

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G733	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/19/2014
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 25799 ROLLING HILLS DR SOUTH BEND, IN 46614
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W000000	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Dates of Survey: December 9, 10, 15, 17 and 19, 2014.</p> <p>Facility Number: 011297 Provider Number: 15G733 AIM Number: 200842740</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed January 5, 2015 by Dotty Walton, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview, the governing body failed for 1 of 2 sampled clients (client #1), to exercise general operating direction in a manner to provide oversight to ensure their "Gastrointestinal (g-tube) Feeding,</p>	W000104	All staff have received additional training regarding Ct #1's medication and enteral feeding administration and the policy for Gastrointestinal Feeding, Medication Administration and Site Care. The QIDP, Residential manager, or nurse will complete three medication observations of all staff to ensure that proper	01/18/2015

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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	<p>Medication Administration and Site Care" policy was implemented and 2. to ensure client #1 did not pay for hygiene products.</p> <p>Findings include:</p> <p>1. A morning observation was conducted at the group home on 12/9/14 from 7:10 A.M. until 9:10 A.M.. At 8:10 A.M., Group Home Trainer (GHT) #1 began administering client #1's medications. GHT #1 began popping each of client #1's oral medications into clear plastic medication cups, crushed them and added water to the medications. GHT #1 then retrieved a clear plastic syringe from a plastic baggie, opened client #1's g-tube and attached the syringe. GHT #1 checked for residual (fluid from the clients stomach), there was no residual. GHT #1 did not flush the g-tube with 60 cc (cubic centimeters) of water. GHT #1 then administered each of client #1's medications. At 8:28 A.M., GHT #1 began pouring client #1's "15 Cal" nutrition drink through her g-tube. Client #1 began coughing and threw up her nutritional drink through her mouth. GHT #1 stopped the feeding and notified the Group Home Manager (GHM). The GHM called the residential nurse who informed the GHM to have GHT #1 stop the feeding, wait 15 minutes and then</p>		<p>procedures are followed in regards to checking for placement and water flushes. Once competency is ensured through those checks, Benchmark management staff will conduct weekly observations of medication administration. These will be documented on the medication administration tracking form which will be turned into the director monthly so compliance can be monitored. The hygiene products for client #1 were purchased in error and have been reimbursed to the client. The Residential Manager, QIDP, and staff have received additional training regarding client funds. This training included how to assist clients with purchases and that hygiene products are to be purchased with house funds and should not be paid by the client. The Residential Manager and QIDP will monitor all receipts to ensure that hygiene items are not purchased by the client. If a hygiene item is purchased by a client the Residential Manager will reimburse the client using the house petty cash funds and will document the transaction on the petty cash tracking form and client fund financial record. The director will review spending monthly to ensure compliance.</p>				

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	<p>proceed. At 9:00 A.M., GHT #1 began his second attempt at client #1's morning feeding. GHT #1 opened client #1's g-tube and attached the syringe. GHT #1 checked for residual, there was no residual. GHT #1 did not flush the g-tube with 60 cc of water.</p> <p>A review of the facility's "Gastrointestinal Feeding, Medication Administration and Site Care" policy was conducted on 12/17/14 at 12:30 P.M.. A review of the policy indicated:</p> <p>"...Check the for g-tube placement by placing the stethoscope about one inch below the tube and slightly to the left. Use the syringe to administer 10 cc of air through the g-tube. You should hear a 'whoosh' of air. If you do not hear this contact your supervisor/nurse for instructions. Check for residual prior to administrations or feedings. Use an asepto syringe and measure how much liquid remains in the stomach....If no stomach contents are present, proceed with flushing the tube with approximately 60 cc of water, then start the feeding by hooking up either the bag and tubing or the syringe...."</p> <p>An interview with the Residential Director (RD) was conducted on 12/17/14 at 3:05 P.M.. The RD indicated</p>			

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	<p>staff are to follow the facility's policy at all times. The RD further indicated the staff should always check for residual and flush with water if there is no residual as indicated in the facility's policy.</p> <p>2. A review of client #1's personal financial records was conducted on 12/10/14 at 3:45 P.M.. Review of client #1's financial record indicated:</p> <p>"Receipt dated 1/21/14...Body wash \$1.07." Further review of the record failed to indicate client #1 was reimbursed by the facility for this expenditure.</p> <p>"Receipt dated 7/12/14...bath soap \$7.36." Further review of the record failed to indicate client #1 was reimbursed by the facility for this expenditure.</p> <p>An interview with the Residential Director (RD) was conducted on 12/17/14 at 3:05 P.M.. The RD indicated clients should not pay for hygiene products. The RD further indicated she did not know if client #1 was reimbursed for the expenditures.</p> <p>9-3-1(a)</p>				

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview, the facility failed for 1 of 2 sampled clients (client #2), to conduct an investigation in regard to an injury of unknown origin.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, Internal Reports (IR) and investigation records was conducted on 12/9/14 at 12:55 P.M.. Review of the records indicated:</p> <p>BDDS report dated 11/29/14...Date of Knowledge: 12/1/14...Submitted Date: 12/1/14 involving client #2 indicated: "On Tuesday 11/25/14 at 11:30 A.M. [client #2] was on a home visit with his parents. On 12/1/14, the nurse received a call from [client #2]'s mom stating that [client #2] had developed bruising near his right hip on Saturday 11/29/14 and</p>	W000154	<p>Benchmark would like to formally appeal this citation. Client #2 was with his family over theThanksgiving holiday 11/25/14-12/1/14. His parents noticed bruising near his right hip on 11/29 and soughtmedical treatment. Benchmark staff wasnot informed of the incident until 12/1 when the mother contacted the nurse toexplain that they had taken Client #2 to the ER and that due to bruising stillbeing present and spreading, a follow up appointment was being scheduled thatday. The nurse met the mother at theappointment and the BDDS report was filed that day. 12/1/14 was the date of knowledge and Client#2 was not with Benchmark staff during this timeframe.</p> <p>The father indicated that they were at a family member'shome where there was not adequate space in the bathroom to transferClient#2. Benchmark staff will providetraining to all families/guardians taking their</p>	01/18/2015

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	<p>they took him to the ER (Emergency Room) due to his history of fractures and total hip replacement to the hip. X-ray results indicated that there were no fractures and the ER physician stated that he should follow up with his primary physician as needed and gave a diagnosis of contusion. However, the bruising to the right hip spread to groin area and swelling was evident to groin and upper right thigh with some discomfort noted on the morning of 12/1/14. [Client #2]'s primary physician was contacted and an appointment was scheduled for 10:30 this morning. The nurse attended the appointment with [client #2] and his father. [Physician], primary physician, reviewed the x-rays and stated that fracture (sic) was not evident but that [client #2]'s bones are very thin and it is possible that a small crack in the bone could be present but would be difficult to observe. [Physician] indicated that bruising and discomfort were possibly related to muscle bruise/injury and that Ibuprofen should be taken routinely. If no improvement was noted in two weeks then additional testing will be completed." Review of the record failed to indicate an investigation was conducted in regard to this injury of unknown origin.</p> <p>An interview with the Residential</p>		<p>loved ones home for the holidays to notify their staff should an individual have bruising or require care which is BDDS reportable.</p> <p>Families/guardians will sign a "Record of Training" indicating that this has been reviewed with them by the managers and QIDP's. All forms will be turned into the director for monitoring by the 3rd day of the following month with the attendance. This will be completed every time a person leaves and will be an ongoing procedure.</p>	

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W000268	<p>Director (RD) was conducted on 12/17/14 at 3:05 P.M.. The RD indicated there was no written documentation to indicate the facility conducted an investigation in regard to this injury of unknown origin.</p> <p>9-3-2(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview, the facility failed for 1 additional client (client #4), to promote his dignity by not ensuring he was shaved and his eyebrows were trimmed.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 12/9/14 from 7:10 A.M. until 9:20 A.M.. During the entire observation period, client #4 was observed to have his eyebrow hairs growing towards the middle of his forehead and he was unshaven.</p> <p>An evening observation was conducted at the group home on 12/9/14 from 3:20 P.M. until 4:20 P.M.. During the entire</p>			W000268	<p>Allstaff have been re-trained on completing grooming and personal hygiene needsfor all individuals. Ct#4's ISP has been updated to include a daily goal fortrimming eyebrows and shaving. The Residential Manager and QIDP will completeweekly observations to ensure effectiveness of training and progress on goal. These observations will be documented on the ISP data sheet and will be turnedin monthly to the director to ensure compliance.</p>		01/18/2015

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W000336	<p>observation period, client #3 was observed to have his eyebrow hairs growing towards the middle of his forehead and he was unshaven.</p> <p>An interview with the Residential Director (RD) was conducted on 12/17/14 at 3:20 P.M.. The RD indicated clients should be groomed at all times. The RD further indicated staff should have trimmed client #3's eyebrows and shaved him because he is unable to do so independently.</p> <p>9-3-5(a)</p> <p>483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview for 2 of 2 sampled clients (clients #1 and #2), the facility's nursing services failed to conduct quarterly nursing assessments of each client's health status and medical needs.</p> <p>Findings include:</p> <p>A review of client #1's record was</p>	W000336	<p>Clients #1 and # 2had quarterly nursing assessments completed and in their file at the time of the survey. Client #1's nursing assessmentswere completed on 5/2/14, 7/31/14 and 10/29/14, in less than 90 days betweenassessments based on client need. Client#2's nursing assessments were completed on 8/1/14 and 10/31/14, in less than 90days between assessments. The time framefor completing the</p>	01/18/2015

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	<p>conducted on 12/10/14 at 1:50 P.M.. Client #1's record indicated no nursing quarterlies was completed 8/14 and 11/14. Client #1's most current annual physical was dated 10/28/14. Client #1's 10/17/14 Individual Support Plan (ISP) indicated client #1's diagnoses included, but were not limited to, Iron deficiency, Anemia, Spastic Quadriplegia, Scoliosis, Constipation, Osteoporosis and Edentulous (lacking teeth). Client #1's 12/14 physician orders indicated client #1 received routine medications.</p> <p>A review of client #2's record was conducted on 12/10/14 at 3:20 P.M.. Client #2's record indicated no nursing quarterly was completed for 11/14. Client #2's most current annual physical was dated 4/24/14. Client #2's 2/28/14 Individual Support Plan (ISP) indicated client #2's diagnoses included, but were not limited to, Seizure Disorder, Urinary Incontinence, Urinary Retention, Depression, Mood Disorder, Osteoporosis, Hyper Anemia, Megacolon and Chronic Constipation. Client #2's 12/14 physician orders indicated client #2 received routine medications.</p> <p>An interview with the Residential Director (RD) was conducted on 12/17/14 at 3:05 P.M.. The RD indicated nursing quarterlies are to be completed</p>		<p>quarterly assessments was reviewed with the nurse. The nurse and management staff will review the annual schedule for the nursing quarterlies to ensure that assessments are scheduled and completed within the quarter. All quarterlies are current and completed within the 90 day quarterly period. The director will complete a file audit quarterly to ensure that nursing assessments are completed within the timeframe.</p>		

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W000433	<p>every three months.</p> <p>9-3-6(a)</p> <p>483.470(f)(3) FLOORS The facility must have exposed floor surfaces and floor coverings that promote mobility in areas used by clients. Based on record review and interview for 1 of 2 sampled clients (client #2), the facility failed to have level flooring that promoted mobility in areas used by clients.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services reports (BDDS), Internal Incident Reports (IR) and/or investigations was conducted on 12/9/14 at 11:30 A.M.. The facility's reports indicated the following:</p> <p>-BDDS report dated 5/2/14 involving client #2 indicated: "On 5/2/14, an ambulatory consumer was assisting [client #2] by propelling his wheelchair out of the garage to get onto the van. This is an activity that has occurred numerous times. However, today the</p>	W000433	<p>The contractor has been notified and a workorder completed to have the concrete evaluated at the edge of the garage and where the landscaping begins. Until the weather allows for any recommended corrections, Benchmark staff have all been trained to ensure they are propelling wheelchairs so that area is not cut so close with the wheels of the chairs.</p> <p>Benchmark professional staff conduct monthly Quality Assurance Home Checks (CQA's) and will add this area of the garage to the walk through to ensure that all areas of the home remain safe and accessible. The CQA's are completed by the managers or QIDP's and turned into the director for review and to facilitate areas needing attention. Action plans are then completed and tracked by the Benchmark Compliance Department. This will be added to the January CQA and the process of review continues indefinitely.</p>	01/18/2015

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W000446	<p>wheel of [client #2]'s wheelchair caught the lip of the garage and driveway causing his wheelchair to roll onto the grass and he tipped forward in his chair. Nursing assessment revealed superficial scratch to right forearm and redness to knee. [Client #2] did not indicate pain or discomfort and there were no additional signs of injury. Due to [client #2]'s history of fractures and high pain tolerance, he was sent to the clinic for evaluation. Assessment by the physician did not identify obvious injury however an X-ray of his right knee was taken. X-ray was negative for fracture and he was sent home with instruction to administer ibuprofen for possible discomfort and prevention of swelling."</p> <p>An interview with the Residential Director (RD) was conducted on 12/17/14 at 3:05 P.M.. The RD indicated and surfaces should be level at the group home to ensure mobility for clients.</p> <p>9-3-7(a)</p>						
W000446	483.470(i)(2)(ii)						

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	<p>EVACUATION DRILLS</p> <p>The facility must make special provisions for the evacuation of clients with physical disabilities.</p> <p>Based on observation, record review and interview, the facility failed to assure that 2 of 2 sampled clients and 1 additional client (clients #1, #2 and #4), who are not ambulatory and who typically required the use of a mechanical lift/two person lifting during transfers, could safely be evacuated from the facility during the overnight hours when only one direct care staff was on duty due to the need to provide support and supervision to another client living at the home whose challenging behaviors included non-compliance.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 12/9/14 from 7:10 A.M. until 9:20 A.M.. Client #3 sat in a living room chair the entire observation period. Client #3 would not interact during the entire observation period. Clients #1, #2 and #4 were observed sitting in their wheelchairs and required complete physical assistance from staff with their mobility.</p> <p>An observation was conducted at the group home on 12/9/14 from 3:20 P.M. until 4:20 P.M.. Client #3 sat in a living</p>	W000446	<p>Client #3 has refusals indicated as a targeted behavior included in his Behavior Support Plan. An addendum to the BSP has been completed to include a staff response plan which was developed to assist staff in gaining compliance for evacuations and staff were trained on this plan. Additionally, all other consumers can be transferred and assisted by one staff person. All drills were reviewed and were completed within the acceptable timeframe. In order to ensure that all procedures are clear to others, the Personal Evacuation Plans have been updated. All staff will be trained on any changes to those plans. Plans will be reviewed quarterly by the QIDP to ensure they continue to be effective. Also, the BSP will be reviewed monthly by the QIDP to ensure that the staff response plan is effective for Client #3. All the current personal evacuation plans, inclusive of any changes will be reviewed by the director/nurse to ensure compliance with all lifting procedures.</p>	01/18/2015			

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W000448	<p>room chair the entire observation period. Client #3 would not interact during the entire observation period. Clients #1, #2 and #3 were observed sitting in their wheelchairs and required complete physical assistance from staff with their mobility.</p> <p>A review of the facility's evacuation drills were conducted on 12/9/14 at 3:00 P.M.. The reports of all overnight drills documented one staff participated in each drill.</p> <p>An interview with the Residential Director (RD) was conducted on 12/17/14 at 3:05 P.M.. The RD indicated clients #1, #2 and #4 required complete staff assistance for mobility. The RD indicated there is only 1 staff scheduled to work during the overnight asleep hours. The RD indicated GHTs are trained on getting clients out of the house in case of an emergency.</p> <p>9-3-7(a)</p> <p>483.470(i)(2)(iv) EVACUATION DRILLS The facility must investigate all problems with evacuation drills, including accidents. Based on record review and interview,</p>	W000448	Client #3 has refusals indicated	01/18/2015	

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	<p>the facility failed to investigate problems with evacuation drills. This potentially affected 1 additional client (client #3) who resided at the residence.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted on 12/9/14 at 1:45 P.M.. Review of the group home evacuation drills dated 10/13 to 9/14 indicated:</p> <p>"-Fire Drill Log...Location: [Group Home name]...Date: 11/14/2014...Time 3:00 A.M....Type of Drill: Fire...[Client #3] refuse (sic) to run the fire drill. He told staff 'to leave him alone cause his (sic) tired.'</p> <p>"-Fire Drill Log...Location: [Group Home name]...Date: 10/16/2014...Time 9:30 P.M....Type of Drill: Fire...[Client #3] refused to exit site after 3 verbal prompts."</p> <p>"-Fire Drill Log...Location: [Group Home name]...Date: 8/30/2014...Time 1:30 A.M....Type of Drill: Fire...[Client #3] was asleep and refused to participate in drill."</p> <p>"-Fire Drill Log...Location: [Group Home name]...Date: 8/21/2014...Time 5:00 A.M....Type of Drill: Fire...[Client</p>		<p>as a targeted behavior included in his Behavior Support Plan. An addendum to the BSP has been completed to include a staff response plan which was developed to assist staff in gaining compliance for evacuations and staff were trained on this plan. All drills were reviewed and were completed within the acceptable timeframe. In order to ensure that all procedures are clear to others, the Personal Evacuation Plan for Client #3 have been updated. All staff will be trained on any changes to BSP or Personal Evacuation Plans. Personal Evacuation Plans will be reviewed quarterly by the QIDP to ensure they continue to be effective. Also, the BSP will be reviewed monthly by the QIDP to ensure that the staff response plan is effective for Client #3. All the current personal evacuation plans, inclusive of any changes will be reviewed by the director/nurse to ensure compliance with all lifting procedures. The QIDP will review all evacuation drills to ensure evacuations are completed timely by all clients and will investigate any problems identified during the evacuation drill. This will be documented on the evacuation drill report and turned into the director to monitor compliance.</p>				

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	<p>#3] refuse to run the fire drill with me and clients. When ask (sic) if he wanted to run it he said 'No' and continue (sic) to watch t.v. in his chair."</p> <p>"-Fire Drill Log...Location: [Group Home name]...Date: 7/25/2014...Time 7:00 P.M....Type of Drill: Fire...[Client #3] refused exiting premises, 3 verbal prompts."</p> <p>"-Fire Drill Log...Location: [Group Home name]...Date: 5/29/2014...Time 12:00 A.M....Type of Drill: Fire...[Client #3] refused to participate in drill."</p> <p>"-Fire Drill Log...Location: [Group Home name]...Date: 3/6/2014...Time 4:30 A.M....Type of Drill: Fire...[Client #3] refused to participate in drill."</p> <p>"-Fire Drill Log...Location: [Group Home name]...Date: 2/6/2014...Time 4:30 A.M....Type of Drill: Fire...[Client #3] refused to participate in drill."</p> <p>An interview with the Residential Director (RD) was conducted on 12/17/14 at 3:05 P.M.. When asked if there was any documentation to indicate the facility conducted investigations in regards to the documented problems that occurred during the evacuation drills, the RD indicated there was no</p>			

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W000488	<p>documentation to indicate the facility conducted investigations in regard to the documented problems that occurred during the evacuation drills.</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, record review and interview, the facility failed to assure 1 of 2 sampled clients residing at the group home (client #1) was involved in meal preparation.</p> <p>Findings include:</p> <p>An observation was conducted at the group on 12/9/14 from 7:10 A.M. until 9:20 A.M.. During the entire observation period, client #2 sat in the living room with no activity. At 9:10 A.M., labeled clear plastic containers of already prepared blended food was observed in the refrigerator. The labels indicated: "Tuna casserole...spinach...peaches."</p> <p>And interview with GHT (Group Home</p>	W000488	<p>All staff received additional training on the clients ability to participate in meal preparation as determined by their assessments. The clients can/will have additional opportunities for meal preparation as identified by their functional assessment. For 30 days, the QIDP and Residential Manager will observe three breakfast times, three lunch times, and three dinner times to ensure that staff are implementing proper procedures. Once competency is ensured through those checks, Benchmark management staff will conduct weekly observations of meals. These will be documented on the dining checklist which will be turned into the director monthly so compliance can be monitored.</p>	01/18/2015

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	<p>Trainer) #2 was conducted on 12/9/14 at 9:15 A.M.. When asked who prepared the labeled containers of food, he stated "Overnight staff cook the clients' meals."</p> <p>An interview with the Residential Director (RD) was conducted on 12/17/14 at 3:05 P.M.. The RD indicated clients were capable of assisting in meal preparation with assistance and further indicated they should be assisting in preparation with assistance at meal time.</p> <p>9-3-8(a)</p>				