

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G036	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/23/2014
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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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K010000	<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: 09/23/14</p> <p>Facility Number: 000596 Provider Number: 15G036 AIM Number: 100233390</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, AWS 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 33, Existing Residential Board and Care Occupancies.</p> <p>This one story facility was not sprinkled. The facility has a fire alarm system with smoke detection in the corridors common living areas, and hard wired smoke detectors in all client sleeping rooms. The facility has a capacity of 8 and had a census of 7 at the time of this survey.</p>	K010000		
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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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K01S150	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.08.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 09/29/14.</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 New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities are in accordance with provisions of 10.3.1. 32.7.5.1, 33.7.5.1</p> <p>Based on record review, interview and observation, the facility failed to ensure new draperies and curtains were flame resistant for 3 of 12 rooms. LSC Section 10.3.1 requires draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films. This deficient practice could affect all clients in the facility.</p>	K01S150	<p>Correctiveactionforresident(s)fou dtohavebeenaffected Maintenance work orders were submitted to the maintenancedepartment on 10/8/14 to spray all curtains in the home with flameretardant. The maintenance department issecuring the material and will have the curtains sprayed by 10/23/14.</p> <p>Howfacilitywillidentifyotherreside ntspotentiallyaffectedandwhatmea surestaken All residentscould be affected andcorrective action willaddress the</p>	10/23/2014

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K01S152	<p>Findings include</p> <p>Based on an interview with the social worker on 09/23/14 at 1:30 p.m. during record review, there was no record of fire rated documentation on window curtains throughout the facility and the facility bought new window curtains over the past year. Based on observations during a tour of the facility with the social worker on 09/23/14 from 1:40 a.m. to 2:20 p.m., the north client sleeping room window curtain, the first south client sleeping room window curtain, and the second south client sleeping room window curtain did not have a fire resistance label attached to each set of curtains. The lack of flame resistance documentation for the window curtains was verified by the social worker at the time of record review and observation and at the exit conference on 09/23/14 at 2:25 p.m.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p>		<p>needs of all clients.</p> <p>Measures systemic changes facility put in place to ensure no recurrence A letter will be maintained in the emergency binder documenting that all curtains were sprayed with approved flame retardant. The flame retardant used will be retained for audit.</p> <p>How corrective actions will be monitored to ensure no recurrence The QIDP and GHM will be retrained by the RD to ensure any new curtains purchased are sprayed with flame retardant and it is documented in the emergency binder.</p>				

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	<p>(2) The facility must -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill:</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(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>(3) Facilities must meet the requirements of paragraphs (i) (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 each shift for 1 of the last 4 calendar quarters and 2 of 3 shifts over the past year. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on a review of Residential Safety Drill Reports on 09/23/14 with the social worker at home manager at 1:20 p.m., there was no record of a fire drill conducted on first and third shift for the second quarter of the year 2014. This was verified by the social worker at the time of record review and acknowledged at the exit conference on 09/23/14 at 2:30 p.m.</p>	K01S152	<p>Corrective action for resident(s) found to have beenaffected</p> <p>An annual emergencydrill calendar has been designed and will be implemented which includes drillson each shift quarterly. Supervisorswill post this annual calendar and mark on the monthly calendar the dates andtimes drills are due to be completed. Supervisors will check the next day to ensure the drills were completedand will turn the drill into the QIDP for tracking.</p> <p>The GHM and QIDPwere retrained on the need for all drills to be completed and filed. This retraining was done by the RD on10-3-14. Staff were retrained on 10-1-14by the RD for the need to follow the drill calendar and always do drill whenindicated.</p> <p>How facility will identify other</p>	10/23/2014			

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			<p>residents potentially affected and what measures taken All residents could potentially be affected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence An annual emergency drill calendar has been designed and implemented. This annual schedule will include drills to be conducted on each shift quarterly. Supervisors will post this calendar and mark on the monthly calendar the dates and times drills are to be conducted. The Supervisors will pick up the drill the following day to ensure it was completed and will turn it into the QIDP for tracking.</p> <p>How corrective actions will be monitored to ensure no recurrence Staff were trained to follow emergency drill calendar by the RD on 10-1-14. Supervisors will check the following day to ensure drills are being completed as scheduled. A member of management will check monthly during the environmental quality assessment to ensure drills are being completed as scheduled. Director will sign off on retraining. RD will review the monthly environmental quality checks to ensure compliance.</p>		