

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G362	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/15/2012
NAME OF PROVIDER OR SUPPLIER STONE BELT ARC INC			STREET ADDRESS, CITY, STATE, ZIP CODE 713 E MILLER DR BLOOMINGTON, IN 47401		
(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 a fundamental recertification and state licensure survey.</p> <p>Survey Dates: June 12, 13, 14 and 15, 2012.</p> <p>Facility Number: 000876 Provider Number: 15G362 AIM Number: 100249160</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 6/20/12 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 2 of 3 clients in the sample (#1 and #7), the governing body failed to exercise operating direction over the facility by ensuring the clients did not incur service charges on their checking accounts.</p> <p>Findings include:</p> <p>A review of the clients' financial records was conducted on 6/14/12 at 11:26 AM. -Client #1 incurred the following service charges on her checking account due to having a low balance: 1/19/12 - \$1.95, 2/16/12 - \$3.95, 3/18/12 - \$3.95, 4/17/12 - \$5.95, and 5/16/12 - \$5.95. -Client #7 incurred the following service charges on his checking account due to having a low balance: 1/19/12 - \$1.95, 2/16/12 - \$1.95, 3/18/12 - \$1.95, 4/17/12 - \$1.95, and 5/16/12 - \$1.95.</p> <p>An interview with the facility's Financial Administrator (FA) was conducted on 6/14/12 at 12:23 PM. The FA indicated the facility was going to switch banks in order to avoid the service charges. The FA indicated the facility was scheduled to go to the new bank to open accounts on 6/15/12.</p>	W0104	<p>W 104 CLIENT FINANCES</p> <p>Plan of Correction:</p> <p>The facility will ensure a full and complete account of all clients' funds.</p> <p>Date of Completion:</p> <p>July 15, 2012</p> <p>Person Responsible:</p> <p>Miller Coordinator and House Manager Coordinator.</p> <p>Plan of Prevention:</p> <p>The House Manager and Group Home Financial Coordinator are in the process of converting all clients over to a bank that does not have service charges. If service charges are encured, staff will counsel client on such fees. 6 of 7 clients have been converted to new bank with the final being completed by July 15, 2012.</p> <p>Quality Assurance Monitoring:</p> <p>All bank statements/client check book registers will be reviewed by the Coordinator/House Manager</p>	07/15/2012			

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	<p>An interview with the Home Manager (HM) was conducted on 6/14/12 at 11:26 AM. The HM indicated clients #1 and #7 were incurring service charges on their checking accounts due to not meeting the bank's minimum balance. The HM indicated the clients from the group home were scheduled to move their checking accounts to a new bank to avoid the service charges on 6/15/12.</p> <p>9-3-1(a)</p>		<p>to ensure all service charges are explained if necessary. Change of bank will ensure no service charges.</p>	

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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.</p> <p>Based on record review and interview for 1 of 7 incident reports reviewed affecting client #5, the facility failed to implement its policies and procedures to prevent client to client abuse at the facility-operated workshop.</p> <p>Findings include:</p> <p>A review of the facility's incident reports was conducted on 6/13/12 at 11:50 AM. On 3/2/12 at 12:52 PM, client #5 was eating lunch while a female peer was cleaning the tables in the break room. The female peer started to clean off client #5's table when client #5 grabbed her hand and squeezed it. The female peer yelled out and workshop staff #1 prompted client #5 to release his grip. Client #5 released his grip for a second and grabbed the peer's hand again. Workshop staff #1 prompted client #5 to stop and he complied. The female peer had a small knot on her right index finger (no description of size). The facility did not provide documentation an investigation was conducted into the incident.</p> <p>A review of the facility's Behavioral</p>	W0149	<p>W149 STAFF TREATMENT OF CLIENTS Plan of Correction: Stone Belt has policies and procedures that address mistreatment, neglect and abuse of clients. Workshop Staff (where specific incident occurred) will be retrained on Stone Belt Prevention of Abuse and Neglect/Client Rights and Incident Reporting (Attachment # 1) Responsible Person: Miller Coordinator Date of Completion: July 15, 2012 Plan of Prevention: Stone Belt Director of Group Homes will review all Incident Reports to assure Consumer to Consumer aggression is being reviewed appropriately. All Stone Belt staff are trained on the Stone Belt Prevention of Abuse and Neglect/Client Rights and Incident Reporting policy and procedure during orientation training and annually. Quality Assurance Monitoring: Stone Belt Director of Group Homes will review all incident reports to assure policy is being followed. If the incident occurs in the workshop, the Director of Manufacturing will review the report as well. The Coordinator and other administrative staff will conduct visits to the workshop, both announced and unannounced to</p>	07/15/2012	

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	<p>Intervention Policy, dated 10/2010, was conducted on 6/13/12 at 10:38 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. The policy indicated Events Requiring Investigations included, "Situations involving suspected or alleged abuse, neglect or exploitation of consumers or any rights issue as described in agency policies will be investigated by staff designated and trained by the agency for this role."</p> <p>An interview with the Director was conducted on 6/14/12 at 2:32 PM. The Director indicated the facility should have investigated the incident due to client to client abuse. The Director indicated the facility should have prevented client to client abuse. The Director indicated the policy should have been implemented for conducting an investigation.</p> <p>9-3-2(a)</p>		assure appropriate reporting of incidents.		

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 7 incident reports reviewed affecting client #5, the facility failed to conduct a thorough investigation of client to client abuse.</p> <p>Findings include:</p> <p>A review of the facility's incident reports was conducted on 6/13/12 at 11:50 AM. On 3/2/12 at 12:52 PM, client #5 was eating lunch while a female peer was cleaning the tables in the break room. The female peer started to clean off client #5's table when client #5 grabbed her hand and squeezed it. The female peer yelled out and workshop staff #1 prompted client #5 to release his grip. Client #5 released his grip for a second and grabbed the peer's hand again. Workshop staff #1 prompted client #5 to stop and he complied. The female peer had a small knot on her right index finger (no description of size). The facility did not provide documentation an investigation was conducted into the incident.</p> <p>An interview with the Director was conducted on 6/14/12 at 2:32 PM. The</p>	W0154	<p>W154</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>Plan of Correction:</p> <p>Stone Belt will provide evidence that all alleged violations are thoroughly investigated.</p> <p>Person Responsible:</p> <p>Miller Coordinator</p> <p>Date of Completion:</p> <p>July 15, 2012</p> <p>Plan of Prevention:</p> <p>Investigation Procedure (Attachment # 2) reviewed with staff involved with investigations.</p> <p>Quality Assurance Monitoring:</p> <p>The SGL Director will review all Incident Reports to assure they are investigated thoroughly.</p>	07/15/2012			

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	<p>Director indicated the facility should have investigated the incident due to client to client abuse. The Director indicated the facility should have prevented client to client abuse.</p> <p>9-3-2(a)</p>			

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W0249	<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, interview and record review for 2 of 3 clients in the sample (#1 and #7), the facility failed to ensure the day program (facility-operated) implemented the clients' program plans as written for meals.</p> <p>Findings include:</p> <p>An observation was conducted on 6/13/12 from 10:40 AM to 11:39 AM at the facility-operated day program.</p> <p>-Client #1: At 11:26 AM, day program staff #1 got client #1's lunch box out of the refrigerator and took it to client #1. Staff #1 indicated she did this due to other clients in the area having a fall risk and she did not want anyone tripping over client #1's wheelchair or oxygen hoses. Client #1 ate her meal quickly without receiving prompts from staff #1 during her meal. The staff did not prompt client #1 to take appropriate sized bites, chew slowly, use a napkin and keep her food on her plate.</p> <p>-Client #7: At 11:26 AM, client #7 got</p>	W0249	<p>W 249 PROGRAM IMPLEMENTATION Plan of Correction: An individual program plan will be implemented to assure continuous active treatment program consistent with the needed interventions and services in sufficient number and frequency to support the objectives. Responsible Person: Miller Coordinator and House Manager Date of Completion: July 15, 2012 Plan of Prevention: Day Program will be trained on client's meal plan and adaptive equipment. Staff will review on active treatment as well. Quality Assurance Monitoring: Miller Coordinator and House Manager will ensure that adaptive equipment and meal plans are followed. The Day Programming Coordinator for each specific location will also assure that the meal plans are being followed and necessary equipment being used.</p>	07/15/2012			

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	<p>his lunch box from the refrigerator. Client #7 started eating his sandwich at 11:28 AM. Client #7 put a third of his sandwich into his mouth, filling his mouth. He did this two more times finishing his sandwich. Client #7 then needed assistance opening his fruit bar package. Once opened, client #7 ate the fruit bar in two bites. Client #7 did not have a rocker knife or a raised edge plate during the observation. Client #7 was not prompted to use a rocker knife and raised edge plate for self-help, keep his right hand in his lap, use a napkin to wipe off his mouth, and to chew his food.</p> <p>A review of client #1's record was conducted on 6/14/12 at 9:46 AM. Client #1's Individual Support Plan (ISP), dated 6/22/11, indicated she had a training objective for meals. The objective indicated client #1 was to take appropriate sized bites, chew slowly, use a napkin and keep her food on her plate. On 8/2/11, the Support Team Review form indicated the following, "QMRP (Qualified Mental Retardation Professional) will follow up w/ (with) day program to ensure consistent mealtime IHPs (individual habilitation programs)."</p> <p>A review of client #7's record was conducted on 6/14/12 at 10:30 AM. Client #7's ISP, dated 5/15/12, indicated</p>						

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	<p>he had a meal time training objective to use a rocker knife and raised edge plate for self-help, keep his right hand in his lap, use a napkin to wipe off mouth, and chew his food. The plan indicated, "[Client #7] must use his raised edge plate and rocker knife when eating."</p> <p>An interview with the Home Manager (HM) was conducted on 6/14/12 at 11:37 AM. The HM indicated client #7 had a plan addressing meals. The HM indicated the plan indicated for staff to prompt client #7 to eat slowly, take appropriately sized bites, use a napkin to slow down his pace. The HM stated client #7 was a "shoveler." The HM indicated client #7 needed constant prompts to keep him from eating too fast. The HM indicated client #1 had a plan for meals. The HM indicated client #1's plan should be implemented at the day program to ensure she did not eat quickly.</p> <p>An interview with the Program Coordinator (PC) was conducted on 6/14/12 at 11:07 AM. The PC indicated the day program should implement client #1's program plan as written. The PC indicated he was unsure if client #7 had a training objective for meals. The PC indicated client #7 could have choked during the meal due to putting so much of his sandwich into his mouth at one time.</p>						

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	The PC indicated the team needed to discuss whether or not client #7 needed a dining plan. 9-3-4(a)				

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, interview and record review for 1 of 3 clients in the sample (#7), the facility failed to ensure the facility-operated day program used his mealtime adaptive equipment.</p> <p>Findings include:</p> <p>An observation was conducted on 6/13/12 from 10:40 AM to 11:39 AM at the facility-operated day program. At 11:26 AM, client #7 got his lunch box from the refrigerator. Client #7 started eating his sandwich at 11:28 AM. Client #7 put a third of his sandwich into his mouth, filling his mouth. He did this two more times finishing his sandwich. Client #7 then needed assistance opening his fruit bar package. Once opened, client #7 ate the fruit bar in two bites. Client #7 did not have a rocker knife or a raised edge plate during the observation. Client #7 was not prompted to use a rocker knife and raised edge plate for self-help during lunch.</p>	W0436	<p>W 436 SPACE AND EQUIPMENT Plan of Correction: Stone Belt will furnish, maintain in good repair and teach clients to use and make informed choices about the use of devices identified. Date of Completion: July 15, 2012 Responsible Person: Miller Coordinator Plan of Prevention: Day Program will be trained on client's meal plan and adaptive equipment. Staff will review on active treatment as well. Training took place on 7/3/2012 with day programming instructor. Training included meal plans, active treatment during meal time and use of adaptive equipment. (Attachment A)Quality Assurance Monitoring: Miller Coordinator and House Manager will ensure that adaptive equipment and meal plans are followed. The Day Programming Coordinator for each specific location will also assure that the meal plans are being followed and necessary equipment being used.</p>	07/15/2012			

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	<p>A review of client #7's record was conducted on 6/14/12 at 10:30 AM. Client #7's ISP, dated 5/15/12, indicated he had a meal time training objective to use a rocker knife and raised edge plate for self-help. The plan indicated, "[Client #7] must use his raised edge plate and rocker knife when eating."</p> <p>An interview with the Home Manager (HM) was conducted on 6/14/12 at 11:37 AM. The HM indicated client #7 had a plan addressing meals. The HM indicated client #7's adaptive equipment should be implemented at the day program.</p> <p>An interview with the Program Coordinator (PC) was conducted on 6/14/12 at 11:07 AM. The PC indicated the day program should have the same adaptive equipment as the group home (scoop plate and rocker knife).</p> <p>9-3-7(a)</p>				