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| 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 03/25/2015 |
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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 000 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: 03/25/15</p> <p>Facility Number: 012562 Provider Number: 15G799 AIM Number: 201017540</p> <p>Surveyor: Thomas Forbes, Life Safety Code Specialist; Amy Kelley, Life Safety Code Specialist</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</p> | K 000 | | |
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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 029 Bldg. 01 | <p>time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.2.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Any hazardous area that is on the same floor as, and is in or about, a primary means of escape or a sleeping room is protected by one of the following means:</p> <p>(a) Protection is an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.18 that has a fire protection rating of not less than ¾ hour. The enclosure is protected by an automatic fire detection system connected to the fire alarm system provided in 32.2.3.4.1.</p> <p>(b) Protection is automatic sprinkler protection, in accordance with 32.2.3.5, and a smoke partition, in accordance with 8.2.4, located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation are self-closing or automatic closing in accordance with 7.2.1.8. 32.2.3.2.2.</p> | | | |
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| K 056 Bldg. 01 | <p>Based on observation and interview, the facility failed to ensure 1 of 1 hazardous areas on the same floor as the primary means of escape, was separated by a self closing or automatic closing door. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation during the tour of the facility with the Assistant Manger on 03/25/15 at 12:25 p.m., the door to the garage, a hazardous area, did not have a self closing or automatic closing door. The garage was a hazardous area due to 14 trash bags full of trash in a pile on the garage floor with cigarette butts on the floor. Based on interview at the time of observation, The Assistant Manager stated "This house produces a lot of trash and we do not have enough barrels to hold it all, so it is put on the floor of the garage until a staff member can haul it away in their truck."</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1,</p> | K 029 | <p>K-S029 Items stored in Garage, so door needs to be self-closing. Corrective action for resident(s) found to have been affected Facility will install device on door to the garage that ensures that it closes by itself.</p> <p>How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Device installed that ensures that door closes by itself.</p> <p>How corrective actions will be monitored to ensure no recurrence The Group Home Manager is responsible for facility maintenance. The Director supervises the Group Home Manager and they meet regularly. Review of maintenance is a standing item on the agenda for these meetings. The Director will ensure that the door to the garage is self-closing.</p> | 04/24/2015 | | | |

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| | <p>32.2.3.5.2. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, is permitted. Facilities with more than eight residents are permitted. Facilities with more than eight residents are treated as two-family dwellings with regard to water supply. Additionally, entrance foyers are sprinklered.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to an Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> | | | |

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| | <p>SLOW</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> | | | |

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| | <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 32.2.3.5.5.</p> <p>MPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 32.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler system in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stores in Height, are permitted. All habitable areas and closets are sprinklered.</p> | | | |
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| | <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on observation and interview, the facility failed to keep a supply of spare sprinkler heads which included at least two of each type of head used in the facility. Note: NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, in Section 2-4.1.4 requires a supply of at least six spare sprinklers shall be stored in a cabinet for replacement purposes with the stock of spare sprinklers being proportionally representative of the types and temperature ratings of the system sprinklers including a minimum of two sprinklers of each type and temperature rating installed. This deficient practice could affect 4 of 4 clients in the facility.</p> <p>Findings include:</p> <p>Based on observation during the tour of the facility with the Assistant Manager on 03/25/15 at 12:23 p.m. , there was a spare sprinkler cabinet provided in the facility but it contained no spare sprinkler heads or wrench when checked. Based on interview at the time of observation, the Assistant Manger stated "there is a resident that likes to take things that are not his, so the box will need to be locked."</p> | K 056 | <p>K-S056 Spare sprinkler heads need to be stored in a cabinet at the facility.Corrective action for resident(s) found to have been affectedThe facility's fire protection vendor will be contacted to obtain spare sprinkler heads, which will be stored in the cabinet for this purpose.</p> <p>How facility will identify other residents potentially affected & what measures takenAll residents potentially are affected, and corrective measures address the needs of all clients.Measures or systemic changes facility put in place to ensure no recurrenceSpare sprinkler heads will be put in the cabinet as required.</p> <p>How corrective actions will be monitored to ensure no recurrenceThe Group Home Manager is responsible for facility maintenance, including maintaining spare parts for the sprinkler system. The Director supervises the Group Home Manager and they meet regularly. Review of maintenance is a standing item on the agenda for these meetings. The Director will ensure that there are spare sprinklers in the cabinet as required.</p> | 04/24/2015 | |

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| K 147 Bldg. 01 | <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>1. 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 the plan for special staff response, including fire protection procedures needed to ensure the safety of 4 of 4 clients. Such instruction is reviewed by the staff at least every two months. This deficient practice could affect all clients.</p> <p>Findings include: Based on review of " Residential Safety Drill Report" documentation with the</p> | K 147 | <p>K-S147 Employees need instruction on drill requirements at least every two (2) months, and bedroom door must not have lock on it.Corrective action for resident(s) found to have been affectedManagers and staff have monthly meetings that includes on-going training items. Review of drill requirements will be a standing item on the agenda for these meetings to ensure that review take place at least every two months. The door knob on the southeast corner bedroom will be replaced so it does not have a locking mechanism.</p> <p>How facility will identify other residents potentially affected & what measures takenAll residents</p> | 04/24/2015 |

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| | <p>Assistant Manager on 03/25/15 at 12:15 p.m., lapses in staff fire safety training times were more than the two months allowed as evidenced by the lack of any training or fire drill record for the following time periods:</p> <p>a. First shift (7 a.m. to 3 p.m.) no drills between 7-8-14 and 3-10-15</p> <p>b. Second shift (3 p.m. to 11 p.m.) no drills between 3-31-14 and 12-31-14</p> <p>c. Third Shift (11 p.m. to 7 a.m.) no drills between 7-24-14 and 11-22-14</p> <p>Based on interview during the record review, the Assistant Manager said there were no other fire drill or other training documentation for these period.</p> <p>2. Based on record review, observation and interview; the facility failed to ensure evacuation procedures for 4 of 4 clients as stated in written fire safety plans for the facility could be followed in the event of an emergency requiring evacuation. This deficient practice affects 1 of 4 clients.</p> <p>Findings include:</p> <p>Based on review of the "Group Home Emergency Procedures" with the Assistant Manager on 03/25/15 at 12:00 p.m., evacuation procedures identified in the written fire safety plan for the facility include moving clients from resident</p> | | <p>potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Standing agenda item added to monthly staff meeting/training and door knob changed so it no longer has a lock. How corrective actions will be monitored to ensure no recurrence The Group Home Manager supervises the staff members and in responsible for ensuring that training needs are met. The manager also is responsible for facility maintenance. The Director supervises the Group Home Manager and they meet regularly. Review of maintenance is a standing item on the agenda for these meetings. The Director will ensure that all bedroom doors are lock free. Additionally, the manager will ensure that there is a standing agenda item for the monthly staff meeting/training to review drill procedures and requirements.</p> | | |

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| K 148 Bldg. 01 | <p>sleeping rooms and living areas to areas of refuge outside of the facility in the event of an emergency. Based on an observation with the Assistant Manager at 12:30 p.m., the southeast corner bedroom had a lock on the bedroom entry door which can be unlocked from the hallway by using a flat head tool on door handle, but the facility did not provided a tool to unlock the door. Based on interview at the time of the observation, the Assistant Manager stated he was unaware that the room had a locking handle on the door and it would be removed.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Smoking regulations are adopted by the administration of board and care occupancies. 32.7.4.1, 33.7.4.1 Based on observations, record review, and interview, the facility failed to ensure 1 of 1 smoking policies was available for review. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on record review with the Assistant Manager on 3/25/15 at 12:11 p.m., there was no facility smoking policy available for review. Based on interview during the record review, the Assistant Manager stated "I do not know</p> | K 148 | <p>K-S148</p> <p>Smoking in designated area and cigarette butts placed in dispenser. Corrective action for resident(s) found to have been affected All staff will be trained that smoking is only allowed in the designated area where a dispenser is located. The dispenser is specifically designed for this purpose and ensures that the butts do not cause a fire.</p> <p>How facility will identify other residents potentially affected & what measures taken All residents</p> | 04/24/2015 |

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| K 149 Bldg. 01 | <p>where the smoking policy is but the designated smoking area is out back on the patio."</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 Based on observations and interview, the facility failed to ensure cigarette butts</p> | K 149 | <p>potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Cigarette butt dispenser available and staff trained to only smoke in designated area and use the dispenser.</p> <p>How corrective actions will be monitored to ensure no recurrence The Group Home Manager supervises the staff members and is responsible for ensuring that training needs are met. The manager also is responsible for facility maintenance, including ensuring that a cigarette butt dispenser is on site. The Director supervises the Group Home Manager and they meet regularly. Review of maintenance is a standing item on the agenda for these meetings. The Director will ensure that there is a cigarette butt dispenser on site. Additionally, the manager will ensure that staff are trained to only smoke in the designated area and to place butts in the dispenser as required.</p> | 04/24/2015 |

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| | <p>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 garage door exit.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Assistant Manager on 3/25/15 at 12:20 p.m., the following areas had cigarette butts observed on the ground.</p> <p>a.) 15 cigarette butts on the floor in the garage of the facility, a non-smoking area. Also, there were 14 bags of trash on the garage floor with the cigarette butts</p> <p>b.) 50+ cigarette butts in the grass and mulch outside of the front door, a non-smoking area.</p> <p>c.) 25+ cigarette butts in the grass and around the patio of the patio area.</p> <p>Based on interview at the time of observations, the Assistant Manager acknowledged cigarette butts were disposed on the ground or on the floor of non-smoking areas instead of using the approved vessel which was provided.</p> | | <p>Smoking in designated area and cigarette butts placed in dispenser. Corrective action for resident(s) found to have been affectedAll staff will be trained that smoking is only allowed in the designated area where a dispenser is located. The dispenser is specifically designed for this purpose and ensures that the butts do not cause a fire.</p> <p>How facility will identify other residents potentially affected & what measures takenAll residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrenceCigarette butt dispenser available and staff trained to only smoke in designated area and use the dispenser.</p> <p>How corrective actions will be monitored to ensure no recurrenceThe Group Home Manager supervises the staff members and in responsible for ensuring that training needs are met. The manager also is responsible for facility maintenance, including ensuring that a cigarette butt dispenser is on site. The Director supervises the Group Home Manager and they meet regularly. Review of maintenance is a standing item on the agenda for these meetings. The Director will ensure that there is a cigarette butt dispenser on site.</p> | | | | |

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| 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 03/25/2015 |
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| K 152 Bldg. 01 | <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. Based on record review and interview, the facility failed to conduct fire drills quarterly on first shift for 1 of the last 4 calendar quarters and second shift for 2 of the last 4 calendar quarters. This</p> | K 152 | <p>Additionally, the manager will ensure that staff are trained to only smoke in the designated area and to place butts in the dispenser as required.</p> <p>K-S152 Drills completed as required. Corrective action for resident(s) found to have been</p> | 04/24/2015 | |

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| | <p>deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of the "Residential Safety Drill Report" with the Assistant Manager on 03/25/15 at 11:45 a.m., the fire drill documentation for the second shift of the second and third quarters of 2014 was not available for review. Also, the fire drill documentation for the first shift of the fourth quarter of 2014 was not available for review. Furthermore, all drills in the third quarter took place in July of 2014 creating the following lapses in fire drills:</p> <p>a. First shift (7 a.m. to 3 p.m.) no drills between 7-8-14 and 3-10-15</p> <p>b. Second shift (3 p.m. to 11 p.m.) no drills between 3-31-14 and 12-31-14</p> <p>c. Third Shift (11 p.m. to 7 a.m.) no drills between 7-24-14 and 11-22-14</p> <p>Based on an interview at the time of record review, the Assistant Manager did not know if any drills were conducted during the aforementioned dates.</p> | | <p>affected All drills will be 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.</p> <p>How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Evacuation drills to take place and drill schedule placed in home. Scheduled drills will be placed on the home calendar. Staff will be trained to follow the schedule.</p> <p>How corrective actions will be monitored to ensure no recurrence The manager 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 manager will follow-up after a drill is scheduled to ensure that it took place as scheduled. The manager is supervised by the director. They meet regularly. The director will monitor implementation of the drill schedule to ensure that this does not recur.</p> | | |