

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  03/05/2012	
NAME OF PROVIDER OR SUPPLIER  STONE BELT ARC INC				STREET ADDRESS, CITY, STATE, ZIP CODE 2606 H ST BEDFORD, IN 47421			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: February 29, March 1, 2, and 5, 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 3/13/12 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 3 of 5 clients living in the group home (#2, #4 and #5), the governing body failed to exercise operating direction over the facility by ensuring the clients did not pay for their soap and shampoo.</p> <p>Findings include:</p> <p>A review of the clients' finances was conducted on 3/1/12 at 7:58 AM. On 6/23/11, client #5 purchased from his own money 3 bottles of shampoo and 4 bottles of body wash at \$2.97 each. On 1/12/12, client #5 purchased 3 packages of soap for \$2.97 each. On 1/19/12, client #2 purchased from his own money 5 bottles of body wash at \$2.97 each. On 1/2/12, client #4 purchased 2 bottles of shampoo (\$2.00 each), toothpaste (\$4.00) and soap (\$3.25) from his personal money.</p> <p>An interview with the home manager (HM) was conducted on 3/1/12 at 7:58 AM. The HM indicated the clients were purchasing soap, shampoo and deodorant. The HM indicated Stone Belt did not provide these items to the clients.</p> <p>An interview with the Qualified Mental</p>	W0104	<p><b>W 104 GOVERNING BODY</b></p> <p><b>Plan of Correction:</b></p> <p>Stone Belt ensures that each of its group homes exercise operating direction over the facility. Specifically, it ensures that the facility purchases hygiene products (soap and shampoo), not the clients.</p> <p><b>Responsible Person:</b></p> <p>QMRP/Coordinator</p> <p><b>Date of Completion:</b></p> <p>March 30, 2012</p> <p><b>Plan of Prevention:</b></p> <p>Staff training was conducted on March 30, 2012, to advise staff that Stone Belt is to purchase soap and shampoo for the clients. (Attachment # 1)</p> <p><b>Quality Assurance Monitoring:</b></p> <p>QMRP/Coordinator will review monthly expenditures to see that soap and shampoo are being purchased by the home.</p>	03/30/2012			

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	<p>Retardation Professional (QMRP) was conducted on 3/2/12 at 12:06 PM. The QMRP indicated Stone Belt should provide the clients with soap, shampoo and deodorant.</p> <p>An interview with the Financial Director (FD) was conducted on 3/1/12 at 11:24 AM. The FD indicated Stone Belt should be providing the clients with soap, shampoo and deodorant; she indicated Stone Belt provided generic items and if the clients want a brand name and they have the money, the clients could purchase the brand names themselves. The FD indicated these hygiene items were part of the day rate Stone Belt received.</p> <p>9-3-1(a)</p>				

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W0140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p> <p>Based on record review and interview for 3 of 5 clients living in the group home (#2, #3 and #5), the facility failed to ensure the clients did not incur service charges on their checking accounts.</p> <p>Findings include:</p> <p>A review of the clients' finances was conducted on 3/1/12 at 7:58 AM.</p> <p>-Client #2: He incurred a service charge on his checking account on 1/10/12 and 2/8/12 in the amount of \$1.95 each month.</p> <p>-Client #3: He incurred a service charge on his checking account in the amount of \$1.95 on 2/9/12.</p> <p>-Client #5: He incurred a service charge on his checking account in the amount of \$1.95 on the following dates: 7/14/11, 9/14/11, 10/16/11, 11/14/11, 12/13/11, 1/13/12 and 2/13/12.</p> <p>An interview with the Financial Director (FD) was conducted on 3/1/12 at 11:24 AM. The FD indicated the facility was in the process of moving the clients' checking accounts to a new bank to ensure the clients did not incur service</p>	W0140	<p><b>W140 CLIENT FINANCES</b></p> <p><b>Plan of Correction:</b></p> <p>Stone Belt maintains a system that assures a full and complete accounting of clients personal funds.</p> <p><b>Responsible Person:</b></p> <p>QMRP Coordinator</p> <p><b>Date of Completion:</b></p> <p>March 30, 2012</p> <p><b>Plan of Prevention:</b></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><b>Quality Assurance Monitoring:</b></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>	03/30/2012			

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	<p>charges. The FD indicated finding a new bank without service charges was difficult to do and moving the accounts was a long process due to changes in the banking industry (providing social security cards, picture identification, guardianship documentation, if applicable). The FD indicated the facility was attempting to avoid service charges for the clients.</p> <p>9-3-2(a)</p>		<p>to bank without service charges. This is a long process due to bank requirements.</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 12 incident/investigative reports reviewed affecting 1 of 2 non-sampled clients (#4), the facility failed to implement its policies and procedures to prevent client to client abuse/neglect at the facility-operated workshop.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 2/29/12 at 2:25 PM. On 1/20/12 at 9:45 AM, client #4 and a male peer were in the restroom. Both clients reported the same issue to the workshop supervisor - they were in the restroom using the urinal when the other client reached over with their hand and touched their private area. The Inquiry Summary, dated 1/31/12, indicated the following, "[Name of staff], Workshop Coordinator, stated both clients told her the same story right after the incident happened. [Name of Qualified Mental Retardation Professional (QMRP)] determined that [client #4's] behavior support plan had been followed. Recommended action is to continue current behavior plan. This incident was an issue of sexually acting</p>	W0149	<p><b>W149 STAFF TREATMENT OF CLIENTS Plan of Correction:</b> Stone Belt develops and maintains written policies and procedures that prohibit mistreatment, neglect and abuse of the client. In addition, Stone Belt has policies that distinguish between sexual abuse and sexual acting out. (Attachment # 2) <b>Responsible Person:</b> QMRP/Coordinator and Social Worker <b>Date of Completion:</b> February 27, 2012 <b>Plan of Prevention:</b> Stone Belt Social Worker completed training with staff in workshop regarding Sexual Acting Out and the process the staff take to report such activity. (Attachment # 3 and # 3A). In addition, staff received their annual training on Prevention of Abuse and Neglect and Client Rights. (Attachment # 4 and # 4A). <b>Quality Assurance Monitoring:</b> SGL Director and QMRP/Coordinator review all Incident Reports to ensure they are reported accurately.</p>	03/30/2012			

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	<p>out. Social worker was informed and agreed this was sexually acting out conclusion... Social worker interviewed both clients."</p> <p>A review of client #4's record was conducted on 3/2/12 at 10:09 AM. His behavior support plan (BSP), dated 10/26/10, indicated he had a targeted behavior of inappropriate sexual behavior, defined as making inappropriate sexual comments towards staff or peers at the workshop. [Client #4] displaying his "private" areas to staff or consumers. The plan indicated, "Due to recent episodes of [client #4] having inappropriate sexual behaviors when he is unsupervised, [client #4] will be required to be in line of sight of staff except when he is in his bedroom or in the restroom. [Client #4] will be required to use the downstairs workshop bathroom while at LARC. [Client #4] will inform the staff when he is using the restroom."</p> <p>A review of the facility's abuse and neglect policy, dated 10/08, was conducted on 2/29/12 at 1:47 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</p>			

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	<p>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> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 3/5/12 at 11:43 AM. The QMRP indicated the facility had a policy prohibiting abuse and neglect of the clients. The QMRP indicated the facility should prevent the clients from abuse/neglect. The QMRP indicated she did not interview the clients involved or the staff. The QMRP indicated the social worker conducted the interviews.</p> <p>9-3-2(a)</p>				

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 12 incident/investigative reports reviewed affecting 1 of 2 non-sampled clients (#4), the facility failed to ensure staff immediately reported client to client abuse at the facility-operated workshop to the administrator in accordance with state law and to BDDS (Bureau of Developmental Disabilities Services) within 24 hours.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 2/29/12 at 2:25 PM. On 1/20/12 at 9:45 AM, client #4 and a male peer were in the restroom. Both clients reported the same issue to the workshop supervisor - they were in the restroom using the urinal when the other client reached over with their hand and touched their private area. The Inquiry Summary, dated 1/31/12, indicated the following, "[Name of staff], Workshop Coordinator, stated both clients told her the same story right after the incident happened. [Name</p>	W0153	<p><b>W153 STAFF TREATMENT OF CLIENTS Plan of Correction:</b> Stone Belt ensures that all allegations of mistreatment, neglect or abuse, are reported immediately to the administrator or other officials in accordance with State law. <b>Responsible Person:</b> QMRP Coordinator and Social Worker <b>Date of Completion:</b> February 27, 2012 <b>Plan of Prevention:</b> Stone Belt staff in the workshop were the incident occurred were trained on the process of reporting such incidents. (Attachment # 3 and # 3A). In addition, annual training was conducted on Abuse, Neglect and Client Rights on January 23, 2012. Both training included reporting incident immediately. <b>Quality Assurance Monitoring:</b> SGL Director and QMRP/Coordinator review all Incident Reports to ensure they are reported accurately and timely.</p>	03/27/2012			

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	<p>of Qualified Mental Retardation Professional (QMRP)] determined that [client #4's] behavior support plan had been followed. Recommended action is to continue current behavior plan. This incident was an issue of sexually acting out. Social worker was informed and agreed this was sexually acting out conclusion... Social worker interviewed both clients." The QMRP documented on the Allegations of Abuse, Neglect, and/or Injuries of Unknown Origin form, dated 2/2/12, the following, "IR (incident report) was not turned in until 11 days later, was on workshop desk. Reported immediately to state when found. Incident was an episode of sexually acting out. Inquiry completed."</p> <p>A review of client #4's record was conducted on 3/2/12 at 10:09 AM. His behavior support plan (BSP), dated 10/26/10, indicated he had a targeted behavior of inappropriate sexual behavior, defined as making inappropriate sexual comments towards staff or peers at the workshop. [Client #4] displaying his "private" areas to staff or consumers. The plan indicated, "Due to recent episodes of [client #4] having inappropriate sexual behaviors when he is unsupervised, [client #4] will be required to be in line of sight of staff except when he is in his bedroom or in the restroom. [Client #4]</p>			

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	<p>will be required to use the downstairs workshop bathroom while at LARC. [Client #4] will inform the staff when he is using the restroom."</p> <p>An undated document titled, Sexual Acting Out, was reviewed on 2/29/12 at 3:49 PM. Sexual acting out was defined as, "behavior which may involve vulgar sexual language, touch of self, sexual advances towards another without intent to harm or injure another. Consensual sexual acts between consumers who both have the capacity to consent, but where choice of timing, place or other factors determines the act to be inappropriate. Cognitive competence as well as the developmental and emotional stage of the consumer initiating the sexual behavior must be considered by professionals."</p> <p>An interview with the QMRP was conducted on 2/29/12 at 3:04 PM. The QMRP indicated a BDDS report was not submitted to the state due it being an incident of sexually acting out. The QMRP indicated the staff should have reported the incident immediately to the administrator.</p> <p>An interview with the Social Worker (SW) was conducted on 2/29/12 at 3:32 PM. The SW indicated the incident was not state reportable. She indicated the</p>						

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	<p>clients were at the same cognitive level. The SW stated the incident was not sexual abuse due to being "sexual acting out." The SW indicated both clients denied touching the other client and claimed the other client touched them. The SW indicated it was undetermined if this incident was consensual.</p> <p>9-3-2(a)</p>			

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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. Based on record review and interview for 1 of 12 incident/investigative reports reviewed affecting 1 of 2 non-sampled clients (#4), the facility failed to ensure a thorough investigation was conducted into an incident of client to client sexual abuse.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 2/29/12 at 2:25 PM. On 1/20/12 at 9:45 AM, client #4 and a male peer were in the restroom. Both clients reported the same issue to the workshop supervisor - they were in the restroom using the urinal when the other client reached over with their hand and touched their private area. The Inquiry Summary, dated 1/31/12, indicated the following, "[Name of staff], Workshop Coordinator, stated both clients told her the same story right after the incident happened. [Name of Qualified Mental Retardation Professional (QMRP)] determined that [client #4's] behavior support plan had been followed. Recommended action is to continue current behavior plan. This incident was an issue of sexually acting</p>	W0154	<p><b>W154</b></p> <p><b>STAFF TREATMENT OF CLIENTS</b></p> <p><b>Plan of Correction:</b></p> <p>Stone Belt will provide evidence that all alleged violations are thoroughly investigated.</p> <p><b>Responsible Person:</b></p> <p>QMRP Coordinator and Social Worker</p> <p><b>Date of Completion:</b></p> <p>March 30, 2012</p> <p><b>Plan of Prevention:</b></p> <p>Stone Belt has an investigation procedure that ensures that any violations are addressed thoroughly. (Attachment # 5). In addition, the Social Worker conducted an investigation of the situation. (Attachment # 5A). QMRP Coordinator was retrained on Stone Belt investigation procedure. (Attachment # 5B).</p> <p><b>Quality Assurance Monitoring:</b></p> <p>SGL Director and QMRP/Coordinator review all Incident Reports/Investigations to ensure they are reported</p>	03/30/2012			

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	<p>out. Social worker was informed and agreed this was sexually acting out conclusion... Social worker interviewed both clients." The QMRP documented on the Allegations of Abuse, Neglect, and/or Injuries of Unknown Origin form, dated 2/2/12, the following, "IR (incident report) was not turned in until 11 days later, was on workshop desk. Reported immediately to state when found. Incident was an episode of sexually acting out. Inquiry completed." The incident packet did not contain witness statements from the clients, the staff who was supervising, and the staff who the incident was reported to. The incident packet did not include the clients' program plans to ensure the plans were implemented. The packet did not indicate which bathroom client #4 and his peer were in when the incident occurred. The packet did not indicate whether or not client #4 informed staff prior to using the restroom.</p> <p>A review of client #4's record was conducted on 3/2/12 at 10:09 AM. His behavior support plan (BSP), dated 10/26/10, indicated he had a targeted behavior of inappropriate sexual behavior, defined as making inappropriate sexual comments towards staff or peers at the workshop. [Client #4] displaying his "private" areas to staff or consumers. The plan indicated, "Due to recent episodes of</p>		thoroughly, accurately and timely.				

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	<p>[client #4] having inappropriate sexual behaviors when he is unsupervised, [client #4] will be required to be in line of sight of staff except when he is in his bedroom or in the restroom. [Client #4] will be required to use the downstairs workshop bathroom while at LARC. [Client #4] will inform the staff when he is using the restroom."</p> <p>An undated document titled, Sexual Acting Out, was reviewed on 2/29/12 at 3:49 PM. Sexual acting out was defined as, "behavior which may involve vulgar sexual language, touch of self, sexual advances towards another without intent to harm or injure another. Consensual sexual acts between consumers who both have the capacity to consent, but where choice of timing, place or other factors determines the act to be inappropriate. Cognitive competence as well as the developmental and emotional stage of the consumer initiating the sexual behavior must be considered by professionals."</p> <p>An interview with the QMRP was conducted on 2/29/12 at 3:04 PM. The QMRP she did not conduct interviews with the staff or the clients. The QMRP indicated the social worker conducted the interviews.</p> <p>An interview with the Social Worker</p>						

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	<p>(SW) was conducted on 2/29/12 at 3:32 PM. The SW indicated the incident was not state reportable. She indicated the clients were at the same cognitive level. The SW stated the incident was not sexual abuse due to being "sexual acting out." The SW indicated both clients denied touching the other client and claimed the other client touched them. The SW indicated it was undetermined if this incident was consensual.</p> <p>9-3-2(a)</p>			

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W0157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview for 1 of 12 incident/investigative reports reviewed affecting 1 of 3 sampled clients (#5), the facility failed to ensure corrective action was taken with supervisory staff for not assisting/responding to direct care staff's request for help during a behavior.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 2/29/12 at 2:25 PM. On 2/22/12 at 11:30 AM, client #5 was sitting in a chair outside of the med room at the facility-operated day program. Staff #10 asked client #5 if he was okay and he jumped out of the chair and clawed at her neck and pulled her shirt. Staff #10 released his fingers and called staff #11 for assistance and staff #11 placed client #5 in a standing baskethold and escorted him back to his program area. The Inquiry Summary, dated 2/22/12, indicated staff #11 was interviewed. Staff #11 indicated he knocked on the door for the program coordinator's assistance but she would not answer. Staff #12 indicated in his interview the staff tried to</p>	W0157	<p><b>W157</b></p> <p><b>STAFF TREATMENT OF CLIENTS</b></p> <p><b>Plan of Correction:</b></p> <p>Stone Belt will assure that if a violation is verified, appropriate action will be taken.</p> <p><b>Responsible Person:</b></p> <p>QMRP Coordinator and Lifelong Learning Coordinator</p> <p><b>Date of Completion:</b></p> <p>March 13, 2012</p> <p><b>Plan of Prevention:</b></p> <p>Lifelong Learning staff were trained on March 13, 2012 in regard to emergency situations in the day programming area. If an emergency would occur, staff are to contact Coordinator via cell phone, contact a member of the Stone Belt leadership team that is on site or contact LLL Director. (Attachment # 6 and # 6A).</p> <p><b>Quality Assurance Monitoring:</b></p> <p>SGL Director, LLL Director, QMRP/Coordinator and LLL Coordinator will review future</p>	03/13/2012			

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	<p>get assistance from the day program coordinator and she would not open the door to the room she was in. The inquiry did not indicate the corrective action taken with the day program coordinator; it was not addressed in the recommendations.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/29/12 at 3:04 PM. The QMRP indicated she did not know if corrective action was taken with the day program coordinator.</p> <p>An interview with the day program coordinator's supervisor was conducted on 3/2/12 at 1:54 PM. The supervisor indicated she just returned from a training and was not aware of the incident/situation. The supervisor had not taken corrective action with the day program coordinator.</p> <p>9-3-2(a)</p>		incidents within day programming to ensure effectiveness of plan implemented.		

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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview for 2 of 3 clients in the sample (#2 and #3), the Qualified Mental Retardation Professional (QMRP) failed to complete quarterly reviews of the clients' program plans.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 3/1/12 at 10:39 AM. Client #2's Individual Support Plan (ISP) was dated 4/9/11. His quarterly reviews of his program plan progress were conducted on 4/30/11, 7/31/11, and 10/31/11. The quarterly review due in January 2012 was not in his record for review.</p> <p>A review of client #3's record was conducted on 3/2/12 at 9:15 AM. Client #3's ISP was dated 11/24/11. His quarterly reviews of his program plan progress were conducted on 3/1/11, 5/31/11, 8/31/11, and 12/1/11. There was no documentation in client #3's record indicating a review was conducted in January/February 2012.</p> <p>An interview with the Qualified Mental</p>	W0159	<p><b>W159</b></p> <p><b>QMRP</b></p> <p><b>Plan of Correction:</b></p> <p>Stone Belt QMRP will ensure that an integrated, coordinated and active treatment plan will be monitored.</p> <p><b>Responsible Person:</b></p> <p>QMRP Coordinator</p> <p><b>Date of Completion:</b></p> <p>March 30, 2012</p> <p><b>Plan of Prevention:</b></p> <p>A Performance Review (Attachment # 7) was completed on QMRP for not completing the quarterly reviews by the scheduled date. This involved two clients and future quarterly reviews will be done timely.</p> <p><b>Quality Assurance Monitoring:</b></p> <p>SGL Director will monitor quarterly reviews.</p>	03/30/2012			

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	<p>Retardation Professional (QMRP) was conducted on 3/5/12 at 11:43 AM. The QMRP indicated the quarterly reviews for the clients' program plans should be conducted every 3 months and in their records for review.</p> <p>9-3-3(a)</p>			

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W0218	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based on record review and interview for 1 of 2 non-sampled clients (#1), the facility failed to ensure a physical therapy (PT) assessment was conducted in response to his unsteady gait.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 3/1/12 at 10:06 AM. The Support Team Review Form, dated 11/2/11, indicated the following, "Falling in bedroom and not telling staff. Loss of appetite and gait bad. Schedule PT eval...". The Support Team Review Form dated 12/28/11 did not address falls or the PT evaluation. The Support Team Review Form dated 1/25/12 indicated, "Doing PT/OT eval, scheduling now. Feet are sore for walking and falls recently. Sleeps thru (sic) night so room monitor would not help, falling during wake hours. Training has been done on importance of informing staff of falls." His most recent PT evaluation was conducted on 6/6/07.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 3/2/12 at 3:13 PM via</p>	W0218	<p><b>W218 INDIVIDUAL PROGRAM PLAN</b></p> <p><b>Plan of Correction:</b></p> <p>The annual assessment will ensure that a sensorimotor development will occur if the client has that specific need.</p> <p><b>Responsible Person:</b></p> <p>QMRP Coordinator</p> <p><b>Date of Completion:</b></p> <p>March 30, 2012</p> <p><b>Plan of Prevention:</b></p> <p>A Physical Therapy assessment was completed on March 28, 2012. Staff were trained on March 30, 2012 regarding physical therapy exercises as prescribed by the therapist. (Attachment # 8 and # 8A)</p> <p><b>Quality Assurance Monitoring:</b></p> <p>QMRP Coordinator will review the need for physical therapy on an annual basis and as needed during Support Team Meetings held monthly.</p>	03/30/2012			

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	<p>email. The QMRP indicated client #1 had not had a PT assessment. The QMRP indicated client #1's physician had not made the referral for the PT assessment.</p> <p>9-3-4(a)</p>				

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W0220	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include speech and language development.</p> <p>Based on observation, interview and record review for 2 of 3 clients in the sample (#2 and #5), the facility failed to ensure the clients had speech assessments.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/29/12 from 4:10 PM to 5:48 PM and 3/1/12 from 6:02 AM to 7:50 AM. Client #2, at 4:17 PM, was asked to repeat the name of his medication he was taking (Risperdal). Client #2 attempted to repeat the name however his speech was not clear. At 5:32 PM, client #2 pointed at the salad bowl and verbalized. It was not clear what he said however staff asked him if he wanted more salad and he served it to himself. Client #2 was observed to use one word at a time while pointing at objects. Client #2 verbalized in response to staff prompting him to repeat the name of an item. Client #2 was not prompted to sign or use a communication picture book. Client #5, during the visits, was difficult to understand. Staff had to clarify client #5's speech for this writer throughout the survey. Clients #2 and #5 were not observed to use communication devices</p>	W0220	<p><b>W220 INDIVIDUAL PROGRAM PLAN</b></p> <p><b>Plan of Correction:</b></p> <p>The annual assessment will ensure that speech and development are reviewed for appropriateness for each individual client.</p> <p><b>Responsible Person:</b></p> <p>QMRP Coordinator</p> <p><b>Date of Completion:</b></p> <p>April 6, 2012</p> <p><b>Plan of Prevention:</b></p> <p>Speech assessment is apart of each annual assessment. For the two clients in question, Stone Belt is awaiting their personal care physician to make a referral to a Speech Therapist.</p> <p><b>Quality Assurance Monitoring:</b></p> <p>QMRP Coordinator will review the need for speech therapy on an annual basis and as needed during Support Team Meetings held monthly.</p>	04/06/2012			

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	<p>or systems; the clients were not prompted to use devices or systems.</p> <p>A review of client #2's record was conducted on 3/1/12 at 10:39 AM. Client #2's most recent speech assessment was dated 2/6/02. His Individual Support Plan (ISP), dated 4/9/11, indicated the following, "[Client #2] has learned to sing the first verse of Baa baa black sheep. He does initiate speaking at the dining table, but needs consistent prompting to use a complete sentence... [Client #2] has limited verbal skills." Client #2 had a training objective to repeat med information during med pass." The ISP indicated client #2 was "primarily non-verbal." His ISP indicated, "[Client #2] uses signs for communication. He also has pictures with functional words. He is able to speak some words. Staff encourage [client #2] to speak the words he knows. Staff have also been successful in teaching [client #2] to sing a few short songs. At meal times staff have encouraged [client #2] to verbally request a drink choice or if he wants more to eat etc. and he had done very well with extending his list of words he can speak... No changes in communication skills." His Program Assessment, dated 4/4/11, indicated he needed verbal prompts to communicate effectively with others.</p>				

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	<p>A review of client #5's record was conducted on 3/2/12 at 10:14 AM. Client #5's most recent speech assessment was dated 8/4/98. His ISP, dated 6/30/11, indicated the following, "[Client #5] is verbal with some limitations on his vocabulary. He is able to verbalize his wants and needs to staff. Speech is difficult to understand at times. [Client #5] is able to follow simple commands from staff. On occasion, [client #5] will sing little songs to staff or visitors." Client #5 did not have a communication training objective in his ISP. His Program Assessment, dated 5/18/11, indicated client #5 communicated effectively with others.</p> <p>An interview with the Behavior Clinician (BC) was conducted on 3/5/12 at 1:46 PM. The BC indicated clients #2 and #5 could benefit with having speech evaluations. The BC indicated she had not seen staff use a communication book/pictures with client #2.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 3/5/12 at 11:43 AM. The QMRP stated client #2 having a speech assessment, "Probably wouldn't hurt." The QMRP indicated client #2 did not have a communication/picture book. The QMRP indicated client #2 had limited</p>						

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	<p>communication skills. The QMRP indicated client #5 would benefit from a speech assessment. The QMRP indicated neither client #2 nor client #5 had a recent speech assessment.</p> <p>An interview with the nurse was conducted on 3/2/12 at 11:46 AM. The nurse indicated client #5 would benefit from a speech assessment. The nurse indicated she did not think client #2 would benefit from a speech assessment.</p> <p>9-3-4(a)</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 record review and interview for 5 of 5 clients living in the group home (#1, #2, #3, #4 and #5), the facility failed to ensure: 1) client #4 had a plan to address binge eating, 2) clients #1, #2, #3 and #5 had plans to access locked food cabinets, and 3) clients #1, #3, #4 and #5 had plans to access locked chemical cabinets.</p> <p>Findings include:</p> <p>1) A review of client #5's record was conducted on 3/2/12 at 10:14 AM. A form titled Human Rights Approval, dated 6/20/11, indicated there were locks on the snack cabinets during overnight hours. The rationale for the restriction indicated the following, "There is a resident at Simpson House that has been binge eating snacks at night. He takes the food, when staff are not present in the kitchen, and eats in his bedroom. This poses health risks due to his diagnoses and treatment for GERD (Gastroesophageal Reflux Disease), hyperlipidemia and Tachycardia. Therefore, locks will be used on the snack</p>	W0227	<p><b>W227 INDIVIDUAL PROGRAM PLAN</b></p> <p><b>Plan of Correction:</b></p> <p>The individual program plan completed by the QMRP will state specific objectives necessary to meet the clients needs,</p> <p><b>Responsible Person:</b></p> <p>QMRP Coordinator</p> <p><b>Date of Completion:</b></p> <p>April 6, 2012</p> <p><b>Plan of Prevention:</b></p> <p>1) A goal to address binge eating will be incorporated into the BSP. 2) An informal goal will be created for all other clients in the home to access the locked food and 3) an informal goal will be created for all other clients in the home to access the locked chemicals, such as laundry soap.</p> <p><b>Quality Assurance Monitoring:</b></p> <p>QMRP Coordinator will complete the goals which are reviewed by</p>	04/06/2012			

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	<p>cabinets during overnight hours. Other residents will have access to the cabinets by asking staff to unlock the cabinets. Training goal: This resident will have a training goal developed to address this behavior."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 3/2/12 at 12:06 PM. The QMRP indicated the snack cabinets were being locked due to client #4's binge eating. The QMRP indicated she thought binge eating was a component of client #4's behavior plan. An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 3/5/12 at 11:43 AM. The QMRP stated it was "my fault" for not writing a training goal for client #4's binge eating. She indicated there should be a plan in place.</p> <p>A review of client #4's record was conducted on 3/2/12 at 10:09 AM. His ISP, dated 1/21/11, did not address binge eating. The restrictions section of his ISP did not indicate the snack cabinets were being locked. His behavior support plan (BSP) did not address binge eating as a targeted behavior or indicate it was an issue.</p> <p>An interview with the Behavior Clinician (BC) was conducted on 3/5/12 at 1:46</p>		the SGL Director.				

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	<p>PM. The BC indicated binge eating was not addressed in the behavior plan. The BC indicated binge eating should have been added to the plan.</p> <p>2) A review of client #1's record was conducted on 3/1/12 at 10:06 AM. There was no documentation in his record indicating he had a plan to access the locked snack cabinets at night.</p> <p>A review of client #2's record was conducted on 3/1/12 at 10:39 AM. There was no documentation in his record indicating he had a plan to access the locked snack cabinets at night.</p> <p>A review of client #3's record was conducted on 3/2/12 at 9:15 AM. There was no documentation in his record indicating he had a plan to access the locked snack cabinets at night.</p> <p>A review of client #5's record was conducted on 3/2/12 at 10:14 AM. There was no documentation in his record indicating he had a plan to access the locked snack cabinets at night.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 3/5/12 at 11:43 AM. The QMRP indicated clients #1, #2, #3 and #5 needed plans to access the locked snack</p>				

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	<p>cabinets. The QMRP indicated if the clients wanted to access the food, the clients had to ask staff to open the cabinets.</p> <p>3) A review of client #2's record was conducted on 3/1/12 at 10:39 AM. The Human Rights Approval form, dated 6/20/11, indicated there were locks on both the laundry room cabinet and kitchen cabinets. The rationale for the restriction, "One of the Simpson House residents has been diagnosed with PICA (ingesting non-nutritious items). Therefore, in order to keep these (sic) residents safe, locks have been placed on both the laundry room cabinet and the kitchen cabinet (where soaps, cleaners, and other chemical substances are stored). Training: The resident mentioned above has a behavior plan and training goals to address this behavior. Each of the Simpson House residents will have training goals to use the cabinet key."</p> <p>A review of client #1's record was conducted on 3/1/12 at 10:06 AM. There was no documentation in his record indicating he had a plan to use the cabinet keys to access the locked laundry room and kitchen cabinets where chemicals were stored.</p> <p>A review of client #3's record was</p>						

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	<p>conducted on 3/2/12 at 9:15 AM. There was no documentation in his record indicating he had a plan to use the cabinet keys to access the locked laundry room and kitchen cabinets where chemicals were stored.</p> <p>A review of client #4's record was conducted on 3/2/12 at 10:09 AM. There was no documentation in his record indicating he had a plan to use the cabinet keys to access the locked laundry room and kitchen cabinets where chemicals were stored.</p> <p>A review of client #5's record was conducted on 3/2/12 at 10:14 AM. There was no documentation in his record indicating he had a plan to use the cabinet keys to access the locked laundry room and kitchen cabinets where chemicals were stored.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 3/5/12 at 11:43 AM. The QMRP indicated clients #1, #3, #4 and #5 did not have training goals to use the cabinet key.</p> <p>9-3-4(a)</p>			

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W0260	<p>483.440(f)(2) <b>PROGRAM MONITORING &amp; CHANGE</b> At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>Based on record review and interview for 1 of 2 non-sampled clients (#4), the facility failed to ensure his Individual Support Plan (ISP) was revised/updated annually.</p> <p>Findings include:</p> <p>A review of client #4's record was conducted on 3/2/12 at 10:09 AM. His ISP was dated 1/21/11. There was no documentation in his record indicating the support team revised/updated his program plan since 1/21/11.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 3/2/12 at 12:06 PM. The QMRP indicated client #4's ISP had been originally scheduled for 1/18/12 but rescheduled for 1/30/12. The QMRP indicated the ISP meeting was held and client #4's ISP was revised/updated. The QMRP indicated the program plan should be in his record for review.</p> <p>9-3-4(a)</p>	W0260	<p><b>W260 PROGRAM MONITORING &amp; CHANGE</b></p> <p><b>Plan of Correction:</b></p> <p>The individual program plan completed by the QMRP, will be revised, as appropriate, on an annual basis.</p> <p><b>Responsible Person:</b></p> <p>QMRP Coordinator</p> <p><b>Date of Completion:</b></p> <p>January 30, 2012</p> <p><b>Plan of Prevention:</b></p> <p>Clients annual was due on January 18, 2012 and due to the family wanting to reschedule the meeting, it was not completed until January 30, 2012. This was the mother/guardian requesting the change in date. Future annuals that cannot be completed by the due date will have notes identifying the cause for delay.</p> <p><b>Quality Assurance Monitoring:</b></p> <p>QMRP Coordinator will review and monitor annual meetings for</p>	03/09/2012			

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W0262	<p><b>483.440(f)(3)(i)</b> <b>PROGRAM MONITORING &amp; CHANGE</b> The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (#2), the facility failed to ensure the specially constituted committee (HRC) reviewed, approved and monitored his behavior support plan (BSP).</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 3/1/12 at 10:39 AM. His BSP, dated 2/1/12, did not contain HRC approval for use of the plan. The plan indicated client #2 had three psychotropic medications (Risperdal - autism, Revia - autism and Tenex - tic behavior). The plan indicated he had the following targeted behaviors: PICA (ingesting non-nutritive items), self-injurious behavior, rectal digging, invasive medical procedures and inappropriate mealtime behavior.</p> <p>An interview with the Behavior Clinician (BC) was conducted on 3/5/12 at 1:46 PM. The BC indicated there was no HRC consent for client #2's</p>	W0262	<p><b>W262 PROGRAM MONITORING &amp; CHANGE</b></p> <p><b>Plan of Correction:</b></p> <p>Stone Belt has a Human Rights Committee that reviews, approves, and monitors individual programs designed to manage inappropriate behavior and other programs that involve risk to the clients protection and rights.</p> <p><b>Responsible Person:</b></p> <p>QMRP Coordinator/Behavior Specialist</p> <p><b>Date of Completion:</b></p> <p>April 6, 2012</p> <p><b>Plan of Prevention:</b></p> <p>The clients' BSP, dated 2/1/12, did not contain HRC approval for use of the plan which included psychotropic medications. The Behavior Specialist is seeking interim approval prior to HRC Approval in April. Behavior Specialist will have retraining on timeliness of HRC approval.</p>	04/06/2012	

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	behavior plan. The BC indicated HRC consent should have been obtained.  9-3-4(a)		<b>Quality Assurance Monitoring:</b>  QMRP Coordinator will review and monitor plans for HRC approval.		

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W0312	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (#5), the facility failed to ensure there was a plan of reduction for each of his psychotropic medications.</p> <p>Findings include:</p> <p>A review of client #5's record was conducted on 3/2/12 at 10:14 AM. His Behavior Support Plan (BSP), dated 5/20/11, indicated he took Orap for Tourette's Syndrome, Risperdal for Depression and Trazodone for Depression. The medication reduction plan indicated the following, "[Client #5's] guardian had been very clear with the team and psychiatrist about her wish to help [client #5] stay as stable as possible. Historically, she had been displeased with rapid medication changes. [Client #5's] medication will be discussed on a quarterly basis. Prior to attempting any changes in medication a valid baseline rate should be determined. Therefore, at this time it is believed the benefits of the above medications</p>	W0312	<p><b>W312 DRUG USAGE</b></p> <p><b>Plan of Correction:</b></p> <p>Stone Belt reviews plans regarding drug used for inappropriate behavior. The integral part of the plan is directed towards reduction of, and eventual elimination, of the behaviors in which the drug is used. Drug reduction plans are apart of the BSP.</p> <p><b>Responsible Person:</b></p> <p>QMRP Coordinator/Behavior Specialist</p> <p><b>Date of Completion:</b></p> <p>April 6, 2012</p> <p><b>Plan of Prevention:</b></p> <p>A plan of reduction will be implemented into the clients BSP.</p> <p><b>Quality Assurance Monitoring:</b></p> <p>QMRP Coordinator will review and monitor plans for reduction on an annual basis during the</p>	04/06/2012			

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	<p>outweigh the potential risks and side effects associated with long term use. A reduction of maladaptive behaviors would contribute to a better quality of life for [client #5]. The risk should be reviewed at least annually by [client #5's] Interdisciplinary Team to assess its continued validity." There was no documentation in his record indicating there was a plan to reduce each psychotropic medication.</p> <p>An interview with the Behavior Clinician (BC) was conducted on 3/5/12 at 1:46 PM. The BC indicated there should be a plan of reduction for each psychotropic medication.</p> <p>9-3-5(a)</p>		Support Team meetings.		

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W0322	<p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview for 2 of 3 clients in the sample (#2 and #5), the facility failed to ensure the clients had an annual physical.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 3/1/12 at 10:39 AM. The record indicated client #2's most recent annual physical was conducted on 4/23/10.</p> <p>A review of client #5's record was conducted on 3/2/12 at 10:14 AM. There was no annual physical in client #5's record for review.</p> <p>An interview with the nurse was conducted on 3/2/12 at 11:46 AM. The nurse indicated the annual physicals for the clients should be in their records for review.</p> <p>9-3-6(a)</p>	W0322	<p><b>W322 PHYSICIAN SERVICES</b></p> <p><b>Plan of Correction:</b></p> <p>Stone Belt provides or obtains preventative and general medical care.</p> <p><b>Responsible Person:</b></p> <p>QMRP Coordinator &amp; House Nurse</p> <p><b>Date of Completion:</b></p> <p>March 30, 2012</p> <p><b>Plan of Prevention:</b></p> <p>Physicals were completed on the two clients in the past year but were not placed into the medical records system, FORTIS. One was completed on May 16, 2011 and the other on June 27, 2011. (Attachment # 9 &amp; # 9A).</p> <p><b>Quality Assurance Monitoring:</b></p> <p>QMRP Coordinator will review and monitor medical appointments to assure annuals are conducted in a timely manner.</p>	03/30/2012	

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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 (#2), the facility failed to ensure a follow-up vision assessment was in his record for review.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 3/1/12 at 10:39 AM. Client #2's record indicated his most recent vision appointment was held on 8/31/09. The appointment form indicated, "2 year next appt." There was no documentation in client #2's record a 2 year follow-up appointment was conducted.</p> <p>An interview with the nurse was conducted on 3/2/12 at 11:46 AM. The nurse indicated client #2 should have his vision assessed every 2 years.</p> <p>9-3-6(a)</p>	W0323	<p><b>W323 PHYSICIAN SERVICES</b></p> <p><b>Plan of Correction:</b></p> <p>Stone Belt provides or obtains annual physical examinations of each client that includes vision and hearing.</p> <p><b>Responsible Person:</b></p> <p>QMRP Coordinator &amp; House Nurse</p> <p><b>Date of Completion:</b></p> <p>March 30, 2012</p> <p><b>Plan of Prevention:</b></p> <p>A vision exam was completed for the client but was not placed into the medical records system, FORTIS. One was completed on December 30, 2011. (Attachment # 10)</p> <p><b>Quality Assurance Monitoring:</b></p> <p>QMRP Coordinator will review and monitor medical appointments to assure annuals are conducted in a timely manner.</p>	03/30/2012	

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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 observation, record review and interview for 5 of 5 clients living in the group home (#1, #2, #3, #4 and #5), the nurse failed to ensure: 1) client #2 had a follow-up appointment with the psychiatrist in the recommended timeframe, 2) client #1 had a follow-up appointment with his neurologist during the past 12 months, 3) client #2 had a follow-up appointment with his neurologist, 4) a recommendation by the pharmacist was implemented for client #3, 5) nursing quarterlies were conducted for clients #2, #3 and #5 timely, and 6) a psychiatric appointment form was in client #3's record for review.</p> <p>Findings include:</p> <p>1) A review of client #2's record was conducted on 3/1/12 at 10:39 AM. Client #2 was seen by his psychiatrist on 5/11/11. The appointment form indicated to return in 3 months. The follow-up appointment was held on 10/5/11.</p> <p>An interview with the nurse was conducted on 3/2/12 at 11:46 AM. The nurse indicated client #2 should have had an appointment with the psychiatrist in</p>	W0331	<p><b>W331 NURSING SERVICES</b></p> <p><b>Plan of Correction:</b></p> <p>Stone Belt provides nursing services in accordance with each individuals needs.</p> <p><b>Responsible Person:</b></p> <p>QMRP Coordinator &amp; House Nurse</p> <p><b>Date of Completion:</b></p> <p>March 30, 2012</p> <p><b>Plan of Prevention:</b></p> <p>A) Client did have a 3 month follow up but the documentation was not entered into the medical records system, FORTIS. (Attachment # 11A) B) Client did have annual follow-up with neurologist for seizure disorder but documentation was not entered in to FORTIS. (Attachment # 11B) C) Client did not have annual follow-up with neurologist for seizure disorder. Being scheduled immediately. D) Calcium for client is given at 4PM based on pharmacy review and correction at the home.</p>	03/30/2012	

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	<p>the recommended timeframe.</p> <p>2) A review of client #1's record was conducted on 3/1/12 at 10:06 AM. On 12/10/10, client #1 was seen by his neurologist for his seizure disorder. The appointment form indicated to return in one year. There was no documentation in client #1's record indicating client #1 had been seen by his neurologist since 12/10/10.</p> <p>An interview with the nurse was conducted on 3/2/12 at 11:46 AM. The nurse indicated she did not think client #1 had returned for his annual neurology appointment. The nurse indicated he should have returned within the recommended timeframe.</p> <p>3) A review of client #2's record was conducted on 3/1/12 at 10:39 AM. Client #2 was seen by his neurologist on 7/30/10 for seizures. The appointment form indicated to return in one year. There was no documentation in client #2's record indicating client #2 had been seen by his neurologist since 7/30/10.</p> <p>An interview with the nurse was conducted on 3/2/12 at 11:46 AM. The nurse indicated client #2 had annual visits with his neurologist.</p>		<p>E) Nursing quarterlies completed on March 5, 2012.</p> <p><b>Quality Assurance Monitoring:</b></p> <p>QMRP Coordinator will review and monitor all medical appointments to assure they are conducted in a timely manner. Nursing Manager and Coordinator will review FORTIS to assure documentation is entered.</p>		

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NAME OF PROVIDER OR SUPPLIER  STONE BELT ARC INC				STREET ADDRESS, CITY, STATE, ZIP CODE 2606 H ST BEDFORD, IN 47421			
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	<p>4) An observation was conducted at the group home on 3/1/12 from 6:02 AM to 7:50 AM. On 3/1/12 at 6:31 AM, client #3 received his medications (one tab daily vitamin, Calcium, Synthroid (levothyroxine), Lamotrigine and Seroquel) from staff #12. There was no note indicating Calcium and the multivitamin should be given after breakfast.</p> <p>A review of client #3's record was conducted on 3/2/12 at 9:15 AM. On 1/12/12, a Quarterly Drug Regimen Review was completed by the pharmacist. The pharmacist recommended the following, "Calcium, Ferrous sulfate, and multivitamins interfere with the absorption of Levothyroxine. To avoid this drug interaction, the ferrous sulfate administration had been moved to HS. Consider adding a note in the Calcium and multivit. orders to give after breakfast meal. That will allow for optimal absorption of Levothyroxine." The nurse wrote on the form, "2/27/12 - Calcium and Multivitamin has been moved from 7A to 4P daily. [Name of pharmacy] have been notified, MARs (Medication Administration Record) updated."</p> <p>An interview with the nurse was conducted on 3/2/12 at 11:46 AM. The nurse indicated she thought the Calcium</p>						

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	<p>and multivitamin were changed to 4:00 PM on 2/29/12.</p> <p>5) A review of client #2's record was conducted on 3/1/12 at 10:39 AM. His most recent nursing quarterly was conducted on 11/1/11.</p> <p>A review of client #3's record was conducted on 3/2/12 at 9:15 AM. His most recent nursing quarterly was conducted on 11/1/11.</p> <p>A review of client #5's record was conducted on 3/2/12 at 10:14 AM. His most recent nursing quarterly was conducted on 11/1/11.</p> <p>An interview with the nurse was conducted on 3/2/12 at 11:46 AM. The nurse indicated the nursing quarterlies had not been completed. The nurse stated the quarterlies were scheduled for "next week." The nurse indicated they should be conducted every 3 months.</p> <p>6) A review of client #2's record was conducted on 3/1/12 at 10:39 AM. Client #2 was seen by the psychiatrist on 5/25/11, 8/31/11, and 11/30/11. There was no documentation in client #2's record indicating a follow-up appointment with the psychiatrist was conducted since 11/30/11.</p>						

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	<p>An interview with the nurse was conducted on 3/2/12 at 11:46 AM. The nurse indicated the follow-up appointment was held on 2/29/12 and there were no changes. The nurse indicated the form was not in client #2's record yet.</p> <p>9-3-6(a)</p>			

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W0369	<p>483.460(k)(2) <b>DRUG ADMINISTRATION</b> The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, interview and record review for 1 of 6 medications administered to client #1, the facility failed to ensure staff administered the medication in accordance with physician's orders.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 3/1/12 from 6:02 AM to 7:50 AM. On 3/1/12 (Thursday) at 6:19 AM, client #1 received his medications from staff #12. Staff administered Warfarin Sodium 6 milligrams (mg) for deep venous thrombosis to client #1.</p> <p>A review of client #1's record was conducted on 3/1/12 at 10:06 AM. An Outside Services Report form, dated 12/27/11, indicated Coumadin (Warfarin Sodium) was ordered at 6 mg on Sunday, Monday, Wednesday and Friday. On Tuesday, Thursday and Saturday, client #1 was to received 9 mg. There was no change in the physician's orders for Warfarin Sodium in client #1's record after 12/27/11.</p>	W0369	<p><b>W369 DRUG ADMINISTRATION</b></p> <p><b>Plan of Correction:</b> Stone Belt provides a system to assure drug administration is completed without error.</p> <p><b>Responsible Person:</b> QMRP Coordinator &amp; House Nurse</p> <p><b>Date of Completion:</b> March 30, 2012</p> <p><b>Plan of Prevention:</b> In review of this particular citation, the medication was administered correctly. However, there was no documentation to verify the dosage. The dosage was changed on January 26, 2012. (Attachment # 12)</p> <p><b>Quality Assurance Monitoring:</b> QMRP Coordinator and Nursing staff will review and monitor for appropriate paperwork entered into FORTIS.</p>	03/30/2012	

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	<p>An interview with the nurse was conducted on 3/1/12 at 10:10 AM indicated the staff administered the correct dose however there was no documentation in client #1's record to verify the dose. The nurse indicated the physician's orders changing the dose were not in client #1's record for review.</p> <p>9-3-6(a)</p>			