

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G036	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/20/2014
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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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W000000	<p>This visit was for a post certification revisit (PCR) to the extended annual recertification and state licensure survey of 9/5/14.</p> <p>Dates of Survey: October 17 and 20, 2014.</p> <p>Facility Number: 000596 Provider Number: 15G036 AIMS Number: 100233390</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed October 29, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, record review and interview for 3 of 4 sampled clients (#1, #2 and #4), the IDT (Interdisciplinary Team) failed to ensure:</p> <p>__ Client #1 was assessed for the use of wrist weights. __ Client #2's and #4's Comprehensive</p>	W000210	<p>Corrective action for resident(s) found to have beenaffected All clients willhave an annual Comprehensive Functional Assessment as well as other necessaryassessments such as OT and PT. Thephysician has been slow to sign off on referrals to PT, OT,</p>	11/11/2014

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>Functional Assessments (CFAs) included an assessment of the clients' fine and gross motor skills and/or a PT/OT (Physical Therapy/Occupational Therapy) assessment.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 10/17/14 between 4:10 PM and 6 PM. During this time client #1 was observed eating her evening meal. Client #1 was noted to have tremors in her hands while eating. Client #1 was not provided wrist weights while eating.</p> <p>Client #1's record was reviewed on 10/20/14 at 110 AM. __ Client #1's ISP (Individualized Support Plan) dated 12/1/13 indicated client #1 "should always have access to wrist weights" while dining. __ Client #1's quarterly physician's orders indicated client #1's adaptive equipment to be, not all inclusive, one pound wrist weights. __ Client #1's Risk Summary dated 12/1/14 indicated "1 lb (pound) wrist weight may be used at times to decrease tremors." __ Client #1's Quarterly Nutrition Review dated 7/7/14 indicated a recommendation to "Clarify if she still needs wrist weights or not for self help."</p>		<p>and ST. The AWS/Benchmark Manager of Health Services contacted the physician's office on 11-6-14 to discuss the necessity of these referrals. The physician has now signed off on the necessary referrals and the LPN will schedule the appointments.</p> <p>How facility will identify other residents potentially affected and what measures taken 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 A new Assistant Director of Group Homes has been hired to ensure the CFAs and all other necessary evaluations are conducted annually and as needed. A QIDP-d has been hired to conduct monthly file audits to ensure all necessary documentation is completed annually and as needed and is present in the main file.</p> <p>How corrective actions will be monitored to ensure no recurrence The Regional Director will receive the monthly file audits from the QIDP. The Assistant Director will ensure all missing information is completed and filed within 10 days and will return a copy of the Action Plan to the RD once all information is completed.</p>		

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	<p>During interview with the QIDP (Qualified Intellectual Disabilities Professional, the facility's RN and the RM (Residential Manager) on 10/20/14 at 3:30 PM, the QIDP and the RM indicated they had never seen client #1 use wrist weights. The RN indicated client #1 needed to be reassessed by OT (Occupational Therapy) in regard to client #1's dining needs and the use of wrist weights.</p> <p>2. Observations were conducted at the group home on 10/17/14 between 4:10 PM and 6 PM. Client #2 walked independently with an occasional staggering unsteady gait. Client #4 was an elderly gentleman that walked with a slow gait.</p> <p>Client #2's record was reviewed on 10/20/14 at 2 PM. Client #2's Risk Summary dated 11/19/13 indicated client #4 was at risk for falling and had three falls in May 2014. Client #2's CFA dated 10/5/12 indicated no assessment of client #2's fine and gross motor skills. Client #2's record indicated no assessment from PT/OT.</p> <p>Client #4's record was reviewed on 10/20/14 at 3 PM. Client #4's record indicated diagnoses of, but not limited to,</p>			

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W000249	<p>Dementia (deterioration of brain function), a history of Bells Palsy (facial paralysis), Restless leg Syndrome, Emphysema (a chronic respiratory disease), and COPD (Congestive Obstructive Pulmonary (lung) Disease). Client #4's CFA 10/2013 indicated no assessment of client #4's fine and gross motor skills. Client #4's record indicated no assessment from PT/OT.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional, the facility's RN and the RM (Residential Manager) on 10/20/14 at 3:30 PM, the RN indicated the facility's CFA form currently being used did not include an assessment of the clients' fine and gross motor skills. The RN indicated she and the QIDP would include an assessment of the clients' fine and gross motor skills to the facility's CFA form and all clients fine and gross motor skills would be assessed.</p> <p>This deficiency was cited on 9/5/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p> <p>483.440(d)(1)</p>						

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	<p>PROGRAM IMPLEMENTATION</p> <p>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 the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to implement client #1's BSP (Behavior Support Plan) during available opportunities.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/17/14 between 4:10 PM and 6 PM.</p> <p>__ Upon entering the group home, client #1 was sitting in a recliner in the living room off of the dining room. Staff #2 sat on the couch near client #1 and to client #1's right. Staff #3 sat in a recliner to client #1's left. Staff #2 indicated staff #3 was new to the facility and this was her second night to be in the home with the clients. Staff #3 stated, "She is here to shadow only and once she's trained, she'll be [client #1's] one to one (one staff to one client supervision).</p> <p>__ At 4:45 PM client #1 began poking and smacking at staff #2. Client #1 wanted staff #2 to do a high five with her. Staff #2 began horse playing back with</p>	W000249	<p>Corrective action for resident(s) found to have beenaffected</p> <p>Staff are to be trained on each client's BSP and trained to follow the BSPs of all clients. A new Assistant Director of Group Homes started on 11/5/14 who will be responsible for writing BSPs as well as training staff on BSPs at least annually, as new staff are hired or as changes are made to the BSP.</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 recurrence</p> <p>One member of management stays in the home at least weekly until 7pm to provide on the spot training. This will include the necessity for teaching staff how to follow formal training programs including BSPs. The member of management will record their observations and any teachable moments on the Manager Observation Log.</p>	11/11/2014

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	<p>client #1, touching and poking her back. Client #1 began playfully kicking at staff #2. Client #1's gestures started out gentle and ended up more forceful as the horseplay continued. Staff #2 and/or staff #3 did not remind and/or train with client #1 to recognize that type of behavior was unacceptable and client #1 should not be hitting, smacking and/or kicking anyone. Staff #2 was asked what the staff were to do when client #1 wanted to horse play, smack, hit and kick at the staff and/or other clients. Staff #2 looked at this surveyor and stated, "She doesn't realize how strong she is and that she could really hurt someone. We have to block her from hurting us or someone else." Staff #3 indicated she did not know. Staff #3 was asked if she had been provided client specific training for client #1. Staff #3 stated, "No, not yet. I'm just here to watch and learn." At 4:55 PM staff #2 walked away from client #1 and was putting away some laundry. Client #1 was left with staff #3 to supervise client #1.</p> <p>Client #1's record was reviewed on 10/20/14 at 110 AM. Client #1's updated 10/10/14 BSP indicated "it is important that everyone who works with [client #1] have a consistent plan for dealing with these identified behaviors." __ Client #1's BSP indicated targeted</p>		<p>A member of management will conduct random pop in visits no less than weekly on varying days and shifts to ensure staff are awake and providing active treatment. These random pop in visits will be documented on the MOL.</p> <p>All GH staff are currently trained in relational Mandt. Now, all GH staff will be trained in Technical Mandt at the next available course offering. This will teach staff proper blocking techniques as well as proper interaction with individuals served.</p> <p>How corrective actions will be monitored to ensure norecurrence A new Assistant Director of Group Homes started on 11/5/14 who will be responsible for writing BSPs as well as training staff on BSPs at least annually, as new staff are hired or as changes are made to the BSP.</p> <p>One member of management stays in the home at least weekly until 7pm to provide on the spot training. This will include the necessity for teaching staff how to follow formal training programs including BSPs. The member of management will record their observations and any teachable moments on the Manager Observation Log.</p> <p>A member of management will conduct random pop in visits no less than weekly on varying days and shifts to ensure staff following all written treatment plans. These random pop in visits will be documented on the MOL.</p>				

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	<p>behaviors, not all inclusive, physical aggression, verbal aggression, bullying and intimidation. The report indicated client #1's physical aggression included, but was not limited to, attempts or acts of hitting, kicking, pushing, scratching or otherwise attempting or causing physical injury to others.</p> <p>__ Client #1's BSP indicated reactive strategies for physical aggression indicated the staff were to be aware of client #1's triggers and to provide clear directives if client #1 were to aggressively enter into the staff's or another person's space. The BSP indicated the staff were to "put your hand out to signal stop and say 'no hitting' or 'back up' or 'no touching.' Maintain a firm but calm tone of voice. Remember that you are not yelling or entering her personal space when giving this directive. You also should not be turning your back on her and shoulder be in a position ready to block." __The report indicated "All assigned staff members must be trained on her programs prior to working with her.</p> <p>During interview with the RM (Residential Manager) and the QIDP (Qualified Intellectual Disabilities Professional) on 10/17/14 at 5:15 PM, the QIDP indicated the staff should not have engaged in horse play with client #1</p>			

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W000368	<p>because client #1 doesn't know when to stop and/or how much strength she has. The RM indicated the staff are to follow and implement client #1's BSP at all times.</p> <p>This deficiency was cited on 9/5/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION 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 (#1 and #3), the facility failed to ensure all medications were administered in compliance with the each client's physician's orders.</p> <p>Findings include:</p> <p>The facility's reportable records were reviewed on 10/20/14 at 12 PM. _The 9/23/14 BDDS (Bureau of Developmental Disabilities Services) report indicated the staff failed to give client #3 his Divalproex 500 milligrams on 9/22/14 at 8 PM. The report indicated the staff that made the error would be</p>	W000368	<p>Correctiveactionforresident(s)fou dtohavebeenaffected It is the goal of AWS/Benchmark to have all medicationpassed appropriately. Allstaff were retrainedon Medication Administrationin a refresher course taughtby the Group HomeLPN on 11-10-14. This medicationadministration training includedthe appropriate wayto pass medicationand the appropriate wayto measure liquidmedication. The Supervisorswill observe one medicationpass for each staffmonthly and the LPN will observe one medication pass for each Supervisormonthly. All staff will take a written</p>	11/19/2014

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	<p>retrained and disciplinary action taken if necessary.</p> <p>The 9/24/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 9/24/14 at 6 AM after client #1 left for the day services, the staff found client #1's Levothyroxine (a thyroid replacement hormone) pill on her bedroom floor. The report indicated the facility nurse would conduct a retraining with all staff on medication administration.</p> <p>During interview with the facility's RN on 10/20/14 at 3:30 PM, the RN indicated all medications were to be given as ordered by the physician. The RN indicated all staff were retrained in regard to the reported medication errors.</p> <p>This deficiency was cited on 9/5/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>		<p>medication administration proficiencytest by 11/19/14. Any staff scoringbelow 100% will receive 1:1 medication administration retraining from the LPN.</p> <p>Howfacilitywillidentifyotherresidentspotentiallyaffectedandwhatmeasures taken All residentsare affected and correctiveaction will address the needs of all clients.</p> <p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence The Supervisorswill observe one medicationpass for each staffmonthly. This will ensurestaff are continuallypassing medicationsas trained in CoreA Core B. The LPN will observe one medication pass foreach Supervisor monthly. Thesemedication pass observations will be turned into the GHM for tracking and toensure compliance. All staff will take a written medication administration proficiencytest by 11/19/14. Any staff scoringbelow 100% will receive 1:1 medication administration retraining from the LPN.</p> <p>Howcorrectiveactions will bemonitoredtoensurenorecurrence The Supervisorswill sign off on a medication observationsheet and turn itinto the LPN andGroup Home Manager monthlyto ensure they aredoing all required medicationobservations monthly.</p>		

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W000436	<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 1 of 4 sampled clients with adaptive equipment (#1), the facility failed to ensure client #1 was provided wrist weights to wear while dining.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/17/14 between 4:10 PM and 6 PM. During this time client #1 was observed eating her evening meal. Client #1 was noted to have tremors in her hands while eating. Client #1 was not provided wrist weights while eating.</p> <p>Client #1's record was reviewed on 10/20/14 at 110 AM.</p> <p>__ Client #1's ISP (Individualized Support Plan) dated 12/1/13 indicated client #1 "should always have access to wrist weights" while dining.</p> <p>__ Client #1's quarterly physician's orders</p>	W000436	<p>The RD will sign off on all Record of Trainings from the medication administration refresher.</p> <p>Corrective action for resident(s) found to have been affected All clients will have an annual Comprehensive Functional Assessment as well as other necessary assessments such as OT and PT. The physician has been slow to sign off on referrals to PT, OT, and ST. The AWS/Benchmark Manager of Health Services contacted the physician's office on 11-6-14 to discuss the necessity of these referrals. The physician has now signed off on the necessary referrals and the LPN will schedule the appointments. How facility will identify other residents potentially affected and what measures taken All residents are affected and corrective action will address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence A new Assistant Director of Group Homes has been hired to ensure the CFAs and all other necessary</p>	11/11/2014

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	<p>indicated client #1's adaptive equipment to be, not all inclusive, one pound wrist weights.</p> <p>__ Client #1's Risk Summary dated 12/1/14 indicated client #1 was at risk for choking due to stuffing her mouth to full, eating too fast and chewing partially before swallowing. Client #1's Risk Summary indicated "1 lb (pound) wrist weight may be used at times to decrease tremors."</p> <p>__ Client #1's Quarterly Nutrition Review dated 7/7/14 indicated a recommendation to "Clarify if she still needs wrist weights or not for self help."</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional, the facility's RN and the RM (Residential Manager) on 10/20/14 at 3:30 PM, the QIDP and RM indicated neither had ever seen client #1 use a weighted wrist band.</p> <p>9-3-7(a)</p>		<p>evaluations are conducted annually and as needed. A QIDP-d has been hired to conduct monthly file audits to ensure all necessary documentation is completed annually and asneeded and is present in the main file. How corrective actions will be monitored to ensure norecurrence The RegionalDirector will receive the monthly file audits from the QIDP. The Assistant Director will ensure allmissing information is completed and filed within 10 days and will return acopy of the Action Plan to the RD once all information is completed.</p>		