

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G036	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/09/2015
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 820 MENDLESON DR RICHMOND, IN 47374
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: September 23, 24, 25, 28, 29, 30, and October 9, 2015.</p> <p>Facility Number: 000596 Provider Number: 15G036 AIMS Number: 100233390</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed by #09182 on 10/15/2015.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5 and #6), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure: __The clients' home was maintained and in good repair for clients #1, #3 and #4.</p>	W 0104	<p>In addition to below, please see W125, W126, W137, W153, W154, and W426.</p> <p>Corrective action for resident(s) found to have been affected The facility should keep the home in good repair at all times. Any maintenance items should be reported to the GHM. The GHM will send any maintenance requests to the maintenance department. Once the maintenance department completes</p>	11/06/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>__ Client #3 was provided a legal representative to assist in making informed decisions in regard to his medical and psychological needs.</p> <p>__ The facility used authentic United States currency to encourage and teach the clients the use of personal funds for clients #1, #2 and #3.</p> <p>__ Clients #1, #2, #3 and #4 were dressed in clean, appropriately fitted clothing and their clothes were labeled, clean, neat and organized in their dresser drawers.</p> <p>__ Client #2's clothing was not stored in client #1's, #3's and #4's dresser drawers and/or closets.</p> <p>__ All injuries of unknown origin were immediately reported to the administrator and investigated.</p> <p>__ The temperature of the water within the facility did not exceed 110 degrees Fahrenheit for those clients that could not regulate the water on their own (clients #1, #2, #3, #4, #5 and #6).</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 9/23/15 between 3:45 PM and 6:30 PM.</p> <p>__ Clients #3 and #4 shared a bedroom. The carpet in client their bedroom was worn, stained and had visible runs where the carpet threads had unraveled.</p> <p>__ The surfaces of client #3's and 4's</p>		<p>themaintenance request they will forward the completed request with the date ofthe repairs to the GHM for filing.</p> <p>The landlord has been contacted about the worn carpet. That will be replaced. The bedroom has been dusted and the binds inClient #1's bedroom has been replaced. The staff will be retrained on assisting the clients to keep theirbedrooms clean at all times.</p> <p>Howfacilitywillidentifyotherresidentspotentiallyaffectedandwhatmeasuresstaken</p> <p>All residentscould be affected andcorrective action willaddress the needsof all clients.</p> <p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence</p> <p>The staff will beretrained by 11-6-15 on helping the clients keep their bedrooms clean and ingood repair. Any maintenanceitems should be reported to the GHM. TheGHM will send any maintenance requests to the maintenance department. Once the maintenance department completes themaintenance request they will forward the completed request with the date ofthe repairs to the GHM for filing.</p> <p>The landlord has been contacted about replacing the carpetin the bedroom.</p> <p>Howcorrectiveactionswillbemonitoredtoensurenorecurrence</p> <p>The GHM and QIDPwill be retrained</p>	

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	<p>dressers and the television stand were covered in dust.</p> <p>__ Client #1 had two windows in her bedroom with blinds covering both windows. The blinds at both windows were broken and missing slats.</p> <p>During interview with the Regional Director (RD) and the Residential Manager (RM) on 9/29/15 at 10:30 AM, the RD indicated the home was to be maintained and in good repair at all times.</p> <p>2. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the rights of the clients by not ensuring a representative to assist client #3 in making informed decisions in regard to his medical and psychological needs. Please see W125.</p> <p>3. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the facility used authentic United States currency to encourage and teach the clients the use of personal funds for clients #1, #2 and #3. Please see W126.</p> <p>4. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure</p>		<p>by 11-6-15 about conducting their monthly environmental quality checks and reporting any issues. All issues will be followed up and corrected as soon as possible.</p>				

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	<p>clients #1, #2, #3 and #4 were dressed in clean, appropriately fitted clothing and their clothes were clean, neat and organized in their dresser drawers and/or closets and their clothes were labeled with their name and/or initials inside the clothing and to ensure client #2's clothes were stored in her bedroom and not in the bedrooms of her housemates. Please see W137.</p> <p>5. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure all injuries of unknown origin were immediately reported to the administrator for client #2. Please see W153.</p> <p>6. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure all injuries of unknown origin were thoroughly investigated for client #2. Please see W154.</p> <p>7. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the water temperature within the facility did not exceed 110 degrees Fahrenheit for clients #1, #2, #3, #4, #5 and #6. Please see W426.</p> <p>9-3-1(a)</p>			

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W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on interview and record review for 1 of 4 sampled clients (#3), the facility failed to ensure client #3's rights by not ensuring a representative to assist him in making informed decisions in regard to his medical and psychological needs.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 9/25/15 at 10 AM.</p> <p>Client #3's record indicated diagnoses of, but not limited to, Mild Intellectual Disability, Fragile X Syndrome (a genetic condition that causes a range of developmental problems including learning disabilities and cognitive impairment), Anxiety, Depression, Hypertension (high blood pressure), Cholelithiasis (a gallbladder disease), Diverticulitis (an inflammation in the</p>	W 0125	<p>Corrective action for resident(s) found to have been affected Client #3's brother has been contacted and reported that he understands his obligation and will be more responsive to the needs and requests of his brother. He reports he does still want to remain as health care rep. If the brother fails to follow through on this an alternate or HCR will be pursued.</p> <p>How facility will identify other residents potentially affected and what measures taken This only effects client #3.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence The management team will work with the brother to keep in contact with him. If he fails to be responsive an alternate HCR or guardian will be pursued.</p> <p>How corrective actions will be monitored</p>	11/06/2015

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	<p>wall of the bowel) and GERD (Gastric Esophageal Reflux Disease).</p> <p>Client #3's 7/10/15 Behavior Support Plan (BSP) indicated client #3 had targeted behaviors of "Verbal and non verbal aggression: Screaming at other people when he is upset, raising his fist, violating personal space boundaries of others. Psychotic behaviors: Yelling and/or screaming at things/people that are not observable by others.... Self-Injurious Behavior: Biting his own wrists and/or any act that inflicts harm or tissue damage to himself."</p> <p>Client #3's quarterly physician's orders dated 9/8/15 indicated client #3 received the following medications daily for behavior modification: Clonazepam 1 mg (milligram), Depakote 2000 mg, Risperidone 4 mg, Topiramate 200 mg, and Zoloft 50 mg.</p> <p>Client #3's 6/1/15 Comprehensive Functional Assessment (CFA) indicated: __ Client #3 was "oriented to person, place and time occasionally." __ Client #3 did not understand the use of and/or the risks of taking psychotropic medications. __ Client #3 did not understand mental illness.</p>		<p>redtoensurenorecurrence</p> <p>The management team will stay in contact with the brother. The brother was contacted in the past week and did respond to the team. He did assure them he would stay responsive and in communication with them.</p>	

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	<p>Client #3's record indicated client #3's brother served as client #3's health care representative. Client #3's record indicated no participation and/or written consent from client #3's brother in regard to client #3's BSP that included the use of behavior modification medications.</p> <p>During interview with the RM (Residential Manager) on 9/29/15 at 10:30 AM, the RM: ___ Stated after client #3's mother passed away "a few years ago" client #3's brother assumed the responsibility of being client #3's representative. ___ Indicated client #3's brother came to the facility last December and gave the RM a gift to give to client #3 for Christmas but the brother did not want to see and/or spend time with client #3. ___ Indicated she encouraged the brother to give the gift to client #3 in person and the brother stated, "I don't have time for him or any of this." ___ Indicated client #3's brother refused to take client #3's phone calls. ___ Indicated client #3's brother was not involved with client #3's care and/or decision making in regard to client #3's health care decisions and/or BSP. ___ Indicated she had mailed client #3's program plans to client #3's brother for signature and stated, "He never returns</p>			

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W 0126 Bldg. 00	<p>them."</p> <p>During interview with the Regional Director (RD) on 9/29/15 at 10:30 AM, the RD indicated client #3's brother was not involved with client #3's health care decisions and the facility needed to pursue a legal representative for client #3 to assist client #3 with his health care decisions.</p> <p>9-3-2(a)</p> <p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on observation, record review, and interview for 3 of 4 sampled clients (#1, #2 and #3), the facility failed to encourage and teach the clients the use of personal funds using authentic United States currency.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/23/15 between 3:45 PM and 6:30 PM. During this observation period staff #2 sat down at the dining</p>	W 0126	<p>Correctiveactionforresident(s)foun dtohavebeenaffected</p> <p>Individuals should be learning money goals with realmoney. Fake currency does not look andfeel like real coins and they should not be used. The fake money has been removed from the homeand real money is being used for money goals. All staff will be trained by the Director on the need for goals to be areal as possible to facilitate active treatment.</p> <p>Howfacilitywillidentifyotherreside ntspotentiallyaffectedandwhatmea</p>	11/06/2015			

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	<p>room table with client #1 and reviewed currency. Staff #2 used cut out paper replicas of coins and dollar bills that were noticeably not authentic. The replica of dollar bills used for the training was smaller in size than a regular dollar bill.</p> <p>Client #1's record was reviewed on 9/24/15 at 1 PM. Client #1's 7/1/15 Individualized Support Plan (ISP) indicated client #1 had an objective to distinguish between different dollar bills.</p> <p>Client #2's record was reviewed on 9/24/15 at 2 PM. Client #2's 7/1/15 ISP indicated client #2 had an objective to identify a coin on a money worksheet.</p> <p>Client #3's record was reviewed on 9/25/15 at 10 AM. Client #3's 7/1/15 ISP indicated client #3 had an objective to recognize the different values of dollar bills.</p> <p>During interview with staff #2 on 9/23/15 at 5 PM, staff #2 indicated the money used for training with client #1 was not authentic US currency. Staff #2 stated the paper bills were "much smaller and obviously fake" as compared to US currency. Staff #2 indicated the same fake money was used when training with clients #1, #2 and #3.</p>		<p>surestaken All residents could be affected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence The fake currency has been removed from the home and real money has been placed in the home to use for goals.</p> <p>How corrective actions will be monitored to ensure no recurrence The QIDP will ensure the real money is used and will review the goal data sheets monthly. The QIDP will be in the homes during Manager In Home Time at least 12 hours per week to review the active treatment provided to the clients by the staff. The Q's MIH time will be entered into Provide time tracking for the Director to monitor.</p>	

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W 0137 Bldg. 00	<p>During interview with the Regional Director (RD) and the Residential Manager (RM) on 9/29/15 at 10:30 AM, the RD indicated the staff should be using real US currency to provide clients training with currency.</p> <p>9-3-2(a)</p> <p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to ensure: ___ Clients #1, #2, #3 and #4 were dressed in clean, appropriately fitted clothing and the clothing in their dresser drawers and closets was clean, neat and organized and clothes were labeled to identify each client's clothing. ___ Client #2's clothing was not in her housemates' dresser drawers or closets.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/23/15 between 3:45 PM</p>	W 0137	<p>Correctiveactionforresident(s)foun dtohavebeenaffected All clients are to have clean, fitting, labeled clothes. The clients do have new, fitting clothes butoften put on their older, non fitting clothes. Staff will be retrained by 11-6-15 to keep all clothing labeled and inthe proper bedrooms. Staff will also beretrained to work with the clients to throw out or donate any clothing that nolonger fits or is worn. If the clients refuse to wear the new clothing that they have,ISP goals will be written to help them with making proper choices.</p> <p>Howfacilitywillidentifyotherreside ntspotentiallyaffectedandwhatmea surestaken All residentscould be affected</p>	11/06/2015

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	<p>and 6:30 PM.</p> <p>Clients #1, #2, #3 and #4 returned home from the day program at 3:45 PM.</p> <p>Client #1 was an elderly woman wearing a pair of pink sweat pants that was too large for her. The sweat pants were twisted and hanging on her hips and below her waistline. At 4:20 PM staff #1 was asked if client #1 was wearing her own clothing. Staff #1 stated, "I don't think the sweat pants are hers. She came home from the center (the day program) wearing that (the sweat pants) and I think they are someone else's." Staff #1 asked client #1 to go with staff #1 to client #1's bedroom to change into different pants. Staff #1 assisted client #1 to change her pants and stated, "These (the pair of sweat pants client #1 was wearing) don't have a name in them. They might be hers (client #1's), I'm not sure." Staff #1 indicated the clients' clothing should be labeled on the inside of the clothing with the client's name.</p> <p>Client #3 was a middle aged average sized male who was wearing an oversized purple tee shirt and blue jeans that were too large for him.</p>		<p>and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence Staff will be retrained to keep all clothing labeled and in the individual clients bedrooms. New clothing is available but if clients choose to wear the old clothes, staff will notify management. Management will be retrained to implement ISP goals to assist the clients with proper choices as necessary.</p> <p>How corrective actions will be monitored to ensure no recurrence The GHM, QIDP, and LPN work on site at the day services facility and see the clients daily. They will observe the clothing each client wears and make recommendations to the staff when changes need to occur. The members of management do 12 hours in the home of Manager In Home time each week and will observe the clothing the clients have on. They will also look to ensure the clothing is labeled and properly stored in the individual clients bedrooms.</p>	

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	<p>Client #3's tee shirt fell down over his shoulders and his blue jeans were bunched up around his belt loops and too large for client #3. At 5 PM staff #1 was asked if she knew what size of pants client #3 was wearing. Staff #1 asked client #3 to go to his bedroom with the staff. The staff checked the size on client #3's pants. Client #3's blue jeans were a size 44 inch waist. Staff #1 stated, "These are way too big for him. I think he wears a size 36 inch waist."</p> <p>Client #4 was an elderly small man that was wearing blue jeans that were too large for him. Client #4's blue jeans were bunched up around client #4's belt loops and were held up by a belt and a pair of suspenders. Both of client #4's pant legs were rolled up approximately four inches to keep client #4's pants from dragging the floor.</p> <p>Observations were conducted at the group home on 9/24/15 between 6 AM and 8 AM.</p> <p>Clients #3 and #4 were dressed in jeans that were too large.</p> <p>Client #4 wore a belt and suspenders to hold up his pants.</p>			

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	<p>At 7:45 AM staff #4 was asked if client #3 was wearing his own blue jeans. Staff #4 stated, "I'm not sure but I do know those are way too big for him." Staff #4 prompted client #3 to go to his bedroom with her. Staff #4 handed client #3 a pair of blue jeans that had a 36 inch waist and asked him to change. Staff #4 indicated client #3's pair of blue jeans he previously had on was a size 44 inch waist.</p> <p>Review of client #1's, #2's, #3's and #4's clothing with the RM (Residential Manager) and staff #1 on 9/24/15 at 3:30 PM indicated: Client #1 had three pairs of client #2's pants in her closet, client #3 had one pair of client #2's pants in his closet and client #4 had one pair of client #2's pants in his closet. Client #1 had one pair of pants size 16P (Petite), one pair of pants size 16A (Average), three pairs of pants size large, three pairs of pants that were 2XL (two extra large) and two pairs of pants that were 20W (woman's size). Client #1's bras were faded and worn and staff #1 indicated client #1 was in need of new tops, bras and underwear.</p>			

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	<p>Client #3 had two pairs of jeans size 36 x 32, two pairs of jeans size 38 x 32, two pairs of jeans size 40 x 32 and one pair of jeans size 44 x 32. Staff #1 pulled out several pairs of brown stained underwear from client #3's dresser drawers. One pair that was supposed to be white had dark brown smears on them. Staff #1 stated, "He must have put these back in his drawer dirty." When staff #1 was asked if client #3's underwear had feces on them, staff #1 stated, "Looks like it."</p> <p>Client #4 had one pair of jeans size 29 x 30, one pair of jeans size 30 x 30, one pair of jeans size 32 x 30, two pairs of jeans size 32 x 32, three pairs of jeans size 36 x 29 and one pair of jeans size 38 x 29 in his closet.</p> <p>The majority of client #1's, #2's, #3's and #4's clothing did not have their names and/or initials written on the inside of the clothing.</p> <p>The clothing in client #1's, #2's, #3's and #4's dresser drawers was not folded, unorganized and wrinkled with stains noted on some of the tee shirts and tops.</p> <p>During confidential interview (CI) #1, CI #1 indicated:</p>			

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	<p>__ Clients #1, #3 and #4 were in need of new clothing and stated client #4's clothing was "pitiful."</p> <p>__ Much of client #4's clothing was too big for him and/or was stained.</p> <p>__ Many of client #4's underwear were worn, the elastic was dried out and client #4 was in need of new underwear.</p> <p>__ Many of client #1's tops were too big for her and/or were stained.</p> <p>__ Client #1 was in need of clothes that fit her, new tops, underclothing, bras & underwear.</p> <p>__ Clients #1, #3 and #4 had lost weight and now their clothes didn't fit.</p> <p>__ The clothing in the clients' dresser drawers was in disarray and stated, "They (the staff) just throw it in their drawers. They don't fold it (the clothing) or try to organize their clothes at all."</p> <p>__ Much of the clients' (clients #1, #2, #3 and #4) clothing was not labeled with their names or initials and stated, "[Client #2's] clothes is (sic) all over the place. Some of her [client #2's] clothes is (sic) in [client #1's, client #3's and client #4's] bedrooms."</p> <p>During interview with Day Program (DP) staff #1 on 9/24/15 at 11 AM, staff #1 stated, "[Client #1] is always coming here (the DP) with stained clothes and tops that are too big for her." Staff #1 indicated the pink sweat pants client #1</p>			

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	<p>wore to the DP on 9/23/15 were too big for client #1.</p> <p>During interview with DP staff #5 on 9/24/15 at 1 PM, staff #5 indicated client #3 often arrived at the day program wearing clothes that were too big for him.</p> <p>The Regional Director (RD) and the Residential Manager (RM) were interviewed on 9/29/15 at 10:30 AM. __The RD and the RM indicated all clients were to be dressed in clean fitted clothing. __The RM stated, "They (the clients) shouldn't be wearing clothes that are too big for them or clothes that are stained." __The RD indicated the staff were to assist the clients with folding and putting away their clothing. __The RD and the RM indicated the staff were to monitor the clients' dresser drawers to ensure all clothing was neatly folded and organized. __The RD indicated all items of clothing were to be labeled on the inside of the clothing with the client's name or initials. __The RD and the RM indicated clients' clothing was not to be intermingled. __The RM indicated client #3 had just recently gone shopping and had purchased two new pairs of pants. __The RM stated, "Some of them (clients #1, #2, #3 and #4) have lost weight and</p>			

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W 0149 Bldg. 00	<p>their clothes are too big for them now." __The RM indicated the staff were to sort through the clients' closets and dresser drawers and remove all items of clothing that were stained and/or no longer fit appropriately.</p> <p>9-3-2(a)</p> <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. Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to implement written policy and procedures to ensure all injuries of unknown origin were immediately reported to the administrator and investigated for client #2.</p> <p>Findings include:</p> <p>The facility's policies and procedures were reviewed on 9/23/15 at 1:30 PM. __The revised 2011 facility policy entitled "Abuse and Neglect - Indiana" indicated: "Benchmark Human Services does not tolerate abuse in any form by any person; this includes physical abuse, verbal abuse, psychological abuse or sexual abuse. Physical abuse is any action</p>	W 0149	Please see W153 and W154.	11/06/2015

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W 0153	<p>that could lead to bodily harm, including corporal punishment, like spanking or hitting or pinching.... Neglect includes failure to provide appropriate care, food, medical care or supervision." ___The revised 2011 facility policy entitled Injury "Reporting/Unknown Injuries - Indiana" indicated: "Benchmark staff will ensure that injuries have been treated, that follow up has been completed and that unknown injuries have been investigated thoroughly and reported to the appropriate entities.... Investigations will take place for the following incidents including, but not limited to: abuse, neglect, exploitation, unknown injury...."</p> <p>1. The facility failed to implement written policy and procedures to ensure all injuries of unknown origin were immediately reported to the administrator for client #2. Please see W153.</p> <p>2. The facility failed to implement written policy and procedures to ensure all injuries of unknown origin were thoroughly investigated for client #2. Please see W154.</p> <p>9-3-2(a) 483.420(d)(2)</p>			

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Bldg. 00	<p>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 interview and record review for 13 of 13 injuries of unknown origin, the facility failed to ensure all injuries of unknown origin were immediately reported to the administrator for client #2.</p> <p>Findings include:</p> <p>The facility's reportable records were reviewed on 9/23/15 at 1:30 PM.</p> <p>Client #2's 1/19/15 Health Care Concern (HCC) indicated client #2 had a "large bruise on her right buttocks, it's about two inches in size and has dark discoloration to it. She also has another bruise back side right leg (knee area) same size and color."</p> <p>Client #2's nursing notes dated 5/12/15 indicated "[Client #2] was found to have a 3" (inch) x (by) 1/2" bruise on upper lt (left) thigh. This was found during a shower. It is of unknown origin. Purple in color."</p> <p>Client #2's Health Issues/Nursing Notes</p>	W 0153	<p>Correctiveactionforresident(s)foundedtohavebeenaffected</p> <p>The Director willretrain all group home staff at staff meetings on the Benchmark Abuse/NeglectPolicy as well as the Incident Reporting Policy by 11-6-15. This will include what is abuse/neglect, whatincidents are reportable, and the mandate for immediate reporting to theQIDP. The Director will pass outIncident Report cards that provide a reminder of what incidents arereportable. The Director willretrain the QIDP, LPN and the GHM on necessary components ofinvestigations. This will include conductingthorough interviews of all relevant individuals, and immediate reporting.</p> <p>Howfacilitywillidentifyotherresidentspotentiallyaffectedandwhatmeasures taken</p> <p>All residentsare affected and correctiveaction will address theneeds of all clients.</p> <p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence</p> <p>The RegionalDirector will retrain all group home staff at staff meetings by 11-6-15 on the BenchmarkAbuse/Neglect Policy as well as the Incident Reporting</p>	11/06/2015			

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	<p>indicated:</p> <p>5/12/15 "2 bruises on left thigh under buttock, top 2 1/2 inches bottom about 2 inches. Very purple - blue."</p> <p>5/18/15 "same bruises on leg, also a bruise on her left wrist, had band aid on it, wouldn't let me see."</p> <p>6/8/15 "dime size cut on inner right hand."</p> <p>Client #2's Skin Integrity Check Sheet (SICS) for 2015 indicated:</p> <p>06/06/15 "quarter sized scrape on left knee."</p> <p>06/09/15 "dime size scrape on right knee."</p> <p>06/11/15 "dime size scrape on right knee also nickel size bruise on left thigh."</p> <p>07/09/15 "dime size bruise on left arm."</p> <p>07/31/15 "Bruise 1 1/2 inch on left arm."</p> <p>08/01/15 "bruise and a scratch on left forearm."</p> <p>08/02/15 "bruise on left forearm size of a quarter."</p> <p>08/03/15 "Bruises" did not indicate location and/or size of bruises.</p> <p>08/13/15 "Small bruise on right arm - 1 inch."</p> <p>The facility records indicated no injuries of unknown origin had been reported to the administrator in January, May, June,</p>		<p>Policy. This will include what is abuse/neglect, what incidents are reportable and the mandate for immediate reporting to the QIDP. The Director will pass out Incident Report cards that provide a reminder of what incidents are reportable. Any current group home staff not attending one of these meetings will be removed from the schedule until they receive this training from the Director or a designated representative. The Director will sign off on these trainings and will give copies to HR to be placed in each employee's HR file. The Director will retrain the QIDP, the LPN, and the GHM on necessary components of investigations. This included conducting thorough interviews of all relevant individuals, and immediate reporting. The Director will sign off on these trainings and will give copies to HR to be placed in each employee's HR file.</p> <p>How corrective actions will be monitored to ensure no recurrence</p> <p>Incidents are to be reported to the Director immediately and documented with a time stamp via email. The investigation packet is then sent to the Director for original signature. The Director sends the original investigation packet to the Vice President for original signature. The Vice President sends the original investigation packet to the Director of Compliance for original signature. Once all signatures are obtained, the</p>	

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W 0154 Bldg. 00	<p>July and August of 2015.</p> <p>During interview with the Regional Director (RD) on 9/29/15 at 10:30 AM, the RD indicated all injuries of unknown origin were to be immediately reported to the administrator.</p> <p>9-3-2(a)</p> <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 interview and record review for 13 of 13 injuries of unknown origin, the facility failed to ensure all injuries of unknown origin were thoroughly investigated for client #2.</p> <p>Findings include:</p> <p>The facility's reportable records were reviewed on 9/23/15 at 1:30 PM.</p> <p>Client #2's 1/19/15 Health Care Concern (HCC) indicated client #2 had a "large bruise on her right buttocks, it's about two inches in size and has dark discoloration to it. She also has another bruise back side right leg (knee area) same size and color."</p>	W 0154	<p>Director of Compliance scans the investigation packet to the Director to file.</p> <p>Corrective action for resident(s) found to have been affected The Director will retrain all group home staff at staff meetings on the Benchmark Abuse/Neglect Policy as well as the Incident Reporting Policy by 11-6-15. This will include what is abuse/neglect, what incidents are reportable, and the mandate for immediate reporting to the QIDP. The Director will pass out Incident Report cards that provide a reminder of what incidents are reportable. The Director will retrain the QIDP, LPN and the GHM on necessary components of investigations. This will include conducting thorough interviews of all relevant individuals, and immediate reporting.</p> <p>How facility will identify other residents potentially affected and what mea</p>	11/06/2015			

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	<p>Client #2's nursing notes dated 5/12/15 indicated "[Client #2] was found to have a 3" (inch) x (by) 1/2" bruise on upper lt (left) thigh. This was found during a shower. It is of unknown origin. Purple in color."</p> <p>Client #2's Health Issues/Nursing Notes indicated: 5/12/15 "2 bruises on left thigh under buttock, top 2 1/2 inches bottom about 2 inches. Very purple - blue." 5/18/15 "same bruises on leg, also a bruise on her left wrist, had band aid on it, wouldn't let me see." 6/8/15 "dime size cut on inner right hand."</p> <p>Client #2's Skin Integrity Check Sheet (SICS) for 2015 indicated: 06/06/15 "quarter sized scrape on left knee." 06/09/15 "dime size scrape on right knee." 06/11/15 "dime size scrape on right knee also nickel size bruise on left thigh." 07/09/15 "dime size bruise on left arm." 07/31/15 "Bruise 1 1/2 inch on left arm." 08/01/15 "bruise and a scratch on left forearm." 08/02/15 "bruise on left forearm size of a</p>		<p>surestaken All residents are affected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence The Regional Director will retrain all group home staff at staff meetings by 11-6-15 on the Benchmark Abuse/Neglect Policy as well as the Incident Reporting Policy. This will include what is abuse/neglect, what incidents are reportable and the mandate for immediate reporting to the QIDP. The Director will pass out Incident Report cards that provide a reminder of what incidents are reportable. Any current group home staff not attending one of these meetings will be removed from the schedule until they receive this training from the Director or a designated representative. The Director will sign off on these trainings and will give copies to HR to be placed in each employee's HR file. The Director will retrain the QIDP, the LPN, and the GHM on necessary components of investigations. This included conducting thorough interviews of all relevant individuals, and immediate reporting. The Director will sign off on these trainings and will give copies to HR to be placed in each employee's HR file.</p> <p>How corrective actions will be monitored to ensure no recurrence</p>	

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W 0227 Bldg. 00	<p>quarter." 08/03/15 "Bruises" did not indicate location and/or size of bruises. 08/13/15 "Small bruise on right arm - 1 inch."</p> <p>The facility records indicated no investigations had been conducted in regard to the injuries of unknown origin for client #2.</p> <p>During interview with the Regional Director (RD) on 9/29/15 at 10:30 AM, the RD indicated all injuries of unknown origin were to be thoroughly investigated.</p> <p>9-3-2(a)</p> <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. Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and 1 additional client (#5), the clients' Individual Support Plans (ISPs) failed to address the identified training need in regard to: __Regulating water temperatures for clients #1, #2, #3 and #4.</p>	W 0227	<p>Incidents are to bereported to the Director immediately and document with a time stamp viaemail. The investigation packet is thensent to the Director for original signature. The Director sends the original investigation packet to the VicePresident for original signature. TheVice President sends the original investigation packet to the Director ofCompliance for original signature. Onceall signatures are obtained, the Director of Compliance scans the investigationpacket to the Director to file.</p> <p>Corrective action for resident(s) found to have beenaffected ISPs will be revisedto include all necessary information about each client by 11-6-15. This will include assistance with mixingwater, refusals for participation in emergency drills, wearing proper fitting clothing,the risk of cigarettes, and refusing to attend doctor appointments. All</p>	11/06/2015	

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	<p>__ Personal safety and emergency evacuation for clients #1, #2, #3 and #5.</p> <p>__ Wearing clean unstained clothing that fit for clients #1, #3 and #4.</p> <p>__ Taking care of their clothing in their dresser drawers for clients #1, #2, #3 and #4.</p> <p>__ Health issues related to smoking for client #4.</p> <p>__ Refusals to comply with medical tests and/or requests. for client #2</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 9/23/15 between 3:45 PM and 6:30 PM.</p> <p>__ At 5 PM while staff #3 was washing dishes steam could be seen rising from the kitchen sink.</p> <p>__ The temperature of the water in the kitchen sink was 124 degrees Fahrenheit.</p> <p>__ The water temperature in both bathroom sinks was 125 degrees Fahrenheit.</p> <p>Review of the facility Water Temperature Log for 2015 on 9/23/15 at 5:30 PM indicated:</p> <p>__ The water temperatures were tested in the bathroom and the kitchen once a month.</p> <p>__ On 8/15/15 water temperatures of 110 degrees Fahrenheit were obtained.</p>		<p>issues need to be addressed in the ISP and some will also need addressed in the HRP or the BSP. As ISPs are revised staff will be trained on the updated ISP. If a BSP is revised, HRC and guardian approval will be obtained and then staff will be trained on therevision.</p> <p>How facility will identify other residents potentially affected and what measures taken</p> <p>All consumers could potentially be affected. The IDT discusses the need for additional objectives at each quarterly meeting.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence</p> <p>The IDT will meet quarterly to discuss concerns or changes for each client. At these meetings the need for new objectives will be discussed and then implemented by the QIDP. The QIDP is responsible for implementing new objectives and revising the ISP as needed.</p> <p>How corrective actions will be monitored to ensure no recurrence</p> <p>IDT will meet quarterly to discuss all aspects of client programming including needed objectives and revisions to the ISP. If new situations arise, ISPs can be revised at any time by the Q and staff will be trained before implementation.</p>		

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	<p>___ On 9/21/15 temperatures of 116 to 119 degrees Fahrenheit were obtained.</p> <p>___ "If the temperature is over 110 notify the House Manager. No unmonitored resident use of water is permitted until the temperature is within the proper range."</p> <p>Client #1's record was reviewed on 9/24/15 at 1 PM. Client #1's 6/1/15 Comprehensive Functional Assessment (CFA) indicated client #1 could not mix water.</p> <p>Client #2's record was reviewed on 9/24/15 at 2 PM. Client #2's 6/1/15 CFA indicated client #2 could not mix water.</p> <p>Client #3's record was reviewed on 9/25/15 at 10 AM. Client #3's 6/1/15 CFA indicated client #3 could not mix water.</p> <p>Client #4's record was reviewed on 9/25/15 at 11 AM. Client #4's 6/1/15 CFA indicated client #4 could not mix water.</p> <p>During interview with staff #1 on 9/23/15 at 5:30 PM, staff #1 indicated clients #1, #2, #3 and #4 could not mix water and required staff assistance.</p> <p>During interview with the RM on 9/24/15</p>			

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	<p>at 1 PM, the RM indicated: __ Clients #1, #2, #3 and #4 required assistance to mix water. __ Client #1's, #2's, #3's and #4's ISPs did not include training objectives to assist the clients with regulating the water temperatures.</p> <p>2. The facility's evacuation drills for 2014/2015 were reviewed on 9/24/15 at 2:45 PM. The drills indicated the following: __ On 7/9/15 at 7:15 AM clients #1, #2 and #5 refused to evacuate. __ On 7/7/15 at 8 PM clients #3 and #5 "needed several more prompts to get outside." __ On 6/29/15 at 1 AM clients #1, #2 and #5 refused to evacuate. __ On 6/22/15 at 4:40 PM client #2 sat on the floor and had to be physically assisted to evacuate. __ On 6/21/15 at 10 AM clients #3 and #5 "needed several more prompts to get outside," client #2 was "argumentative but did eventually come outside" and client #1 "needed several more prompts to get outside." __ On 6/9/15 at 9 PM clients #1, #3 and #5 "needed several more prompts to get outside," client #2 was "combative but eventually did go outside" and the entire drill required 15 minutes to evacuate everyone.</p>			

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	<p>__ On 6/7/15 at 5 PM clients #1, #2, #3 and #5 "needed several more prompts to get outside." The record indicated the drill required 5 minutes to complete.</p> <p>__ On 5/25/15 at 1 AM clients #1, #2 and #5 refused to evacuate.</p> <p>__ On 4/29/15 at 7 PM clients #1 and #2 refused to evacuate.</p> <p>__ On 10/16/14 at 9:30 PM clients #2 and #5 refused to evacuate and client #1 was prompted twice then was physically assisted outside.</p> <p>Client #1's record was reviewed on 9/24/15 at 1 PM. Client #1's 7/1/15 ISP indicated no training objectives in regard to client #1's identified training need for personal safety and emergency evacuation.</p> <p>Client #2's record was reviewed on 9/24/15 at 2 PM. Client #2's 7/1/15 ISP indicated no training objectives in regard to client #2's identified training need for personal safety and emergency evacuation.</p> <p>Client #3's record was reviewed on 9/25/15 at 10 AM. Client #3's 7/1/15 ISP indicated no training objectives in regard to client #3's identified training need for personal safety and emergency evacuation.</p>			

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	<p>During interview with the Regional Director (RD) and the Residential Manager (RM) on 9/29/15 at 10:30 AM:</p> <p>__ The RM indicated there were no specific training objectives for clients #1, #2, #3 and #5 in regard to the clients' personal safety and emergency evacuation.</p> <p>__ The RD indicated client #1's, #2's, #3's and #5's ISPs should include training objectives in regard to the clients' personal safety and emergency evacuation.</p> <p>3. Observations were conducted at the group home on 9/23/15 between 3:45 PM and 6:30 PM. Clients #1, #2, #3 and #4 returned home from the day program at 3:45 PM.</p> <p>__ Client #1 was an elderly woman wearing a pair of pink sweat pants that was too large for her. The sweat pants were twisted and hanging on her hips and below client #1's waist. At 4:20 PM staff #1 was asked if client #1 was wearing her own clothing. Staff #1 stated, "I don't think the sweat pants are hers. She came home from the center (the day program) wearing that (the sweat pants) and I think they are someone else's." Staff #1 asked client #1 to go with staff #1 to client #1's bedroom to change into different pants. Staff #1 assisted client #1 to change her pants and stated, "These (the pair of</p>			

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	<p>sweat pants client #1 was wearing) don't have a name in them. They might be hers (client #1's), I'm not sure." Staff #1 indicated the clients' clothing should be labeled on the inside of the clothing with the client's name.</p> <p>__ Client #3 was a middle aged average sized male who was wearing an oversized purple tee shirt and blue jeans that were too large for him. Client #3's tee shirt was falling down over his shoulders and his blue jeans were bunched up around his belt loops and too large for client #3. At 5 PM staff #1 was asked if she knew what size of pants client #3 was wearing. Staff #1 asked client #3 to go to his bedroom with the staff. The staff checked the size on client #3's pants. Client #3's blue jeans were a size 44 inch waist. Staff #1 stated, "These are way too big for him. I think he wears a size 36 inch waist."</p> <p>__ Client #4 was an elderly small man that was wearing blue jeans that were too large for him. Client #4's blue jeans were bunched up around client #4's belt loops and were held up by a belt and a pair of suspenders. Both of client #4's pant legs were rolled up approximately four inches to keep client #4's pants from dragging the floor. Client #4 wore a down nylon coat inside the home off and on during this observation period. The staff prompted client #4 to remove his coat. The client would take it off for a short</p>			

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	<p>period and then would put it back on again.</p> <p>Observations were conducted at the group home on 9/24/15 between 6 AM and 8 AM.</p> <p>__ Clients #3 and #4 were dressed in jeans that were too large.</p> <p>__ Client #4 wore a belt and suspenders to hold up his pants.</p> <p>__ At 7:45 AM staff #4 was asked if client #3 was wearing his own blue jeans. Staff #4 stated, "I'm not sure but I do know those are way too big for him." Staff #4 prompted client #3 to go to his bedroom with her. Staff #4 handed client #3 a pair of blue jeans that had a 36 inch waist and asked him to change. Staff #4 indicated client #3's pair of blue jeans he previously had on was a size 44 inch waist.</p> <p>The RM (Residential Manager) and staff #1 went through client #1's, #2's, #3's and #4's closets and dresser drawers.</p> <p>__ Client #3 had soiled underwear in his dresser drawer along with his clean clothing.</p> <p>__ Client #1's, #2's, #3's and #4's clothing in their dresser drawers was unorganized, not folded and wrinkled.</p> <p>Client #1's record was reviewed on 9/24/15 at 1 PM. Client #1's 6/1/15</p>			

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	<p>Comprehensive Functional Assessment (CFA) indicated client #1 required verbal and physical assistance to ensure client #1 was dressed in clean appropriately fitted clothing and to fold, sort and put away her clothing. Client #1's 7/1/15 ISP indicated no training objectives to assist client #1 with dressing appropriately and to care for her clothing.</p> <p>Client #2's record was reviewed on 9/24/15 at 2 PM. Client #2's 6/1/15 CFA indicated client #2 required verbal and physical assistance to ensure client #2 was dressed in clean appropriately fitted clothing and to fold, sort and put away her clothing. Client #2's 7/1/15 ISP indicated no training objectives to assist client #2 with dressing appropriately and to care for her clothing.</p> <p>Client #3's record was reviewed on 9/25/15 at 10 AM. Client #3's 6/1/15 CFA indicated client #3 required verbal and physical assistance to ensure client #3 was dressed in clean appropriately fitted clothing and to fold, sort and put away his clothing. Client #3's 7/1/15 ISP indicated no training objectives to assist client #3 with dressing appropriately and to care for his clothing.</p> <p>Client #4's record was reviewed on 9/25/15 at 11 AM. Client #4's 6/1/15</p>			

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	<p>CFA indicated client #4 required verbal and physical assistance to ensure client #4 was dressed in clean appropriately fitted clothing that was weather appropriate and to fold, sort and put away his clothing. Client #4's 7/1/15 ISP indicated no training objectives to assist client #4 with dressing appropriately and to care for his clothing.</p> <p>The Regional Director (RD) and the Residential Manager (RM) were interviewed on 9/29/15 at 10:30 AM. ___The RM indicated no specific objectives in client #1's, #2's, #3's and #4's ISPs to assist the clients with dressing in appropriately fitted and/or weather appropriate clothing and to organize and care for their clothing in their bedroom. ___The RD indicated training objectives would be implemented to assist clients #1, #2, #3 and #4 in wearing appropriately fitted clothing and to care for their clothing in their dresser drawers and closets.</p> <p>4. Observations were conducted at the group home on 9/23/15 between 3:45 PM and 6:30 PM. At 4:02 PM staff #1 and client #4 went to the back of the house to the medication room. Staff #1 unlocked the medication cabinet and gave client #4 three cigarettes. Client #4 proceeded to</p>			

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	<p>go outside and smoke a cigarette.</p> <p>Client #4's record was reviewed on 9/25/15 at 11 AM. Client #4's record indicated diagnoses of, but not limited to, Emphysema, (a chronic lung disease) and COPD (Congestive Obstructive Pulmonary Disease).</p> <p>Client #4's 5/26/15 High Risk Health Plan (HRHP) for Emphysema indicated "Emphysema occurs when the air sacs in your lungs are gradually destroyed, making you progressively more short of breath. Emphysema is one of several diseases known collectively as chronic obstructive pulmonary disease (COPD). The main symptom of emphysema is shortness of breath, which usually begins gradually. You may start avoiding activities that cause you to be short of breath, so the symptom doesn't become a problem until it starts interfering with daily tasks. Emphysema eventually causes shortness of breath even while you're at rest."</p> <p>Client #4's 7/28/15 nursing assessment indicated "Bilateral lungs clear, diminished lower lobes. Client smokes daily, he also rips the butts off of cigarettes before smoking them and picks up cigarettes out of ashtrays.... Prompt to leave butts on cigarettes."</p>			

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	<p>Client #4's 7/1/15 ISP indicated no training objectives to assist client #4 with understanding the health risks associated with smoking cigarettes.</p> <p>During interview with staff #1 on 9/23/15 at 4:10 PM, staff #1 indicated: ___ Client #4 purchased his cigarettes. ___ Client #4's cigarettes were locked in the medication cabinet in the medication room. ___ Client #4 was given three cigarettes in the morning, three cigarettes when he gets home from the day program and two cigarettes in the evening.</p> <p>During interview with the Residential Manager (RM) on 9/29/15 at 10:30 AM, the RM indicated: ___ Client #4 had smoked for years. ___ Client #4's physician had indicated client #4 needs to quit smoking. ___ Client #4's cigarettes were rationed in an attempt to reduce client #4's smoking. ___ Client #4's ISP did not include training objectives to assist client #4 with understanding the need to quit smoking and/or the health risks involved.</p> <p>5. Client #2's record was reviewed on 9/24/15 at 2 PM. Client #2's Medication Refusal Reports (MRRs) indicated: ___ On 7/27/15 client #2 refused to take</p>			

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	<p>her 4 PM Oxybutynin 5 mg (milligrams) for urinary incontinence and her 8 PM Divalproex 500 mg for seizures, Oxybutynin 5 mg, Docusate Sodium (a stool softener) 100 mg, Trazadone 100 mg for insomnia and Thioridazine 100 mg, Invega 3 mg and Donepezil 5 mg for behavior modification.</p> <p>__ On 7/4/15 client #2 refused to take her 7 AM Chlorhexidine-Gluconate dental rinse.</p> <p>__ On 7/3/15 the staff had placed client #2's 8 PM medications into a cup with pudding. Client #2 threw the medications and pudding on the floor refusing to take her medications. The MMR did not indicate the names of the medications.</p> <p>__ On 6/28/15 the staff placed client #2's 8 PM medications into a cup with pudding. Client #2 threw the medications and pudding on the floor refusing to take her medications. The MMR did not indicate the names of the medications.</p> <p>__ On 6/27/15 client #2 refused to take her 7 AM Chlorhexidine-Gluconate dental rinse.</p> <p>__ On 6/21/15 the staff placed client #2's 8 PM medications into a cup with pudding. Client #2 threw the medications and pudding on the floor refusing to take her medications. The MMR did not indicate the names of the medications.</p> <p>Client #2's 7/27/15 Nursing Assessment</p>			

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	<p>indicated client #2 "continues to refuse hs (bedtime) medications on a regular basis. [Name of doctor] did change Invega from hs to AM. Medical appts (appointments) are made, [client #2] is noncompliant d/t (due to) physical aggression with medical staff.... Will continue to prompt medication administration. Will continue to prompt [client #2] compliance with medical appts."</p> <p>Client #2's nursing notes indicated: ___2/11/15 client #2 was seen by a podiatrist due to mycotic nails (nails that are infected with a fungus). "Pt. (patient/client #2) declined nail debridement (removal of fungus and infected nail)." ___2/16/15 "[Client #2] had appointment with GYN (Gynecologist). [Client #2] refused to get off van." ___4/05/15 "[Client #2] refused Oxybutynin (for an overactive bladder) and Tums (an antacid). She spit pills out of mouth. In past month [client #2] has had several medication refusals. Requested [name of doctor] to crush meds and place in applesauce, pudding or yogurt." ___4/06/15 "Requested to have daily weights changed to weekly. [Name of doctor] agrees due to refusing weights." ___5/01/15 "[Name of doctor], psych med review - Discussed medication refusals</p>			

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	<p>and not sleeping at night. Increased Trazadone to 300 mg QHS (every bedtime)."</p> <p>__5/16/15 refused all 8 PM medications except Trazadone.</p> <p>__6/6/15 refused 6 AM medications.</p> <p>__6/7/15 refused all 8 PM medications.</p> <p>__6/21/15 refused all 8 PM medications.</p> <p>__6/27/15 refused 8 PM medication.</p> <p>__6/28/15 refused 8 PM medication.</p> <p>__7/3/15 refused 8 PM medication.</p> <p>__7/4/15 refused 8 PM medication.</p> <p>__7/13/15 "VO (verbal order) change Invega to AM, d/c (discontinue) Chlorhexidine d/t refusals per [name of doctor]."</p> <p>__7/15/15 "Client (#2) refused hearing exam appt. She (client #2) sat down in middle of parking lot and refused to go into building."</p> <p>__8/1/15 and 8/2/15 client #2 refused Nystatin mouth wash.</p> <p>__8/3/15 notified client #2's physician of refusals of Nystatin mouth wash. "Gave VO to d/c."</p> <p>__8/14/15 client #2 went to the appointment for a vision evaluation, sat down in the parking lot and refused to go into the building.</p> <p>Client #2's record indicated: __On 9/12/12 client #2 refused to cooperate for a vision evaluation. __On 10/21/14 client #2 refused to</p>			

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W 0249 Bldg. 00	<p>cooperate for a vision evaluation. __ On 11/7/14 client #2 refused to have a mammogram.</p> <p>Client #2's 7/13/15 BSP indicated client #2 had targeted behaviors of physical and verbal aggression, inappropriate urination, bullying and intimidation. Client #2's BSP did not include refusals and/or failure to comply with taking medications and/or medical requests.</p> <p>During interview with the Regional Director (RD) and the Residential Manager (RM) on 9/29/15 at 10:30 AM, the RM indicated she did not know if refusals were addressed in client #2's BSP. The RM indicated client #2 often refused medical exams and medications. The RD indicated client #2's refusals should be addressed in client #2's BSP and indicated refusal of medical needs would be addressed and added to the client's BSP.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active</p>			

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	<p>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, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to ensure the staff implemented the clients' Individualized Support Plans (ISPs), High Risk Plans (HRPs) and dining plans for clients #1, #2, #3 and #4 and to ensure clients #2, #3 and #4 were provided 1:1 (one staff to one client) supervision while eating their meals.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/24/15 between 6 AM and 8 AM. Scrambled eggs, toast, cooked oatmeal, milk and juice were served to clients #1, #2, #3, and #4 for their morning meal.</p> <p>During this observation period:</p> <p>__ There were three staff in the home during this observation period.</p> <p>__ Staff #5 was in the medication room throughout the observation and did not assist with the morning meal.</p> <p>__ Clients #1, #3 and #4 ate their food at a fast pace.</p> <p>__ Clients #1, #2, #3 and #4 took large bites of food.</p> <p>__ The staff did not sit with the clients</p>	W 0249	<p>Corrective action for resident(s) found to have beenaffected Staff are to provideactive treatment, both formal and informal at all times. This includes following all BSPs, HRPs, andISPs as well as informal active treatment. Staff will be retrained by the Director at an all staff meeting by11-6-15 and the record of training will be placed in the employee HR file. QIDP, GHM, and LPNwill monitor staff teaching of active treatment during their weekly Manager inHome Time.</p> <p>How facility will identify other residents potentiallyaffected and what measures taken All residents areaffected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place toensure no recurrence Staff will beretrained by the Director at an all staff meeting by 11-6-15 and the record oftraining will be placed in the employee HR file. The QIDP, the GHMand the LPN provide weekly Manager In Home Time and document this time in theProvide time entry system. The membersof management are expected to have no less than 12</p>	11/06/2015

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	<p>while eating their morning meal.</p> <p>__ The staff did not directly supervise the clients while eating their meal.</p> <p>__ Clients #2, #3 and #4 were not provided 1:1 supervision while eating their morning meal.</p> <p>__ Clients #1, #2, #3 and #4 were not prompted to take small bites, to slow their pace of eating, to alternate from taking a bite of food with a drink of liquid.</p> <p>__ Client #3 was not prompted to put his spoon down between bites of food.</p> <p>Client #1's record was reviewed on 9/24/15 at 1 PM.</p> <p>__ Client #1's 8/24/15 HRP for choking indicated in 2011 client #1 was placed on a mechanical soft diet due to increased risk of choking while eating.</p> <p>__ Client #1's 7/1/15 ISP indicated client #1 had an objective to practice safe eating habits at all meals. The ISP indicated the staff were to provide client #1 with verbal reminders to alternate bites of food with a drink of liquid.</p> <p>__ Client #1's 2/20/15 dining plan indicated client #1 was at risk of choking and the staff were to prompt client #1 to slow her pace of eating and to chew her food thoroughly.</p> <p>Client #2's record was reviewed on 9/24/15 at 2 PM.</p>		<p>hours of MIH time in the homes weekly.</p> <p>How corrective actions will be monitored to ensure norecurrence The Director will ensure all staff are retrained on active treatment and formal training programs. The Director will monitor Provide weekly to ensure managers are meeting the expectation of spending atleast 12 hours of MIH time in the homes weekly.</p>	

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	<p>__ Client #2's 12/1/14 HRP for choking indicated "[Client #2] is at risk for choking d/t (due to) stuffing mouth to full, eating to (sic) fast, chewing partially before swallowing."</p> <p>__ Client #2's 7/1/15 ISP indicated client #2 had an objective to practice safe eating habits at all meals. The ISP indicated the staff were to provide client #2 with verbal reminders to alternate bites of food with a drink of liquid.</p> <p>__ Client #2's 8/18/15 dining plan indicated client #2 was at risk of choking and the staff were to provide the client 1:1 staff supervision during meals.</p> <p>Client #3's record was reviewed on 9/25/15 at 10 AM.</p> <p>__ Client #3's 5/26/15 HRP for choking indicated "[Client #3] is at risk of choking d/t (due to) stuffing mouth too full, eating to (sic) fast, biting off large pieces of food and picking up large amounts of food.... [Client #3] will be provided 1:1 staffing, this will allow adequate supervision and redirection during eating. [Client #3] will be encouraged to place his utensil down between bites and alternate food with drink, in addition to eating with a small spoon."</p> <p>__ Client #3's 7/1/15 ISP indicated client #3 had an objective to practice safe eating habits at all meals. The ISP indicated the</p>			

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W 0264	<p>staff were to prompt client #3 to lay down his utensils between bites of food and to alternate bites of food with a drink of liquid.</p> <p>Client #4's record was reviewed on 9/25/15 at 11 AM. ___ Client #4's 8/13/15 speech evaluation indicated "Puree diet with thin liquids. Strict aspiration precautions including 1:1 supervision with meals, no straws, slow pace..., alternating solids /liquids." ___ Client #4's 8/18/15 dining plan indicated client #4 was at risk of choking and was to be provided 1:1 supervision while dining.</p> <p>During interview with the Regional Director (RD) and the Residential Manager (RM) on 9/29/15 at 10:30 AM, the RD indicated: ___ The staff were to sit with the clients while eating their meal and all clients (clients #1, #2, #3 and #4) were to be supervised while eating. ___ The staff were to implement all clients' (client #1's, #2's, #3's and #4's) ISPs, HRP's and dining plans at every meal.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(iii)</p>						

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Bldg. 00	<p>PROGRAM MONITORING & CHANGE</p> <p>The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on observation, record review, and interview for 1 of 4 sampled clients (#4), the facility failed to ensure the specially constituted committee (Human Rights Committee/HRC) reviewed the restrictive practice of rationing and locking client #4's cigarettes.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/23/15 between 3:45 PM and 6:30 PM. At 4:02 PM staff #1 and client #4 went to the back of the house to the medication room. Staff #1 unlocked the medication cabinet and gave client #4 three cigarettes. Client #4 proceeded to go outside and smoke a cigarette.</p> <p>Observations were conducted at the group home on 9/24/15 between 6 AM and 8 AM. At 6:30 AM staff #5 gave client #4 three cigarettes from the locked medication cabinet.</p> <p>Client #4's record was reviewed on</p>	W 0264	<p>Correctiveactionforresident(s)fou dtohavebeenaffected</p> <p>The rationing of cigarettes or any other restrictive measurewill be added to the BSP no later than 11-6-15. This updated BSP will receive guardian and HRC approval before implementation.</p> <p>Howfacilitywillidentifyotherreside ntspotentiallyaffectedandwhatmea surestaken</p> <p>All residentsreceiving psychotropicmedications are affectedand corrective action willaddress the needsof all clients.</p> <p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence</p> <p>The QIDP will ensure any restrictive measures are includedin the BSP and receives guardian and HRC approval.</p> <p>Howcorrectiveactionswillbemonito redtoensurenorecurrence</p> <p>The QIDP willensure all BSP are updated and receive HRCapproval. The QIDP will ensure all staffare trained on newor updated plans. The management team will meet at</p>	11/06/2015

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	<p>9/25/15 at 11 AM. Client #4's record indicated diagnoses of, but not limited to, Emphysema, (a chronic lung disease) and COPD (Congestive Obstructive Pulmonary Disease).</p> <p>Client #4's 7/1/15 ISP indicated "[Client #4] and his legal guardian have been informed that he (client #4) is not advised to continue smoking due to the associated health risks of smoking. [Previous name of facility] has granted [client #4] permission to continue smoking as long as he chooses to do so."</p> <p>Client #4's ISP and Health Risk Plans (HRPs) indicated no plan that included the rationing of cigarettes for client #4 and/or the need to lock client #4's cigarettes in the medication cabinet.</p> <p>During interview with staff #1 on 9/23/15 at 4:10 PM, staff #1 indicated: ___ Client #4 was given three cigarettes in the morning, three cigarettes when he gets home from the day program and two cigarettes in the evening. ___ Client #4 purchased his cigarettes himself. ___ Client #4's cigarettes were locked in the medication cabinet in the medication room.</p> <p>During interview with the Residential</p>		<p>least quarterly with each individual served to ensure the BSP includes all necessary restrictions and that they have obtained and documented HRC and guardian approval.</p>	

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W 0312 Bldg. 00	<p>Manager (RM) on 9/29/15 at 10:30 AM, the RM indicated: __ Client #4's physician told client #4 he needs to quit smoking. __ Client #4's cigarettes were rationed in an attempt to reduce client #4's cigarette smoking. __ Client #4 was given eight cigarettes a day and stated, "He's ok with that." __ Client #4's ISP and HRPs did not include a plan that included the rationing of and/or locking of client #4's cigarettes.</p> <p>During interview with the Regional Director (RD) on 9/29/15 at 10:30 AM, the RD indicated if the cigarettes were being rationed and/or locked then there should be a program/plan in place to address that need and that program/plan was to be reviewed and approved by the facility's HRC and written informed consent obtained from client #4's guardian. The RD indicated the locking/rationing of client #4's cigarettes was not included in a program plan for client #4 and had not been reviewed or approved by the facility's HRC.</p> <p>9-3-4(a)</p>			
	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate			

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	<p>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. Based on record review and interview for 1 of 4 sampled clients receiving medications to control behaviors (client #4), the facility failed to include the use of Zoloft (an antidepressant) in client #4's Behavior Support Plan (BSP).</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 9/25/15 at 11 AM.</p> <p>Client #4's 8/18/15 physician's orders indicated client #4 was to receive Zoloft 50 milligrams a day for depression.</p> <p>Client #4's 7/6/15 BSP indicated client #4 had the following targeted behaviors: "1.) Psychotic Symptoms: Mumbling and laughing to self, making comments about the devil, paranoia. 2.) Disorientation: Wandering around house as if confused or not sure what he was doing, not appearing to recognize someone familiar, unsure of whereabouts, leaving an area without notifying staff."</p> <p>Client #4's BSP did not include the use of Zoloft and did not include the symptoms of depression as a targeted behavior.</p>	W 0312	<p>Correctiveactionforresident(s)foundedtohavebeenaffected The QIDP will update the BSP to include a list of allcurrent prescribed psychotropic medications by 11-6-15. The updated BSP will receive HRC and guardianapproval. The QIDP or supervisor trained by the Q will train allstaff on the updated BSP. This particular medication did receive HRC and guardianapproval but it was not added to the BSP. The QIDP will ensure all necessary steps are taken before implementationof a new psychotropic medication.</p> <p>Howfacilitywillidentifyotherresidentspotentiallyaffectedandwhatmeasuresstaken All residentscould be affected andcorrective action planwill be put in place to protect allconsumers.</p> <p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence The QIDP is responsible for ensuringthe BSPs are updated and complete. TheQIDP will seek guardian approval for any new or updated BSP.</p> <p>Howcorrectiveactionswillbemonitoredtoensurenorecurrence The team includingthe QIDP, GHM and LPNwill compare the</p>	11/06/2015

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W 0323 Bldg. 00	<p>During interview with the Regional Director (RD) on 9/29/15 at 10:30 AM, the RD indicated client #4's BSP should include the use of Zoloft and a targeted behavior of depression.</p> <p>9-3-5(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure the client's vision was evaluated annually.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 9/24/15 at 2 PM.</p> <p>Client #2's record indicated: __ Client #2 refused to cooperate for a vision evaluation on 9/12/12 and on 10/21/14. __ Client #2 was scheduled for another vision evaluation on 8/14/15 and refused to get on the van and go to the appointment.</p>	W 0323	<p>physicianorders to the BSPat each quarterlymeeting to ensure compliance,HRC approval, and guardian/client approval. The QIDP is responsiblefor the meeting agenda.</p> <p>Correctiveactionforresident(s)foun dtohavebeenaffected The LPN will be trained by the Director by 11-6-15 that allconsumers must have annual vision appointments and that those will be readilyavailable in their medical file. Training will be offered to the QIDP and the GHM thatindividual refusals will be tracked and documented and goals will be added tothe BSP and the ISP to train the individual on the need for annualappointments.</p> <p>Howfacilitywillidentifyotherreside ntspotentiallyaffectedandwhatmea surestaken All residentscould be affected andcorrective action planwill be put inplace to protect allconsumers.</p>	11/06/2015

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W 0331 Bldg. 00	<p>__ Client #2's record indicated no vision evaluation.</p> <p>During interview with the Regional Director (RD) and the Residential Manager (RM) on 9/29/15 at 10:30 AM, the RM indicated client #2 had refused to go to her previous appointments and would be rescheduled to attempt another evaluation.</p> <p>9-3-6(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 4 sampled clients (#2), the facility nursing services failed to ensure the recommendations of the dietician were addressed in regard to the use of wrist weights during meal time for</p>	W 0331	<p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence The LPN has included on the monthlynursing summary the dates of each client's last annual vision appointment. This will ensure the dates are reviewedmonthly to ensure compliance. Also thesedates will be included in the quarterly meting discussion with all members ofmanagement.</p> <p>Howcorrectiveactionswillbemonito redtoensurenorecurrence The LPN's monthly nursing summary is sent to the QIDPmonthly to include in the QIDP's monthly programming summary. These dates will be viewed monthly by theQIDP to ensure compliance. The monthlyprogramming summary is sent to the BENCHMARK compliance department. The dates will also be included and reviewed on thequarterly meeting agenda by the management team. If an individual has repeated refusals for appointments,this will be added to the BSP and IDP as necessary.</p> <p>Correctiveactionforresident(s)foun dtohavebeenaffected It is documented inthe dietician recommendations that this individual wear flat wrist weightswhile eating due to refusals with regular wrist weights. The LPN will place the</p>	11/06/2015	

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	<p>client #2.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/23/15 between 3:45 PM and 6:30 PM and on 9/24/15 between 6 AM and 8 AM and at the Day Program (DP) on 9/24/15 between 10:25 AM and 11:30 AM. During all observations client #2 was observed eating a meal.</p> <p>__ Client #2 had notable tremors of both hands during all observations.</p> <p>__ During observation periods at the group home client #2 was not provided wrist weights while eating her evening and morning meals.</p> <p>__ During the observation period at the DP client #2 was provided wrist weights prior to eating her afternoon meal. Client #2 did not resist the use of the weights and wore the wrist weights throughout her meal. Client #2's hand tremors were decreased with the use of the weights.</p> <p>Client #2's record was reviewed on 9/24/15 at 2 PM.</p> <p>Client #2's 7/1/15 Individualized Support Plan indicated client #2 was to be provided weighted silverware and wrist weights while eating.</p> <p>Client #2's 7/29/15 Nutrition Review</p>		<p>order for flat wristweights and will train the staff on the new equipment when it has been ordered and physician approved.</p> <p>The QIDP, GHM and LPN will monitor that staff continually, in all programs, follow with recommendations of the dietician and these recommendations are included as part of the high risk plans.</p> <p>How facility will identify other residents potentially affected and what measures taken</p> <p>All residents are affected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence</p> <p>The QIDP, GHM and LPN will ensure that all dietician recommendations are included as part of the HRP, that staff are trained, and that staff are implementing the plan as written.</p> <p>How corrective actions will be monitored to ensure no recurrence</p> <p>The QIDP, the GHM and the LPN provide weekly Manager In Home Time and document this time in the Provide time entry system. The members of management are expected to have no less than 12 hours of MIH time in the homes weekly.</p>				

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	<p>from the dietician indicated "Staff reports she (client #2) does not like the wrist weights possibly because they are awkward [(roll weight and not flat to go all the way around wrist)].... Consider new wrist weights that are flat around the wrist and not a roll on top. Might need to purchase ankle weights. If not may need to DC (discontinue) order as she obviously does not wear them."</p> <p>Client #2's 7/29/15 nursing note indicated "Dietician reviewed medical charts and observed evening meal.... D/C (discontinue) wrist weight d/t (due to) nonuse."</p> <p>During interview with staff #4 on 9/24/15 at 8 AM, staff #4 indicated client #2 would not wear the wrist weights when offered to her and stated, "So we just stopped using them."</p> <p>During interview with the Day Program Supervisor (DPS) on 9/24/15 at 10:30 AM, the DPS indicated: __ Client #2 utilized wrist weights during her afternoon meal at the DP. __ Client #2 had tremors of both hands and stated, "The weights help to stabilize her hands while she eats." __ The weights belonged to the DP and were not provided by the facility.</p>			

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(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
W 0368	<p>During interview with the Residential Manager (RM) on 9/29/15 at 10:30 AM, the RM:</p> <p>__ Stated client #3 no longer used wrist weights while at the group home because client #2 refused to wear the weights.</p> <p>__ When asked did the facility address the recommendations of the dietician to try a flat weight instead of a roll type weight, the RM stated, "Not that I'm aware of. [Name of LPN] just told us to dc (discontinue) them because she (client #1) wasn't wearing them anymore."</p> <p>__ Indicated the LPN that told her to dc the wrist weights was not available for interview and was currently on leave from the facility.</p> <p>__ Indicated she was not aware client #2 used wrist weights at the DP.</p> <p>During interview with the Regional Director (RD) on 9/29/15 at 10:30 AM, the RD indicated the recommendation of the dietician should have been addressed by the facility's nursing services and different wrist weights should have been attempted to assist client #2 with her hand tremors while eating.</p> <p>9-3-6(a)</p> <p>483.460(k)(1)</p>			

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Bldg. 00	<p>DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 2 of 4 sampled clients (#2 and #3) and 1 additional client (#7), the facility failed to ensure all medications were administered in compliance with the physician's orders.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 9/23/15 at 1:30 PM.</p> <p>The 8/8/15 Bureau of Developmental Disabilities Services (BDDS) report indicated client #7 received Allopurinol (given for gout and kidney stones) 200 mg (milligrams) instead of his prescribed 100 mg on 8/8/15.</p> <p>The 7/20/15 BDDS report indicated client #2 did not receive her afternoon dose of Oxybutynin 5 mg for urinary incontinence on 7/18/15.</p> <p>The 6/12/15 BDDS report indicated client #7 did not receive his Metoprolol for high blood pressure on 6/11/15.</p> <p>The 1/18/15 BDDS report indicated client #2 did not receive her 1 PM dose of Divalproex 500 mg for seizures on</p>	W 0368	<p>Correctiveactionforresident(s)foun dtohavebeenaffected</p> <p>All staff willbe retrained on MedicationAdministration in a refreshercourse taught by theGroup Home LPN by 11-6-15. This medicationadministration training willinclude the appropriate way to pass medicationand the appropriate way to measure liquidmedication. The Team Leaderswill observe one medicationpass for each staffquarterly to ensure staff are continually passing medications.</p> <p>Howfacilitywillidentifyotherreside ntpotentiallyaffectedandwhatmea surestaken</p> <p>All residentsare affected and correctiveaction will address theneeds of all clients.</p> <p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence</p> <p>The Team Leaderswill observe one medicationpass for each staffquarterly. This will ensurestaff are continuallypassing medicationsas trained in CoreA Core B. These medication pass observations will be returned into the GHM for tracking and to ensure compliance.</p> <p>Howcorrectiveactionswillbemonito redtoensurenorecurrence</p> <p>The Team Leaderswill sign off ona</p>	11/06/2015			

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W 0426 Bldg. 00	<p>1/17/15.</p> <p>The 12/14/14 BDDS report indicated client #3 did not receive his Ofloxacin antibiotic ear drops on 12/13/14 at 8 PM and on 12/14/14 at 7 AM.</p> <p>During interview with the Residential Manager (RM) on 9/29/15 at 10:30 AM, the RM indicated all medications were to be given as ordered by the physician and indicated on the MAR (Medication Administration Record).</p> <p>9-3-6(a)</p> <p>483.470(d)(3) CLIENT BATHROOMS</p> <p>The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit.</p> <p>Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 2 additional clients (#5 and #6), the facility failed to ensure the water temperatures within the facility did not exceed 110 degrees Fahrenheit.</p> <p>Findings include:</p>	W 0426	<p>medication observationsheet and turn itinto the LPN andGroup Home Manager quarterlyto ensure they aredoing all required medicationobservations.</p> <p>The Director will ensure all Group Homestaff receive this retraining by 11-6-15 and will sign off on all Record ofTrainings. If staff fail to attend, theywill be removed from the schedule until they receive the retraining.</p> <p>Correctiveactionforresident(s)foun dtohavebeenaffected</p> <p>Shower and water temperature haven been corrected. BaderMechanical tested water for 3 weeks and it is under 110 degrees. GHM willcontinue to monitor water temperatures monthly through environmental qualitychecks completed by a manager each month.</p>	11/06/2015	

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	<p>Observations were conducted at the group home on 9/23/15 between 3:45 PM and 6:30 PM.</p> <p>__ At 5 PM while staff #3 was washing dishes steam could be seen rising from the kitchen sink.</p> <p>__ The temperature of the water in the kitchen sink was 124 degrees Fahrenheit.</p> <p>__ The water temperature in both bathroom sinks was 125 degrees Fahrenheit.</p> <p>Review of the facility Water Temperature Log for 2015 on 9/23/15 at 5:30 PM indicated:</p> <p>__ The water temperatures were tested in the bathroom and the kitchen once a month.</p> <p>__ On 8/15/15 water temperatures of 110 degrees Fahrenheit were obtained.</p> <p>__ On 9/21/15 temperatures of 116 to 119 degrees Fahrenheit.</p> <p>__ "If the temperature is over 110 notify the House Manager. No unmonitored resident use of water is permitted until the temperature is within the proper range."</p> <p>During interview with staff #1 on 9/23/15 at 5:30 PM, staff #1:</p> <p>__ Indicated the water temperatures were tested monthly.</p> <p>__ Indicated she was the one that tested the water and stated, "I just let it run for a</p>		<p>The QIDP and GHM will be retrained on monitoring watertemperature by the Director by 11-6-15.</p> <p>Howfacilitywillidentifyotherresidentspotentiallyaffectedandwhatmeasuresstaken</p> <p>All residentscould be affected andcorrective action willaddress the needsof all clients.</p> <p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence</p> <p>The GHM will submitall maintenance requests to the Benchmark maintenance department. The maintenance department will document oneach request the date they fulfilled the maintenance request and will turn acopy back in to the GHM. Monthly a member ofthe management team conduct an environmental quality check (CQA) and turn itinto the RD for tracking and compliance. If any deficiencies are noted, the manager will notify the GHM to turnin a maintenance request.</p> <p>Howcorrectiveactionswillbemonitoredtoensurenorecurrence</p> <p>Monthly a member ofthe management team conduct an environmental quality check (CQA) and turn itinto the RD for tracking and compliance. If any deficiencies are noted, the manager will notify the GHM to turnin a maintenance request.</p>	

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	<p>little bit. I didn't let the water run as long as you (this surveyor) did so it was probably higher than 110 when I did it." __ Indicated the water temperatures had not been tested since 9/21/15. __ Indicated the Residential Manager (RM) was notified of the elevated temperatures on 9/21/15. __ Indicated clients #1, #2, #3, #4, #5 and #6 required total to partial assistance with mixing the water. __ Stated, "I think [client #7] is able to regulate the water by himself."</p> <p>During interview with the RM on 9/24/15 at 1 PM, the RM: __ Indicated the water temperatures were not to exceed 110 degrees. __ Indicated clients #1, #2, #3, #4, #5 and #6 required assistance to mix water and stated "I think" client #7 was able to mix water independently. __ Indicated she was notified of the elevated water temperatures on 9/21/15. __ Indicated she was not aware the temperature of the water had reached 125 degrees Fahrenheit. __ Indicated there was a water temperature regulator on the hot water heater and stated, "But apparently it's not working right."</p> <p>9-3-7(a)</p>			

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W 0436 Bldg. 00	<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, record review, and interview, for 2 of 4 sampled clients with adaptive equipment (clients #1 and #2), the facility failed:</p> <p>__ To provide client #1 with training to wear her prescribed eyeglasses for reading and to care for her eyeglasses.</p> <p>__ To provide client #2 with her specified dining equipment of a divided dish, non slip mat, weighted silverware, a cup with a lid and wrist weights.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 9/23/15 between 3:45 PM and 6:30 PM and on 9/24/15 between 6 AM and 8 AM and at the Day Program (DP) on 9/24/15 between 10:25 AM and 11:30 AM.</p> <p>During the evening observation period the following was observed:</p> <p>__ At 3:45 PM the facility van arrived at the group home and all clients had exited</p>	W 0436	<p>Corrective action for resident(s) found to have beenaffected</p> <p>Any individuals who haveadaptive equipment such as eyeglasses or wrist weights, will have thatinformation placed in a revised ISP with goals. All staff will be retrained on the updated ISP and goals.</p> <p>The QIDP, GHM, and LPN willbe retrained by 11-6-15 on the need to ensure all plans, including HRPs, BSPsand ISPs are current and complete.</p> <p>How facility will identify other residents potentiallyaffected and what measures taken</p> <p>All residentsare affected and correctiveaction will address theneeds of all clients.</p> <p>Measures or systemic changes facility put in place toensure no recurrence</p> <p>Any time anindividual has the need for adaptive equipment, that information should bediscussed at all quarterly meetings. This will be</p>	11/06/2015
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	<p>the van except for client #1. Client #1 stood at the top of the steps on the van and looking over the top of her eyeglasses down at the cement drive below her. Client #1's eyeglasses were resting on the end of her nose. Client #1 hesitated and stated, "No, I don't want to" and backed up and sat back down in one of the seats on the van. Staff #1 prompted client #1 several times to get up and exit the van. After a couple of minutes client #1 again stood at the top of the steps looking down at the cement driveway, hesitated from exiting and again stated, "No, I can't." Client #1's eyeglasses slid off her face and hit the cement. Staff #1 picked the eyeglasses up and handed them back to client #1. Staff #1 stated, "These are really dirty. I'll have to clean them for you when we get in the house." Client #1 placed the eyeglasses back on her face and slowly exited the van. Client #1 held onto the staff while ambulating from the van and into the group home and continued to look above her eyeglasses to be able to see where she was walking.</p> <p>__At 5:35 PM staff #1 prompted client #1 to clean her eyeglasses and stated, "[Client #1], you're glasses (eyeglasses) are really dirty." Client #1 removed her eyeglasses and with assistance from staff #1, cleaned her eyeglasses.</p> <p>__At 10:50 AM at the DP, DP staff #2</p>		<p>reviewed to ensure that information is included in the ISP,BSP, and the HRP as needed.</p> <p>How corrective actions will be monitored to ensure norecurrence The management team will discuss thisquarterly at the quarterly meetings. This will include the need for all adaptive equipment to be listed inthe ISP and HRP as needed. The record of trainings will be signedby the Director and originals sent to HR to be placed in the employee files.</p>	

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	<p>removed client #1's eyeglasses from her face, cleaned them and returned them to client #1.</p> <p>__ During all observation periods client #1 wore eyeglasses that sat low on client #1's nose.</p> <p>__ During all observation periods client #1 ambulated with a slow gait, taking small steps and holding onto the staff, the furniture around her and/or the hand rails for stability while walking.</p> <p>Client #1's record was reviewed on 9/24/15 at 1 PM.</p> <p>Client #1's 7/1/15 Individualized Support Plan (ISP) indicated client #1 "Wears reading glasses as needed, prescription is +3.00. [Client #1] maintains cleaning her glasses with staff verbal prompting and occasional assistance. She keeps them in her purse when not wearing."</p> <p>Client #1's ISP indicated no objectives to assist client #1 with wearing her eyeglasses for reading only and/or to care for her eyeglasses.</p> <p>During interview with staff #1 on 9/23/15 at 4 PM, staff #1 indicated: __ Client #1's eyeglasses were over the counter reading eyeglasses prescribed by client #1's Optometrist. __ Client #1 wore her eyeglasses all the</p>			

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	<p>time except when in bed.</p> <p>__ Client #1 did not clean her eyeglasses independently and stated, "Most of the time we (the staff) clean them for her."</p> <p>__ Client #1 looked over the top of her glasses while ambulating and stated, "I was wondering if that might not make her dizzy while she's walking because those glasses (eyeglasses) aren't meant to be worn all the time, they're reading glasses and they (the eyeglasses) would make me dizzy trying to walk in them."</p> <p>During interview with DP staff #1 on 9/24/15 at 11 AM, DP staff #1 indicated: __ Client #1's eyeglasses were for reading only and stated, "But she wears them all the time." __ Client #1's eyeglasses frequently fell off her face and stated "rarely does she (client #1) clean her own glasses."</p> <p>During interview with the Regional Director (RD) and the Residential Manager (RM) on 9/29/15 at 10:30 AM, the RM indicated: __ Client #1's eyeglasses were for reading only, prescribed by client #1's Optometrist and purchased over the counter at a local department store. __ Client #1 wore her eyeglasses all the time. __ Client #1 could clean her eyeglasses but required reminders with verbal and</p>			

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	<p>physical assistance from the staff.</p> <p>__ Client #1's ISP did not include an objective to assist client #1 with wearing her eyeglasses only while reading and/or an objective to care for her eyeglasses.</p> <p>2. Observations were conducted at the group home on 9/23/15 between 3:45 PM and 6:30 PM and on 9/24/15 between 6 AM and 8 AM and at the Day Program (DP) on 9/24/15 between 10:25 AM and 11:30 AM.</p> <p>__ During the PM observation period client #2 was observed eating her evening meal. Client #2 was provided a divided plate, a large handled spoon and three small cups without lids. Client #2 was not provided cups with lids, a non skid mat and/or wrist weights.</p> <p>__ During the AM observation period client #2 was observed eating her morning meal. Client #2 was not provided a divided plate, weighted silverware, cups with a lid, a nonskid mat and/or wrist weights.</p> <p>__ During the observation period at the DP client #2 was observed eating her afternoon meal. Client #2 was provided a divided dish, a plastic spoon, wrist weights and a cup with a straw for her afternoon meal. Client #2 was not provided weighted silverware, a cup with a lid and/or a nonskid mat.</p>			

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	<p>Client #2's record was reviewed on 9/24/15 at 2 PM.</p> <p>__ Client #2's 12/1/14 health risk plan indicated client #2 was to be provided a divided plate, non skid mat and weighted silverware while dining. The plan indicated one pound wrist weights may be used at times to decrease tremors.</p> <p>__ Client #2's 7/1/15 Individualized Support Plan (ISP) indicated client #2 was to be provided a non skid mat, divided plate, weighted silverware, and wrist weights while dining.</p> <p>__ Client #2's 7/29/15 dietary assessment from the dietician indicated client #2 was to use a divided plate, weighted silverware, a non slip mat, a cup with a lid, and one pound wrist weights while dining. The assessment indicated "Consider new wrist weights that are flat around the wrist and not a roll on top."</p> <p>__ Client #2's 8/18/15 dining plan indicated client #2 was to be provided a nonskid mat, divided plate and weighted silverware while dining.</p> <p>__ Client #2's 9/8/15 physician's orders indicated client #2 was to be provided weighted silverware, a divided plate, a non skid mat and cups with lids for dining.</p> <p>During interview with DP staff #1 on 9/24/15 at 11 AM, DP staff #1 indicated: __ Client #2 would not use a cup with a</p>			

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W 0488 Bldg. 00	<p>lid and stated, "She (client #2) just keeps taking it off, so I give her a straw." ___She did not give client #2 a nonskid mat because client #2 was on 1:1 (one staff to one client supervision) and stated, "I'm sitting right here with her so she doesn't need it."</p> <p>The Regional Director (RD) and the Residential Manager (RM) were interviewed on 9/29/15 at 10:30 AM. ___The RM indicated the staff at the group home no longer offered client #2 the wrist weights because she would not wear them and indicated she was not aware of the dietician's recommendation to try a different kind of wrist weight. ___The RD indicated client #2 was to be provided all specified dining equipment as indicated in the client's physician's orders and program plans. The RD indicated all program plans were to indicate the same equipment and client #2 was to be using the same dining equipment when dining at the group home and when at the day program.</p> <p>9-3-7(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her</p>			

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	<p>developmental level.</p> <p>Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the facility failed to ensure the staff provided training in meal preparation when formal and informal training opportunities existed.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/24/15 between 6 AM and 8 AM.</p> <p>__ Scrambled eggs, toast, cooked oatmeal, milk and juice were served for the morning meal.</p> <p>__ At 6:31 AM client #3 sat down at the table, staff #6 served client #3 a bowl of microwave oatmeal. Client #3 began eating. Staff #6 returned to the kitchen area to fix the morning coffee.</p> <p>__ At 6:40 AM client #7 sat down at the dining room table and stated, "Where's my eggs?" When client #7 was asked if he could prepare his own eggs, client #7 pointed at the staff #4 and staff #6 and stated, "No, they do it."</p> <p>__ At 6:44 AM client #3 had finished his oatmeal, stood up and stated, "I want eggs" and then asked for toast. Staff #4 stated, "You can make your toast." Staff #6 went to the toaster and placed the bread in the toaster for client #3.</p>	W 0488	<p>Corrective action for resident(s) found to have beenaffected</p> <p>Staff are to provideactive treatment, both formal and informal at all times. This includes at meal times. Staff will assist consumers to pack theirlunches and not pack their lunches for them. Staff will also assist clients with meal preparation and not prepare themeal for them and facilitate family style dining while sitting beside them atthe table. Staff will be retrained bythe Director at an all staff meeting by 11-6-15 and the record of training willbe placed in the employee HR file.</p> <p>How facility will identify other residents potentiallyaffected and what measures taken</p> <p>All residents areaffected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place toensure no recurrence</p> <p>Members ofmanagement observe in the homes at least 12 hours weekly as part of Manager InHome Time. These observations willinclude the necessity for teaching staff how to provide active treatment andhow to follow formal training programs as well as providing informal training. The member of management will record theiobservations and any teachable moments in as MIH time in the Provide time entrysystem.</p>	11/06/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G036		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 10/09/2015	
NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 820 MENDLESON DR RICHMOND, IN 47374			
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	<p>__At 6:45 AM staff #6 placed scrambled eggs on a plate and placed the plate on the table in front of client #1. Client #1 stated, "I don't want eggs. Staff #6 stated, "Oh, I guess these are [client #7's]" and placed the plate with scrambled eggs in front of client #7.</p> <p>__At 6:48 AM staff #6 placed a plate of scrambled eggs on the table in front of client #2 and then brought client #2 a cup of coffee. Client #3 returned to the table with two slices of toast. Staff #4 stopped client #3 and stated, "You need that cut up." Staff #4 took the plate of toast back to the kitchen, buttered the toast, cut the toast into bite sized pieces and then returned the plate to client #3 who was sitting at the dining room table.</p> <p>__At 6:51 AM staff #6 poured client #1 a bowl of cereal and placed it in front of her.</p> <p>__At 6:53 AM client #5 sat down at the dining room table. Staff #4 placed a bowl of cereal, a plate of scrambled eggs and a cup of juice in front of client #5</p> <p>__At 6:59 AM staff #6 made a bowl of oatmeal and sat it down in front of client #4 along with juice and milk. Client #4 began eating at a fast pace and taking large bites of food.</p> <p>__At 7:03 AM just as client #4 was finishing his oatmeal, staff #4 stated to client #4, "Hey, hey, hey! You need to slow down and take smaller bites."</p>		<p>How corrective actions will be monitored to ensure norecurrence The Director will ensure all staff are retrained on active treatment and formal training programs including meal preparation, family style dining and sitting 1:1 with the clients at the table by 11-6-15. The Director will monitor Provide, the time entry program, to ensure a member of management is observing in the homes at least 12 hours per week conducting observations and providing on the spot training.</p>				

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	<p>__ At 7:04 AM all clients had finished eating their morning meal except client #5.</p> <p>__ At 7:10 AM staff #4 had gone outside with client #4. Staff #4 came back inside the house and stated to staff #6, "[Client #4] is still hungry. Will you (staff #6) make him another bowl of oatmeal?"</p> <p>__ At 7:11 AM client #3 asked for more toast. Staff #6 placed the oatmeal in the oven for client #4 and then prepared two more slices of bread for client #3.</p> <p>__ At 7:13 AM client #6 sat down at that dining room table and was served scrambled eggs, juice and milk. Client #6 asked the staff, "Where's my oatmeal?" Staff #6 stated, "I'm sorry [client #6], I'll get it for you."</p> <p>During this observation period the clients did not actively participate in the preparation of the morning meal. The morning meal was prepared and served by the staff. The staff did not sit with the clients while eating their meal and the staff did not directly supervise the clients while eating their meal.</p> <p>During interview with the Regional Director (RD) and the Residential Manager (RM) on 9/29/15 at 10:30 AM, the RD indicated the staff were to assist the clients in preparing their meals and to serve themselves with verbal and hand</p>			

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	over hand assistance. The RD indicated the staff were to sit with the clients while eating their meal and all clients (clients #1, #2, #3, #4, #5, #6 and #7) in the group home were to be supervised while eating. 9-3-8(a)			