

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G799	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/11/2016
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 10633 S AMERICA RD LA FONTAINE, IN 46940
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K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 04/11/16</p> <p>Facility Number: 012562 Provider Number: 15G799 AIM Number: 201017540</p> <p>At this Life Safety Code survey, Benchmark Human Services was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, client sleeping rooms and common living areas. The facility has a capacity of 4 and had a census of 4 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101,</p>	K 0000		
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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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K S147 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.1.</p> <p>Quality Review completed on 04/11/16 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating person from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff no less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p> <p>Based on record review and interview, the facility administration failed to ensure all employees are periodically instructed and kept informed with respect to their duties and responsibilities under 1 of 1 written fire safety plans. Such instruction is reviewed by the staff not less than every 2 months. This deficient practice affects all clients in the facility.</p>	K S147	Managers and staff have monthly meetings that include on-going training items. Review of drill requirements will be a standing item on the agenda for these meetings to ensure that review will take place atleast every two months. The management is responsible for ensuring that the training takes place. The management will submit the meeting minutes to the director	05/11/2016

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K S149 Bldg. 01	<p>Findings include:</p> <p>Based on record review with the Residential Director on 04/11/16 at 11:20 a.m., the facility failed to provide training records to show first and third shift employees have been instructed of their duties and responsibilities at least every two months. The facility did not provide documentation for the Following training:</p> <p>a) First shift between 4/29/15 and 2/17/16, leaving a ten month gap in training.</p> <p>b) Third shift between 05/28/15 and 3/02/16, leaving a ten month gap in training.</p> <p>Based on interview during record review, the Residential Director confirmed no drills or staff training were held during the aforementioned times.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. 32.7.4.2, 33.7.4.2</p> <p>1. Based on observations and interview, the facility failed to ensure a noncombustible safety type ashtrays or receptacles are provided in convenient locations for 1 of 1 smoking areas.</p>	K S149	<p>on a monthly basis so that compliance can be monitored.</p> <p>A new cigarette butt dispenser has been purchased for the home. All staff will be trained that smoking is only allowed in the designated area where a dispenser is located. Additionally, staff will be trained to place the butts in the dispenser as required.</p>	05/11/2016			

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	<p>Findings include:</p> <p>Based on observations during a tour of the facility with the Residential Director on 4/11/16 at 11:40 p.m., the designated smoking area did not have a proper noncombustible safety type ashtray or receptacle. There was a long neck cigarette receptacle in the smoking area, but the top was broken and laying on the ground. The bottom half of the receptacle was not covered, filled with 200 plus cigarette butts, and 5 cigarette packs. Based on interview at the time of observations, the Residential Director acknowledged that the receptacle was broken and not properly covered.</p> <p>2. Based on observations and interview, the facility failed to ensure cigarette butts were deposited into a noncombustible container which was provided for 1 of 1 areas where smoking was permitted. This deficient practice could affect all residents if they were utilizing the back patio.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Residential Director on 4/11/16 at 11:40 p.m., the following smoking area had cigarette butts observed on the ground.</p>		Managers complete monthly quality assurance checks at the home which includes environmental inspections. These are documented on a CQA and reviewed by the director for compliance. Action plans completed if applicable and are monitored by the compliance specialist.		

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K S152 Bldg. 01	<p>a.) 10 plus cigarette butts in the grass by the back patio. b.) 15 plus cigarette on the back patio. Based on interview at the time of observations, the Residential Director acknowledged that cigarette butts were disposed on the ground in the smoking area.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities; (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize. 1. Based on record review and interview,</p>	K S152	Evacuation drills will be	05/11/2016

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	<p>the facility failed to conduct fire drills quarterly on each shift for 2 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of the fire drill reports titled "Group Home Safety Drill" with Residential Director on 04/11/16 at 11:26 a.m., documentation of a first shift and third shift fire drills for the third and fourth quarters of 2015 were not available for review. Based on an interview at the time of record review, the Residential Director was unable to confirm the aforementioned fire drills were conducted.</p> <p>2. Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times on first shift for 4 of the last 4 calendar quarters. LSC 4.7.5 requires drills be held at unexpected times and varying conditions. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of the fire drill reports titled "Group Home Safety Drill" with Residential Director on 04/11/16 at 11:26 a.m., the documentation indicated all third shift fire drills for the last four</p>		<p>completed across shifts as required. A drill schedule will be placed in the home. In addition, all drills will be placed on the home calendar. Finally, DSP staff members will receive training on how to follow schedule. The management is responsible for ensuring that drills take place. This includes placing the schedule in the home and transferring the dates and times to the home calendar. In addition, the management will follow-up after a drill is scheduled to ensure that it took place as scheduled. The management will submit the drills to the director on a monthly basis so that compliance can be monitored.</p>	

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	quarters took place between 3: 00 a.m. and 4:30 a.m. Based on interview, this was acknowledged by the Residential Director at the time of record review.				