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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G653 |                                                                                                                 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____               |  | X3) DATE SURVEY COMPLETED<br><br>06/20/2012 |  |
| NAME OF PROVIDER OR SUPPLIER<br><br>STONE BELT ARC INC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1118 22ND ST<br>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 the investigation of complaint #IN00109357.</p> <p>Compliant #IN00109357: Substantiated. Federal/state deficiencies related to the allegation(s) are cited at W157 and #189.</p> <p>Dates of survey: June 18, 19 and 20, 2012.</p> <p>Facility Number: 001094<br/>Provider Number: 15G653<br/>AIM Number: 100235630</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 6/28/12 by Tim Shebel, 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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| NAME OF PROVIDER OR SUPPLIER<br><br>STONE BELT ARC INC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1118 22ND ST<br>BEDFORD, IN 47421 |  |                                             |  |
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| W0157                                                  | <p>483.420(d)(4)<br/><b>STAFF TREATMENT OF CLIENTS</b><br/>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on observation, record review and interview for 1 of 3 reportable incidents reviewed (client A), the facility failed to provide evidence corrective action (staff training) had been taken regarding a client's (A) medical emergency.</p> <p>Findings include:</p> <p>Review of the facility's reportable incidents and investigations on 6/18/12 at 2:45 PM and on 6/19/12 at 2:00 PM indicated an investigation dated 6/7/12 of client A's collapse on 6/01/12 at the agency operated day program. The investigation indicated client A collapsed into staff #1's arms in his classroom. Staff #1 called for assistance and staff #3 came from an adjoining. Staff #1 and #3 did not call 911/Emergency Services or begin life saving techniques. Staff #1 left client A with staff #3 and went to look for the LPN or a supervisor due to confusion regarding who had the authority to call 911. Staff #10 called 911 and the Qualified Developmental Disabilities Professional-designee/QDDPd began chest compressions under direction of the 911 operator. Client A was taken by ambulance to a local hospital where he was subsequently pronounced dead due to cardiac arrest (reviewed emergency room report dated 6/1/12 on 6/19/12 at 9:30 AM). The 6/07/12 investigation recommended corrective action in the form of placing the workshop's address on the classroom phones and staff training in emergency procedures. Review of the corrective action component of the investigation dated 6/11/12 on 6/18/12 at 4:30 PM, indicated staff #7 had placed the facility's address on the classroom phones on 6/11/12. Observations at the day program on 6/18/12 at</p> | W0157                                                           | <p><b>W 157 STAFF TREATMENT OF CLIENTS Plan of Correction:</b><br/>Stone Belt Inc. provides evidence of corrective action (staff training) being taken in regards to a clients medical emergency. This will include the residential facility as well as day programming area. <b>Responsible Person:</b> Elliott House Coordinator <b>Date of Completion:</b> July 10, 2012 <b>Plan of Prevention:</b> Stone Belt, Inc. has a Health Emergency Procedure (Attachment # 1) that was retrained on with all staff at each group home and day programming. (Attachments 2 – 7) <b>Quality Assurance Monitoring:</b> The Coordinator will review on an annual basis the Health Emergency Procedure. It is also trained in new hire orientation as well as bi-annual First Aid/CPR recertification.</p> | 07/10/2012                                                                 |  |                                             |  |

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|                                                        | <p>3:30 PM and on 6/19/12 at 2:30 PM confirmed the address was place with telephones in the classrooms.</p> <p>Review of training records on 6/19/12 at 3:15 PM indicated classroom staff had been trained on 6/11/12 regarding the 911 protocol by administrative staff #8 that "all staff are empowered and mandated to call 911 in an emergency." Review of the training record records indicated staff #1 had not attended the training on 6/11/12. The review indicated no evidence staff that worked at the residential facilities and the day program site (staff #11, #12, #13, #14, #15, #16, #17, #18, and #19) had received the 6/11/12 training on the emergency protocol.</p> <p>Interview with Lifelong Learning coordinator #6 on 6/19/12 at 3:20 PM indicated the residential supervisors would be responsible to train the above mentioned staff.</p> <p>Interview with Residential Supervisor #7 on 6/19/12 at 3:37 PM indicated staff #1, #11, #12, #13, #14, #15, #16, #17, #18 and #19 had not yet been trained.</p> <p>This federal tag relates to complaint #IN00109357.</p> <p>9-3-2(a)</p> |                                                                 |                                                                                                                 |                                                                            |  |                                             |  |

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| W0189                                                  | <p><b>483.430(e)(1)</b><br/><b>STAFF TRAINING PROGRAM</b><br/>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on record review and interview, for 1 of 3 sampled clients (A), the facility's day services failed to ensure the direct contact staff had been adequately trained to deal with client A's medical emergency.</p> <p>Findings include:</p> <p>Review of the facility's reportable incidents and investigations on 6/18/12 at 2:45 PM and on 6/19/12 at 2:00 PM indicated an investigation dated 6/7/12 of client A's collapse on 6/01/12 at the agency operated day program. the investigation indicated client A collapsed into staff #1's arms in his classroom. Staff #1 called for assistance and staff #3 came from an adjoining. Staff #1 and staff #3 did not call 911/Emergency Services or begin life saving techniques. Staff #1 left client A with staff #3 and went to look for the LPN or a supervisor due to confusion regarding who had the authority to call 911. Staff #10 called 911 and the Qualified Developmental Disabilities Professional-designee/QDDPd began chest compressions under direction of the 911 operator. Client A was taken by ambulance to a local hospital where he was subsequently pronounced dead due to cardiac arrest (reviewed emergency room report dated 6/1/12 on 6/19/12 at 9:30 AM).</p> <p>Review of personal files on 6/19/12 at 4:00 PM indicated staff #1 had received training in Health Emergency Procedures/HEP via the CPR/Cardio Pulmonary Resuscitation in 4/06/12. Staff #3 had received the training 8/29/11.</p> | W0189                                                           | <p><b>W 189 STAFF TRAINING PROGRAM</b></p> <p><b>Plan of Correction:</b></p> <p>Stone Belt Inc. will provide to each employee initial and continued training that enables the employee to perform his or her duties effectively, efficiently and competently.</p> <p><b>Responsible Person:</b></p> <p>Elliott House Coordinator</p> <p><b>Date of Completion:</b></p> <p>July 10, 2012</p> <p><b>Plan of Prevention:</b></p> <p>Stone Belt, Inc. has a Health Emergency Procedure (Attachment # 1) that was retrained on with all staff at each group home and day programming. (Attachments 2 – 7)</p> <p><b>Quality Assurance Monitoring:</b></p> <p>The Coordinator will review on an annual basis the Health Emergency Procedure. It is also trained in new hire orientation as well as bi-annual First Aid/CPR</p> | 07/10/2012                                                                 |  |                                             |  |

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|                                                        | <p>The training indicated any staff member who felt a client or other individual "is in a serious health emergency is instructed to call an ambulance immediately. Until medical help arrives, staff will administer appropriate first aid for the injured person(s). Staff will never be reprimanded for calling an ambulance if, in their judgement, it is necessary."</p> <p>Interview with Residential Supervisor #7 on 6/19/12 at 3:37 PM indicated staff #1 had been trained to call 911 in an emergency situation (client A's collapse) during the CPR training in 4/12 but the staff had not immediately called on 6/1/12.</p> <p>This federal tag relates to complaint #IN00109357.</p> <p>9-3-3(a)</p> |                                                                 | recertification.                                                                                                |                      |                                             |