

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G792	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/16/2015
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NAME OF PROVIDER OR SUPPLIER  BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 9285 W CR 950 N ELIZABETHTOWN, IN 47232
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W000000	<p>This visit was for an investigation of complaint #IN00158758.</p> <p>Complaint #IN00158758: Substantiated. Federal/state deficiency related to the allegation is cited at W186.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: January 15 and 16, 2015.</p> <p>Facility number: 012528 Provider number: 15G792 AIM number: 201017060</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/23/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000186	<p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a</p>			

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>24-hour period for each defined residential living unit.</p> <p>Based on observation, interview and record review for 2 of 2 sampled clients (A and B), and 2 additional clients (C and D), the facility failed to ensure the Extensive Support Needs (ESN) group home maintained a staffing ratio of 3 staff on the day shift (7 AM to 3 PM), 3 staff on the evening shift (3 PM to 11 PM) and 2 staff on the night shift (11 PM to 7 AM) to ensure clients' safety and behavioral/psychological needs would be met.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 1/15/15 from 3:00 PM until 5:10 PM. Clients A, B, C, and D were observed to be in the facility. Client A utilized an adaptive wheelchair for transport and client B required assistance to stand up and walk in the facility. Client B used a helmet and gait belt for protection from falls.</p> <p>The facility's time cards were reviewed on 1/16/15 at 2:15 PM. The facility's time cards indicated 1 staff worked alone the overnight shift on 1/11/15 from 11:00 PM until 7:00 AM. Two staff worked the dayshift of 7:00 AM until 3:00 PM on 1/10/15 and 1/11/15. Two staff worked</p>	W000186	<p><b>W 186</b> Direct Care Staff – after reviewing six weeks of time cards, with over 330 shifts worked, the surveyor found that two shifts contained fewer than the required number of staff members. <b>Corrective action for resident(s) found to have been affected</b> The agency has several open shifts that we usually have little trouble covering with overtime. We are actively recruiting new direct care staff members and have several new hires in orientation at this time. In addition, we have two (of three) new managers, and the third has assumed a different role than previously. The Facility Administrator (FA) will train each of the Managers on the required supervision levels in the home, which is three on first shift, three on second, and two overnight. That training will include specific strategies to cover shifts, even when vacancies occur at the last minute (e.g., staff sick with late call off). We will maintain a full staff phone list with emphasis placed on calling those staff members who reliably want to pick up additional shifts. <b>How facility will identify other residents potentially affected &amp; what measures taken</b> All residents potentially are affected, and corrective measures address the needs of all clients. <b>Measures or systemic changes facility</b></p>	02/15/2015

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	<p>the afternoon shift of 3:00 PM until 11:00 PM on 1/10/15 and 1/11/15.</p> <p>Confidential interview #1 indicated the facility had the use of overtime to fill vacancies of staff. If another facility was short of staff, this facility's staff would be reassigned thus making it short staffed.</p> <p>An interview with the QIDP (Qualified Intellectual Disabilities Professional)/Administrator was conducted on 01/16/15 at 4:20 PM. The QIDP indicated the current staffing level at the group home was 3 staff on the day shift, 3 staff on the evening shift and 2 staff on the night shift.</p> <p>The State's undated Reimbursement Guidelines for the 24 hour Extensive Support Needs Residences were reviewed on 1/15/15 at 9:30 AM. The reimbursement guidelines indicated the following:</p> <p>"ICF/MR (Intermediate Care Facility for the Mentally Retarded) residential Services, in the form of a 24 hour extensive support needs residence, are needed to support and maintain MR/DD (Mentally Retarded/Developmentally Disabled) consumers with challenging behavioral issues in the community. Consumers in an extensive needs</p>		<p><b>put in place to ensure no recurrence</b> New staff in orientation; new managers will receive training on maintaining shifts; a full staff phone list will be maintained in order to cover shifts. <b>How corrective actions will be monitored to ensure no recurrence</b> The set of three Managers supervise all Direct Support Staff (DSPs), including maintaining staff schedules. The agency's Facility Administrator (FA) supervises the Managers and meets with them regularly. The FA also provides training and will ensure that all managers are trained on the required staffing levels and that a staff list is maintained.</p>		

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	<p>residence will receive intensive assistance with their problematic behavior(s) and continued active treatment, so that they may ultimately live a more community integrated life with the fewest possible supports...In general, those eligible to reside in an extensive support needs residence could not reside in their current residential settings due to intensive staffing needs. As such, to ensure the health and safety of the consumers and the community, consumers residing in these homes require on-site supervision at all times, and can never be unsupervised by staff or other responsible party." The undated reimbursement guidelines indicated "Individuals living in residences under this category must be supervised at all times and the staffing pattern at full capacity should be a minimum of:</p> <p>-three (3) staff on the day shift; -three (3) staff on the evening shift; and -two (2) staff on the night shift."</p> <p>This federal tag relates to complaint #IN00158758.</p> <p>9-3-3(a)</p>			

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W000260	<p>483.440(f)(2) PROGRAM MONITORING &amp; CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. Based on record review and interview for 2 of 2 sampled clients (A and B), the facility failed to ensure individual support/program plans were held annually and in the clients' records.</p> <p>Findings include:</p> <p>Record review for client A was conducted on 1/15/15 at 4:30 PM. The record review indicated an ISP/Individual Support Plan dated 10/01/13. The ISP in the client's record was not current.</p> <p>Record review for client B was conducted on 1/15/15 at 4:41 PM. The record review indicated an ISP/Individual Support Plan dated 10/01/13. The ISP in the client's record was not current.</p> <p>Interview with staff #1 on 1/15/15 at 4:30 PM indicated it was the house manager or QIDP/Qualified Intellectual Disabilities Professional staff who held the task to ensure the new ISPs were in the client files.</p>	W000260	<p><b>W 260</b> Program Monitoring &amp; Change – The Individual Support Plan (ISP) documents were dated incorrectly. <b>Corrective action for resident(s) found to have been affected</b> The Interdisciplinary Team (IDT) reviewed documentation from previous meetings as well as ISP documentation. It was found that the annual IDT meeting for the clients affected took place on 9/8/14. At that time, the IDT reviewed and updated each person's ISP, so the date on the ISP documents should have been updated to reflect this. Unfortunately, the dates on the ISP documents were not updated, so they still read 2013 as cited in the survey. All ISP documentation has been updated to reflect the date in 2014 when the ISPs were put in place. Old documents with the incorrect date have been destroyed. <b>How facility will identify other residents potentially affected &amp; what measures taken</b> All residents potentially are affected, and corrective measures address the needs of all clients. <b>Measures or systemic changes</b></p>	02/15/2015

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	9-3-4(a)		<b>facility put in place to ensure no recurrence</b> IDT review of meeting documentation to ensure that the annual meeting took place as required; review of ISP documentation, maintained both electronically and in hard copy form; update of documentation dates to accurately reflect that they were updated in 2014, not 2013; destruction of documents with false date. <b>How corrective actions will be monitored to ensure no recurrence</b> The Interdisciplinary Team (IDT) meets regularly to review incident reports and also meets nearly every month to review progress on goals. In addition, the IDT meets annually as required and updates plan documentation. The Facility Administrator (FA), Managers, Behavior Clinician, and Nurse are all active members of this team and will continue on-going review of documentation to ensure that all components are maintained with correct dates.		