

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G733	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/04/2015
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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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: 02/04/15</p> <p>Facility Number: 0011297 Provider Number: 15G733 AIM Number: 200842740</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Benchmark Human Services 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 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was sprinklered . This facility has a fire alarm system with smoke detection on all levels as well as in the corridors, common living areas and hard wired smoke detectors in client sleeping rooms. The facility has a capacity of four and had a census of four 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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K01S043	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101 A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-score of 2.96.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/09/15.</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 No door in any means of escape is locked against egress when the building is occupied.</p> <p>Exception: Delayed egress locks complying with 7.2.1.6.1 are permitted on exterior doors. 32.2.2.5.5, 33.2.2.5.5.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 exit doors were provided with a releasing device having a obvious method of operation and readily operated under all lighting conditions. LSC 32.2.2.5.7 requires compliance with LSC 7.2.1.5.4. LSC 7.2.1.5.4. requires where a latch or other similar device is provided, the method of operation of its releasing device must be</p>	K01S043	<p>The maintenance contractor was contacted to remove the deadbolts and ensure that the exit door handles were single action release handles. The deadbolts were removed from the exit doors and the handles were tested to ensure they were single action release handles on 2/10/15. The residential director completed a walk through of the home to ensure all exit door handles are single action release handles.</p>	02/10/2015

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	<p>obvious, even in the dark. The intention of this requirement is the method of release be one that is familiar to the average person. Generally, a two-step release, such as a knob and independent dead-bolt, is not acceptable. In most occupancies, it is important a single action to unlatch the door be present. This deficient practice could affect all clients as well as staff, and visitors.</p> <p>Findings include:</p> <p>Based on observations on 02/04/15 at 1:45 p.m. with the House Manager the Front and Back exit doors leading directly to the outside required the unlocking of a doorknob and deadbolt. Based on interview on 02/04/15 concurrent with the observations with the House Manager, it was acknowledged the aforementioned exit doors leading to the outside required unlocking of a doorknob and a deadbolt.</p>						