Plan of Prevention</p> <p>The Simpson Support Team included a proactive strategy in the client's Behavioral Support Plan (Attachment # 6 and #6a) that addresses community activities for the client and staff awareness.</p> <p>Quality Assurance Monitoring</p> <p>The Simpson Support Team will review all Behavior Support Plans to assure appropriateness and that it assures the health and well</p>	02/17/2012			

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 01/31/2012
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	
	<p>client B in the hot tub. Staff #10 went into the pool area to verify client B was in the hot tub. The investigative report indicated client B's location was unknown for approximately 15 minutes. The facility partially substantiated neglect. The finding indicated, "the findings support part of how the event/allegation was described but not entirely... It is determined that [client B] was out of line of sight by his staff during his outing at [name of city] Day Program. This was an accidental event which occurred when [client B] moved quickly through his established routine, known from past visits to the [name of recreation center]. He left his group and DSP (Direct Support Professional) staff. DSP staff did not know where [client B] was for approximately 15 minutes of time. When staff realized she did not know where [client B] was, she immediately took steps to locate him, and to notify the program coordinator and Director of the problem. It is determined from this review that [client B] was not at any substantial risk during this event, and he was not observed to be in distress or to realize that others were worried about his safety. There is no evidence that this was a situation of neglect of a client."</p> <p>A review of client B's Individualized Support Plan (ISP), dated 4/5/11, was</p>		being of the client.		

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 01/31/2012
--	---	--	---

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
	<p>conducted on 1/30/12 at 1:29 PM. The ISP indicated, "[Client B] is vulnerable to all forms of exploitation and needs 24 hour supervision. He had limited safety awareness and trusts most people. [Client B] exhibits pica (eating non-nutritious items) and had drunken (sic) from bird baths, licked stray animals, eaten cigarette butts, and plant life from yards. He must be supervised when using cleaning chemicals... [Client B] has a most restrictive behavioral support plan with psychotropic medication. Target behaviors include: inappropriate masturbation, pica, self-injurious behavior, agitated behavior, rectal digging, and inappropriate mealtime behavior." There was no documentation in client B's ISP or behavior plan indicating client B may leave or attempt to leave the group.</p> <p>An interview with staff #10 was conducted on 1/30/12 at 2:56 PM. Staff #10 indicated the outing to the [name of recreation center] was the first time she worked with client B. She indicated she received training to work with client B prior to the outing. Staff #10 indicated during the outing, client B kept trying to wander off. Staff #10 indicated client B did not want to wait for or stay with the group. Staff #10 indicated while client B was in the women's restroom getting his</p>			

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 01/31/2012	
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			
	<p>bag of clothes for swimming, she turned around due to one of the other 3 clients having a behavior. Staff #10 indicated client B must have exited the restroom and gone into the men's locker room to change to get into the hot tub. Staff #10 indicated there should have been a second staff with her for this outing. Staff #10 indicated there was nothing in client B's plans indicating he had an issue with waiting for a group or may attempt or successfully leave the group. She indicated this information would have been useful.</p> <p>An interview with group home direct care staff #4 was conducted on 1/30/12 at 3:12 PM. Staff #4 indicated he had worked with client B for 3 years. Staff #4 indicated client B will wander off from the group but typically stays within eyesight of staff.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 1/30/12 at 3:21 PM. The QMRP indicated wandering off was not an on-going issue for client B. She indicated it was an isolated event. The QMRP indicated there was no plan for wandering off. The QMRP indicated client B knew where he was and what he wanted to do (get into hot tub).</p>						

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 01/31/2012
--	---	--	---

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 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
--------------------	--	---------------	---	----------------------

	<p>This federal tag relates to Complaint #IN00102032.</p> <p>9-3-4(a)</p>			
--	---	--	--	--