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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G721 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | X3) DATE SURVEY COMPLETED 04/30/2015 |
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| NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES | STREET ADDRESS, CITY, STATE, ZIP CODE 6835 W CR 950 N SCIPIO, IN 47273 |
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| W 000 Bldg. 00 | <p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Survey dates: April 27, 28, 29 and 30, 2015</p> <p>Facility number: 004492 Provider number: 15G721 AIM number: 200512660</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> | W 000 | | |
| W 104 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 and interview for 4 of 4 clients (#1, #2, #3 and #4) living in the group home, the governing body failed to exercise operating direction over the facility by failing to ensure the common area walls were repainted due to scratches, scuffs, dents, marks and discolorations.</p> <p>Findings include:</p> <p>Observations were conducted at the</p> | W 104 | <p>The common area walls will be repaired and repainted as needed to improve the overall appearance of the home interior. A monthly quality checklist will be completed at the home by the Benchmark QDDP and/or Residential Manager and submitted to the Benchmark Director for review. The quality checklist will indicate the condition of the interior walls and repairs will be completed as needed.</p> | 05/30/2015 |

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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| W 125 Bldg. 00 | <p>group home on 4/27/15 from 3:48 PM to 5:33 PM and 4/29/15 from 6:20 AM to 8:06 AM. During the observations, the common area walls of the group home (kitchen, living room, dining room, hallways and medication room) were scratched, scuffed, dented, marked and discolored. This affected clients #1, #2, #3 and #4.</p> <p>On 4/27/15 at 3:50 PM, staff #4 indicated the group home was repainted about 1.5 years ago. Staff #4 stated the walls needed to be "touched up."</p> <p>On 4/29/15 at 6:53 AM, staff #6 stated the group home walls needed to be "touched up."</p> <p>On 4/29/15 at 8:52 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the walls were touched up regularly. The QIDP indicated the home was painted over a year ago. The QIDP stated the walls needed, "to be touched up."</p> <p>9-3-1(a)</p> <p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow</p> | | | |

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| | <p>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 observation, record review and interview for 1 of 2 clients in the sample (#1), the facility failed to ensure client #1 had the right to due process in regard to staff removing his drink from the table during dinner.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 4/27/15 from 3:48 PM to 5:33 PM. At 4:58 PM, client #1 was seated at the table with staff #4 to his left. A cart was on staff #4's left side out of client #1's reach. Client #1 took a drink from his cup and staff #4 removed his cup from the table and placed it on a cart out of client #1's reach. At 4:59 PM, staff #4 gave client #1 his cup, he took a drink and staff #4 placed the cup on the cart. Staff #4 prompted client #1 to eat his food. At 5:00 PM, staff #4 gave client #1 his drink, he took a drink and staff #4 placed the cup on the cart. Staff #4 prompted client #1 to eat his food. At 5:03 PM, client #1 pushed his plate away, looked at his drink on the cart and signed "drink." Staff #4 gave client #1 his cup and he finished his drink. Staff #4 stated to client #1, "Let's eat some more food</p> | W 125 | All Benchmark Direct Care staff at this home will receive documented training that reviews client dining plans. The Benchmark QDDP and Residential Manager will complete at least three weekly meal observations to ensure that dining plans are being implemented correctly. | 05/30/2015 |

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| | <p>first and then we'll see." Staff #4 stated to the surveyor, "[Client #1] would survive on just drinks." At 5:04 PM, client #1 signed "drink." Client #1 tapped staff #4's arm. Staff #4 stated to client #1, "Eat some more bites please." At 5:06 PM, client #1 signed "drink" over and over. Staff #4 stated to client #1, "You'll get some more but you need to eat more." At 5:09 PM, staff #4 poured milk into client #1's cup once he finished eating. At 5:14 PM, client #1 gave staff #4 his empty cup and signed "drink." Staff #4 stated to client #1, "No, you've had enough for now." Client #1 continued to sign "drink." Staff #4 gave client #1's cup to the Qualified Intellectual Disabilities Professional (QIDP) and asked him to rinse the cup and fill it with water. The QIDP filled the cup with water and gave the cup to staff #4. Staff #4 gave the cup to client #1.</p> <p>On 4/29/15 at 9:43 AM, a review of client #1's record indicated he had a Physical and Nutritional Management Plan, dated 1/15/15. The plan indicated, in part, "Needs in sight supervision and prompting for appropriate bite size and rate. Needs in sight supervision and prompting for appropriate amount and rate of drinking (Chugs Fluids) Provide verbal cues then physical prompting as</p> | | | |

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| W 140 Bldg. 00 | <p>needed to decrease rate and size of sips. Alternate sips every 3-4 bites. Upright in regular chair during meals. May fill up on liquids and neglect foods. Encourage intake of food before filling up on fluids." There was no documentation in the plan indicating client #1's drink should be removed from the table and placed out of reach during meals.</p> <p>On 4/29/15 at 10:11 AM, the QIDP indicated the plan should be implemented as written. The QIDP indicated client #1's drink should not be removed from the table. The QIDP indicated there was no plan for staff to remove client #1's drink from the table.</p> <p>On 4/29/15 at 10:12 AM, the nurse indicated client #1's plan should be implemented as written. The nurse indicated there was no plan for staff to remove his drink from the table. The nurse indicated client #1's drink should not be removed from the table.</p> <p>9-3-2(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds</p> | | | |

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| | <p>entrusted to the facility on behalf of clients. Based on record review and interview for 4 of 4 clients living in the group home (#1, #2, #3 and #4), the facility failed to keep an accurate accounting of the clients' funds.</p> <p>Findings include:</p> <p>On 4/27/15 at 3:47 PM, a review of the clients' finances was conducted. At the time of review, the clients' Cash on Hand ledgers were not in the home to review. The Home Manager (HM) had them in her car. The Qualified Intellectual Disabilities Professional (QIDP) counted the clients' cash on hand at the group home. Client #1 had \$15.96 in his account. Client #2 had \$2.47 in his account. Client #3 had \$3.89 in her account. Client #4 had \$22.95 in his account.</p> <p>On 4/28/15 at 11:23 AM, the QIDP sent an email with an attachment of the clients' Cash on Hand ledgers. The email indicated, "\$15.87 was in [client #4's] money bag and should have been in [client #1's] money bag. When [HM] made this correction money totals came out correct." Client #1's March 2015 Cash on Hand Ledger indicated he had \$40.39 in his account. Client #2's March 2015 Cash on Hand Ledger indicated he</p> | W 140 | The Residential Manager will balance each client cash on hand ledger during each transaction. The Benchmark QDDP will review the ledger weekly and compare the recorded balance to the actual cash on hand balance to ensure that it is accurate. The cash on hand ledger will be submitted monthly to the Benchmark Director for review. | 05/30/2015 | | | |

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| | <p>had \$8.31 in his account. Client #3's March 2015 Cash on Hand Ledger indicated she had \$7.56 in her account. Client #4's March 2015 Cash on Hand Ledger indicated he had \$7.08 in his account.</p> <p>Client #1's actual cash on hand was \$15.96. When \$15.87 was added to client #1's actual cash on hand, the total was \$31.83. Client #1's Cash on Hand ledger indicated he should have \$40.39. Adding \$15.87 to his account did not correct the issue.</p> <p>The clients' actual cash on hand did not match the amounts documented on the clients' Cash on Hand ledgers. The facility failed to keep an accurate accounting of the clients' funds.</p> <p>On 4/29/15 at 8:54 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated there was a discrepancy in client #1 and #4's money. The QIDP indicated the Home Manager (HM) put client #1's money into client #4's bag. The QIDP indicated once the HM made the change, the clients' accounts balanced. The QIDP indicated the clients' finances should be accounted for and the actual amounts should match the Cash on Hand Ledgers.</p> | | | |

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| W 159 Bldg. 00 | <p>On 4/29/15 at 10:35 AM, the HM indicated she made a mistake and put client #1's money into client #4's bag.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 4 of 4 clients (#1, #2, #3 and #4), the Qualified Intellectual Disabilities Professional (QIDP) failed to coordinate and monitor the clients' program plans by failing to ensure: 1) client #1 had the right to due process in regard to staff removing his drink from the table during dinner, 2) an accurate accounting of the clients' funds, 3) client #1's behavior of banging his utensil against his plate was assessed, 4) there were written instructions to staff regarding the use of client #4's gait belt and locking his wheelchair brakes during transfers, 5) staff implemented the clients' program plans as written, 6) client #1's Comprehensive Functional Assessment (CFA) was reviewed for relevancy and updated at least annually, 7) clients #1 and #2 had their adaptive equipment</p> | W 159 | <p>All staff at this home and day program will receive training regarding the implementation of the active treatment program. The QDDP will monitor the implementation of the active treatment program at least three times weekly by observing staff/client interaction to ensure compliance. The QDDP will document the results of his monitoring and any corrective action taken, then submit this observation report weekly to the Director to ensure and monitor compliance. All Benchmark Direct Care staff at this home will receive documented training that reviews client dining plans. The Benchmark QDDP and Residential Manager will complete at least three weekly meal observations to ensure that dining plans are being implemented correctly. The Residential Manager will balance each client cash on hand ledger</p> | 05/30/2015 |

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| | <p>available during mealtimes, 8) quarterly evacuation drills were conducted for each shift and 9) the clients were involved with meal preparation.</p> <p>Findings include:</p> <p>1) Please refer to W125. For 1 of 2 clients in the sample (#1), the facility failed to ensure client #1 had the right to due process in regard to staff removing his drink from the table during dinner.</p> <p>2) Please refer to W140. For 4 of 4 clients living in the group home (#1, #2, #3 and #4), the facility failed to keep an accurate accounting of the clients' funds.</p> <p>3) Please refer to W214. For 1 of 2 clients in the sample (#1), the facility failed to assess client #1's behavior of banging his utensil against his plate during meals.</p> <p>4) Please refer to W240. For 1 of 2 non-sampled clients (#4), the facility failed to ensure there were written instructions to staff regarding the use of his gait belt and locking his wheelchair's brakes during transfers.</p> <p>5) Please refer to W249. For 4 of 4 clients living at the group home (#1, #2, #3 and #4), the facility failed to ensure</p> | | <p>during each transaction. The Benchmark QDDP will review the ledger weekly and compare the recorded balance to the actual cash on hand balance to ensure that it is accurate. The cash on hand ledger will be submitted monthly to the Benchmark Director for review. A comprehensive functional assessment will be completed for Client #1 by the QDDP. Based on the findings of the assessment, a BSP will be developed by the QDDP to address the banging that Client #1 engages in during mealtime. All staff that work with Client #1 will receive training regarding the implementation of the newly created BSP. The assessment will be reviewed at least annually by the QDDP, who will then update the BSP as needed. Data collected from the BSP implementation and annual progress will be tracked and reported to the IDT by the QDDP. The Risk Summary for Client #4 will be updated to include appropriate written instructions for staff regarding the use of his gait belt and locking his wheelchair's brakes during transfers. All staff that work with Client #4 will receive training regarding the updated Risk Summary instructions. The QDDP and Residential Manager will observe staff at least 3 times weekly to ensure appropriate implementation of risk summary instructions are being</p> | |

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| | <p>staff implemented the clients' program plans as written.</p> <p>6) Please refer to W259. For 1 of 2 clients in the sample (#1), the facility failed to ensure his Comprehensive Functional Assessment (CFA) was reviewed for relevancy and updated at least annually.</p> <p>7) Please refer to W436. For 1 of 2 clients in the sample (#1) and one additional client (#2), the facility failed to ensure the clients had their adaptive equipment available during mealtimes.</p> <p>8) Please refer to W440. For 4 of 4 clients living in the group home (#1, #2, #3 and #4), the facility failed to conduct quarterly evacuation drills for each shift.</p> <p>9) Please refer to W488. For 4 of 4 clients (#1, #2, #3 and #4), the facility failed to ensure the clients were involved with preparing their meals.</p> <p>9-3-3(a)</p> | | <p>implemented for each client. All staff at this group home and day program will receive training regarding the appropriate implementation of client active treatment, including a review of each client's dining goals and the use of adaptive equipment during mealtime. The day program staff will also receive retraining regarding the implementation of the day program activity schedule. The QDDP, Residential Manager, and Day Services Supervisor will each monitor staff at least 3 times weekly to ensure that appropriate active treatment is occurring, as well as the correct implementation of client dining goals with the use of dining adaptive equipment, and that the following of activity schedules is occurring. The QDDP will review and update each client CFA at least annually. The QDDP will verify that the CFA has been completed by reporting the results to the Director. The annual results of the CFA will also be reviewed at each client annual IDT meeting. All Benchmark Direct Care staff at this home and at the day program will receive documented training that reviews client dining plans, including the use of adaptive dining equipment. The Benchmark QDDP and Residential Manager will complete at least three weekly meal observations to ensure that dining plans are being implemented correctly, including</p> | | |

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| W 214 Bldg. 00 | <p>483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs.</p> <p>Based on observation, record review and interview for 1 of 2 clients in the sample (#1), the facility failed to assess client #1's behavior of banging his utensil against his plate during meals.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/27/15 from 3:48 PM to</p> | W 214 | <p>the use of adaptive dining equipment. All staff in the home will be retrained regarding the evacuation drill schedule. The Residential Manager will monitor the schedule to ensure the evacuation drills are completed as scheduled, and will report the results to the QDDP. All staff at this group home will receive training regarding the appropriate implementation of client active treatment, including an emphasis on client participation with preparing their meals. The QDDP, and Residential Manager will each monitor staff at least 3 times weekly to ensure that appropriate active treatment is occurring, as well as the correct implementation of client dining and meal preparation goals.</p> <p>A comprehensive functional assessment will be completed for Client #1 by the QDDP. Based on the findings of the assessment, a BSP will be developed by the QDDP to address the banging that Client #1 engages in during mealtime. All staff that work with Client #1 will receive training regarding the implementation of the newly created BSP. The assessment will be reviewed at</p> | 05/30/2015 |

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| | <p>5:33 PM and 4/29/15 from 6:20 AM to 8:06 AM. On 4/27/15 at 4:53 PM when dinner started, client #1 banged his spoon against the rim of his plate. This continued off and on throughout the meal. The staff did not intervene or prompt client #1 to stop hitting his plate during the meal. On 4/29/15 at 7:05 AM when breakfast started, client #1 banged his spoon against the rim of his bowl. This continued off and on throughout the meal. The staff did not intervene or prompt client #1 to stop hitting his plate during the meal. Client #1's behavior of hitting his plate and bowl was loud and disruptive to his peers.</p> <p>On 4/29/15 at 9:43 AM, a review of client #1's record was conducted. Client #1's record did not include a Behavior Support Plan. Client #1's Individual Support Plan, dated 6/23/14, indicated "N/A" in the Behavior Issues section. There was no documentation in client #1's 7/9/13 comprehensive functional assessment addressing this issue. Client #1's Physical and Nutritional Management Plan, dated 1/15/15, included a note indicating, "Client bangs utensils on side of plate throughout meals. Attempts to stop this can excellerate (sic) the problem."</p> <p>On 4/29/15 at 10:22 AM, the Qualified</p> | | <p>least annually by the QDDP, who will then update the BSP as needed. Data collected from the BSP implementation and annual progress will be tracked and reported to the IDT by the QDDP.</p> | |

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| W 240 Bldg. 00 | <p>Intellectual Disabilities Professional (QIDP) indicated he had attempted to address the behavior in the past which made it worse. The QIDP indicated the behavior needed to be assessed.</p> <p>On 4/29/15 at 10:22 AM, the nurse stated, "he overstimulates" and it was a behavior. The nurse stated, "it is annoying."</p> <p>On 4/29/15 at 10:22 AM, the Home Manager indicated the behavior needed to be assessed.</p> <p>9-3-4(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview for 1 of 2 non-sampled clients (#4), the facility failed to ensure there were written instructions to staff regarding the use of his gait belt and locking his wheelchair's brakes during transfers.</p> <p>Findings include: On 4/27/15 from 1:19 PM to 3:03 PM, an</p> | W 240 | The Risk Summary for Client #4 will be updated to include appropriate written instructions for staff regarding the use of his gait belt and locking his wheelchair's brakes during transfers. All staff that work with Client #4 will receive training regarding the updated Risk Summary instructions. The QDDP and Residential Manager will observe staff at least 3 times weekly to ensure appropriate implementation of risk summary | 05/30/2015 | |

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| | <p>observation was conducted at the facility-operated day program. At 2:24 PM, client #4 was prompted to put his shoes on. Day Program Staff (DPS) #1 assisted client #4 to transfer from a recliner to his wheelchair. Client #4's gait belt was around his chest and under his armpits during the transfer. Client #4's wheelchair brakes were not locked during the transfer. The wheelchair moved around during the transfer.</p> <p>On 4/27/15 from 3:48 PM to 5:33 PM, an observation was conducted at the group home. On 4:12 PM, staff #2 transferred client #4 from his recliner to his wheelchair. During the transfer, client #4's wheelchair brakes were not locked. His wheelchair was moving around during the transfer.</p> <p>On 4/29/15 from 6:20 AM to 8:06 AM, an observation was conducted at the group home. At 6:47 AM, staff #7 assisted client #4 to transfer from his recliner to his wheelchair. Staff #7 held onto client #4's gait belt which was around his chest and under his armpits.</p> <p>On 4/29/15 at 10:03 AM, a review of client #4's Risk Summary, dated 3/31/15, indicated, "Client has a history of falls. He gets stiff after he sits for a while. He also does things that are not safe such as</p> | | instructions are being implemented for each client. | | |

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| | reaching too far without moving his feet to keep from falling. Remind client frequently of fall prevention techniques. Helmet to be on at all times when ambulating. Make sure that client takes walker to van door when he is getting in van. He has a habit of wanting to place walker in back of van and then walking around to get in. He has had falls doing this in the past. Baby monitor is to be used while client is in bed at night to help staff know when he is getting up." There was no documentation in client #4's Risk Summary pertaining to the use of a gait belt. The plan did not include written instructions to staff on when and how his gait belt was to be used. The plan did not address client #4's wheelchair. On 4/30/15 at 12:21 PM, the nurse emailed an updated Risk Summary. The updated plan indicated, "Add 4-30-15. Client is to wear gait belt when he is up out of his chair or wheelchair and staff are to assist him in ambulation. Client should never ambulate unattended." The updated plan did not indicate the positioning of the gait belt while staff were assisting client #4. Client #4's Fall Risk Protocol, dated 3/31/15, indicated, "Gait belt used by staff when ambulating and/or transferring client. Remind client regularly about fall prevention interventions that he/she can use to decrease fall risk. Include use of helmet, gait belt, wheelchair." The Fall | | | |

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| W 249 Bldg. 00 | <p>Risk Protocol did not indicate the position the gait belt needed to be in while staff assisted client #4 during transfers. The protocol did not indicate client #4's wheelchair brakes should be locked during transfers.</p> <p>On 4/29/15 at 10:24 AM, the nurse stated client #4's gait belt needed to be "snugged up." On 4/30/15 at 12:58 PM, the nurse indicated there was no plan addressing the positioning of the gait belt while being used. The nurse indicated the position of the gait belt needed to be added to the plan. The nurse indicated client #4's current plan did not include locking his wheelchair brakes during transfers. The nurse indicated the staff were not supposed to move anyone anywhere without first locking the wheelchair brakes. The nurse stated, "it's totally inappropriate."</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 treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in</p> | | | |

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| | <p>the individual program plan.</p> <p>Based on observation, record review and interview for 4 of 4 clients living at the group home (#1, #2, #3 and #4), the facility failed to ensure staff implemented the clients' program plans as written.</p> <p>Findings include:</p> <p>1) Observations were conducted at the group home on 4/27/15 from 3:48 PM to 5:33 PM and 4/29/15 from 6:20 AM to 8:06 AM. On 4/27/15 at 4:56 PM, dinner started. Client #3 did not feed herself during the meal. Client #3 was fed her dinner by staff #4. Client #3 was not prompted to feed herself or take drinks during the meal. On 4/29/15 at 7:08 AM, breakfast started. Staff #6 fed and gave drinks to client #3. Client #3 did not feed or give herself drinks during the meal. Client #3 was not prompted to feed herself or take drinks during the meal.</p> <p>On 4/29/15 at 10:24 AM, a review of client #3's Physical and Nutritional Management Plan, dated 1/1/15, indicated, in part, "Sit within visual distance of [client #3] and give verbal and physical cues as needed. May require moderate assist to raise glass to mouth due to dis-figuration of her fingers. Verbal prompts to slow down rate of intake if client is eating/drinking</p> | W 249 | All staff at this group home and day program will receive training regarding the appropriate implementation of client active treatment, including a review of each client's dining goals and the use of adaptive equipment during mealtime. The day program staff will also receive retraining regarding the implementation of the day program activity schedule. The QDDP, Residential Manager, and Day Services Supervisor will each monitor staff at least 3 times weekly to ensure that appropriate active treatment is occurring, as well as the correct implementation of client dining goals with the use of dining adaptive equipment, and that the following of activity schedules is occurring. | 05/30/2015 | | | |

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| | <p>too fast or bites are too large. If this fails to slow client down Do hand over hand with the spoon to slow client down. If client continues to eat her food too quickly, remove the plate and wait a short time then return the plate and continue with the meal." Client #3's Individual Support Plan (ISP), dated 6/26/14, indicated she had a mealtime goal to improve her eating skills. The plan indicated, in part, "[Client #3] will stay calm during meals and not throw her spoon down...."</p> <p>On 4/29/15 at 10:11 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the staff should implement the plan as written. The QIDP indicated client #3 should feed and take drinks herself.</p> <p>2) On 4/27/15 from 1:19 PM to 3:03 PM, an observation was conducted at the facility-operated day program. At 2:02 PM, client #2 ate pureed bananas out of a Tupperware bowl using a plastic spoon. Client #2 did not have a plate riser, angled spoon and scoop plate.</p> <p>On 4/29/15 at 10:33 AM, a review of client #2's Physical and Nutritional Management Plan, dated 1/1/15, indicated, in part, "Utilizes Angled spoon with Built up handle and scoop plate with</p> | | | |

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| | <p>plate riser."</p> <p>On 4/29/15 at 10:11 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated client #2's plan should be implemented as written and his adaptive equipment present and used during meals.</p> <p>On 4/29/15 at 10:12 AM, the nurse indicated the client's adaptive equipment should be present and used during meals.</p> <p>On 4/29/15 at 10:20 AM, the Day Program Supervisor indicated she did not have client #2's angled spoon at the day program to use.</p> <p>3) On 4/27/15 from 3:48 PM to 5:33 PM, an observation was conducted at the group home. At 4:50 PM when the clients started eating dinner, client #1 was not observed to use a weighted spoon. Client #1 used a regular spoon during dinner. On 4/29/15 from 6:20 AM to 8:06 AM, an observation was conducted at the group home. At 7:05 AM, breakfast started. During breakfast, client #1 used a regular spoon to eat his meal. Client #1 was not provided and did not use a weighted spoon.</p> <p>On 4/29/15 at 9:43 AM, client #1's record was reviewed. Client #1's Physical and</p> | | | |

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| | <p>Nutritional Management Plan, dated 1/15/15, indicated he was to have a weighted spoon. During the record review which was conducted at the facility-operated day program, the surveyor and Qualified Intellectual Disabilities Professional (QIDP) looked for client #1's weighted spoon. Client #1's weighted spoon was not at the facility-operated day program for client #1's use. It was not in his lunch bag or stored at the facility-operated day program. On 4/29/15 at 10:03 AM, the Day Program Supervisor indicated the spoon was to be sent from the group home daily.</p> <p>On 4/29/15 at 10:11 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated client #1's plan should be implemented as written and his adaptive equipment present and used during meals.</p> <p>On 4/29/15 at 10:12 AM, the nurse indicated the client's adaptive equipment should be present and used during meals.</p> <p>4) An observation was conducted at the facility-operated day program on 4/27/15 from 1:19 PM to 3:03 PM. At 1:33 PM, clients #1, #2 and #4 were sitting in an area with music playing. At 1:35 PM, client #2 watching as a peer playing a</p> | | | |

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| | <p>game of bag toss. At 1:40 PM, client #2 was assisted to dance with staff. At 1:44 PM, client #2 pushed buttons on a toy while at a table. At 1:58 PM, client #4 looked at a magazine and fell asleep. At 2:02 PM, client #1 had a cup of tea. Client #1 was not involved in making the tea. Client #2 had a snack of baby food bananas. Client #2 was not involved in preparing his snack. Clients #3 and #4 were not offered and not provided drinks or snacks during the observation. During the observation at the facility-operated day program, there were no activities or instruction offered or provided to the clients. There were no formal or informal goals and objectives implemented. There was a document hanging on the wall in the kitchen area of the facility-operated day program indicating all clients were to receive drinks at 2:00 PM. The document was not dated.</p> <p>On 4/29/15 at 9:43 AM, client #1's record was reviewed. Client #1's 6/23/14 Individual Support Plan (ISP) indicated he had the following goals and objectives: improve his self-help skills by swabbing his mouth with mouth rinse, improve his eating skills by drinking slowly out of a travel cup, improve his day service skills by not pushing away program materials and participate in two</p> | | | |

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| | <p>community activities while at the day program.</p> <p>On 4/29/15 at 10:11 AM, client #2's ISP, dated 6/26/14, indicated he had the following goals and objectives: improve his self-help skills by swabbing his gums with mouthwash, washing his face, learn to use appropriate mealtime manners, put bibs on the table and stay on task for 5 minutes during an activity at the day program.</p> <p>On 4/29/15 at 9:05 AM, client #3's record was reviewed. Client #3's ISP, dated 6/26/14, indicated she had the following goals and objectives: cooperate with brushing her teeth, stay calm during meals and not throw her spoon down, assist with various mealtime activities (clean the table and put food in bowls) and participate in activities at the day program without pushing the materials and staff.</p> <p>On 4/29/15 at 10:14 AM, client #4's ISP, dated 6/23/14, was reviewed. The ISP indicated he had the following goals and objectives: brush his gums once a day and eat his meal and drink his liquids without trying to leave the meal to do other things.</p> <p>On 4/27/15 at 2:56 PM, a review of the</p> | | | |

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| | <p>April 2015 day program activities schedule indicated the activities for the day were bird paintings, dancing, corn hole (bag toss) and baseball/social.</p> <p>On 4/27/15 at 2:52 PM, the Day Program Supervisor indicated clients #1 and #3 had goals to not push away materials. The Supervisor indicated client #2's goal at the day program was to participate. The Supervisor did not know client #4's goal at the day program. The Supervisor indicated clients #3 and #4 receive snacks at 2:00 PM if they want something. The Supervisor indicated clients #3 and #4 should have been offered snacks. The Supervisor indicated the program at the time of the observation was to listen to music and relax. The Supervisor indicated listening to music and relaxing were the structured activities during the observation.</p> <p>On 4/29/15 at 10:22 AM, the QIDP indicated the clients should be involved in current events, games and crafts while at the facility-operated day program. The QIDP indicated there should be structured activities provided to the clients. The QIDP indicated all of the clients should have received drinks at 2:00 PM.</p> <p>9-3-4(a)</p> | | | |

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| W 259 Bldg. 00 | <p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 1 of 2 clients in the sample (#1), the facility failed to ensure his Comprehensive Functional Assessment (CFA) was reviewed for relevancy and updated at least annually.</p> <p>Findings include:</p> <p>On 4/29/15 at 9:43 AM, a review of client #1's record indicated his CFA was dated 7/9/13. There was no documentation in the record indicating client #1's 7/9/13 CFA was reviewed and updated annually.</p> <p>On 4/29/15 at 10:04 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated he located client #1's current CFA on his computer (several minutes after showing the surveyor a copy on his computer dated 7/9/13). The QIDP indicated he located the CFA in another folder on his computer. When asked to show the surveyor the folder, the folder indicated the revised date of the</p> | W 259 | <p>The QDDP will review and update each client CFA at least annually. The QDDP will verify that the CFA has been completed by reporting the results to the Director. The annual results of the CFA will also be reviewed at each client annual IDT meeting.</p> <p>The QDDP will complete an annual forms checklist and submit it to the Director prior to or at the time of each client's annual meeting to ensure compliance with the completion of an annual CFA for each group home client.</p> | 05/30/2015 |

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| W 436 Bldg. 00 | <p>CFA, dated 6/23/14, was 4/29/15. When the QIDP was asked when the CFA was updated, the QIDP indicated he had revised the form on 4/29/15 with the 6/23/14 date. The QIDP indicated the client's CFA should be updated and revised annually.</p> <p>9-3-4(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT 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 1 of 2 clients in the sample (#1) and one additional client (#2), the facility failed to ensure the clients had their adaptive equipment available during mealtimes.</p> <p>Findings include:</p> <p>On 4/27/15 from 1:19 PM to 3:03 PM, an observation was conducted at the facility-operated day program. At 2:02 PM, client #2 ate pureed bananas out of a Tupperware bowl using a plastic spoon. Client #2 did not have a plate riser,</p> | W 436 | All Benchmark Direct Care staff at this home and at the day program will receive documented training that reviews client dining plans, including the use of adaptive dining equipment. The Benchmark QDDP and Residential Manager will complete at least three weekly meal observations to ensure that dining plans are being implemented correctly, including the use of adaptive dining equipment. | 05/30/2015 | | | |

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| | <p>angled spoon and scoop plate.</p> <p>On 4/29/15 at 10:33 AM, a review of client #2's Physical and Nutritional Management Plan, dated 1/1/15, indicated, in part, "Utilizes Angled spoon with Built up handle and scoop plate with plate riser."</p> <p>On 4/27/15 from 3:48 PM to 5:33 PM, an observation was conducted at the group home. At 4:50 PM when the clients started eating dinner, client #1 was not observed to use a weighted spoon. Client #1 used a regular spoon during dinner.</p> <p>On 4/29/15 from 6:20 AM to 8:06 AM, an observation was conducted at the group home. At 7:05 AM, breakfast started. During breakfast, client #1 used a regular spoon to eat his meal. Client #1 was not provided and did not use a weighted spoon.</p> <p>On 4/29/15 at 9:43 AM, client #1's record was reviewed. Client #1's Physical and Nutritional Management Plan, dated 1/15/15, indicated he was to have a weighted spoon. During the record review which was conducted at the facility-operated day program, the surveyor and Qualified Intellectual Disabilities Professional (QIDP) looked for client #1's weighted spoon. Client #1's weighted spoon was not at the</p> | | | | | | |

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| W 440 Bldg. 00 | <p>facility-operated day program for client #1's use. It was not in his lunch bag or stored at the facility-operated day program. On 4/29/15 at 10:03 AM, the Day Program Supervisor indicated the spoon was to be sent from the group home daily.</p> <p>On 4/29/15 at 10:11 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the clients' plans should be implemented as written and their adaptive equipment present and used during meals.</p> <p>On 4/29/15 at 10:12 AM, the nurse indicated the clients' adaptive equipment should be present and used during meals.</p> <p>On 4/29/15 at 10:20 AM, the Day Program Supervisor indicated she did not have client #2's angled spoon at the day program to use.</p> <p>9-3-7(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 clients living in the group home (#1, #2, #3 and #4), the facility failed to</p> | W 440 | All staff in the home will be retrained regarding the evacuation drill schedule. The Residential Manager will monitor | 05/30/2015 |

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| W 488 Bldg. 00 | <p>conduct quarterly evacuation drills for each shift.</p> <p>Findings include:</p> <p>On 4/27/15 at 3:30 PM, a review of the facility's evacuation drills was conducted. During the day shift (8:00 AM to 4:00 PM), the facility failed to conduct evacuation drills from 4/27/14 to 9/19/14 and 9/21/14 to 1/24/15. During the evening shift (4:00 PM to 12:00 AM), the facility failed to conduct evacuation drills from 7/24/14 to 12/12/14. During the night shift (12:00 AM to 8:00 AM), the facility failed to conduct evacuation drills from 8/17/14 to 12/3/14. This affected clients #1, #2, #3 and #4.</p> <p>On 4/27/15 at 3:32 PM, the Qualified Intellectual Disabilities Professional indicated the facility should conduct one drill per shift per quarter.</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 developmental level. Based on observation and interview for 4 of 4 clients (#1, #2, #3 and #4), the</p> | W 488 | <p>the schedule to ensure the evacuation drills are completed as scheduled, and will report the results to the QDDP.</p> <p>All staff at this group home will receive training regarding the appropriate implementation of</p> | 05/30/2015 | | | |

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| | <p>facility failed to ensure the clients were involved with preparing their meals.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/27/15 from 3:48 PM to 5:33 PM and 4/29/15 from 6:20 AM to 8:06 AM. On 4/27/15 at 3:50 PM, staff #4 was in the kitchen preparing dinner (chicken, broccoli, green beans, pears and bread and butter). Staff #4 indicated she arrived early for her shift to start preparing dinner. Staff #4 indicated client #2 would push the button to puree food for meal preparation. Staff #4 stated for the other clients, "It's hard to do (client involvement with meal preparation)." At 3:56 PM, staff #4 opened cans of green beans and poured into the food processor. At 4:09 PM, staff #4 cleaned out the clients' lunch boxes. At 4:11 PM, staff #4 asked client #2 to assist her but when he did not assist, she did not encourage him to participate or prompt him again. At 4:22 PM, staff #4 opened a can of green beans and poured them into a bowl. At 4:25 PM, the nurse asked client #2 if he was assisting staff #4 with dinner preparation. Staff #4 stated to the nurse, "he is the blender master." At 4:40 PM, the Qualified Intellectual Disabilities Professional (QIDP) got out the clients'</p> | | | | <p>client active treatment, including an emphasis on client participation with preparing their meals. The QDDP, and Residential Manager will each monitor staff at least 3 times weekly to ensure that appropriate active treatment is occurring, as well as the correct implementation of client dining and meal preparation goals.</p> | | |

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| | <p>plates for dinner. At 4:44 PM, staff #4 prepared the clients' drinks.</p> <p>On 4/29/15 at 6:38 AM, staff #6 stated to client #1, "I'm going to fix breakfast now." At 6:41 AM, staff #6 got out the plates, bowls and food processor. Staff #6 opened packets of oatmeal and poured the contents into bowls. At 6:47 AM, staff #6 added water to the bowls. Staff poured the contents of the bowls into a food processor. At 6:48 AM, staff #6 used the food processor. Staff #6 poured water into two bowls and put them in the microwave. At 6:51 AM, staff #6 put bread in the toaster. At 6:53 AM, staff #6 buttered the toast and added margarine to bowls of oatmeal. Staff #6 put a few pieces of toast in the food processor. At 6:57 AM, staff #6 added milk to the bowls of oatmeal and stirred. Staff #6 poured the contents of the food processor onto plates. Staff #6 added milk to a bowl of oatmeal and stirred the contents. At 7:01 AM, staff #6 poured three glasses of milk and one glass of cranberry juice. At 7:05 AM, staff #6 took the plates and bowls to the table. At 7:06 AM, staff #6 added Thick It to a glass of juice. At 7:17 AM, staff #6 removed client #1's plate from the table. At 7:25 AM, staff #6 rinsed dishes and put them into the dishwasher. At 7:34 AM, staff #6 removed client #2's plate and plate riser</p> | | | |

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| | <p>from the table.</p> <p>On 4/30/15 at 12:19 PM, the QIDP indicated the clients should be involved in meal preparation. The QIDP indicated the staff should involve the clients in meal preparation and clean up.</p> <p>9-3-8(a)</p> | | | | |