

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G390	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/09/2015
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 825 MENDLESON DR RICHMOND, IN 47374
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W 0000 Bldg. 00	<p>This visit was for a predetermined full recertification and state licensure survey.</p> <p>Dates of Survey: September 29, 30, October 1, 2, 5 and 9, 2015.</p> <p>Facility Number: 000904 Provider Number: 15G390 AIMS Number: 100233320</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed by #09182 10/20/2015.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and for 4 additional clients (#5, #6, #7 and #8), the governing body failed to exercise general policy and operating direction over the facility to ensure:</p> <p>__ Client #7 was not being mistreated by a family member.</p> <p>__ All allegations of abuse and all injuries of unknown origin were investigated for</p>	W 0104	Please see W120, W136,W137, W140, W149, W153, and W154.	11/06/2015

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>clients #2, #3 and #7.</p> <p>__ All injuries of unknown origin were immediately reported to the administrator for clients #2 and #3.</p> <p>__ Training opportunities and/or choices of leisure activities were provided at the Day Program (DP) when time permitted for client #2.</p> <p>__ Clients were provided the opportunity to participate in various social and community activities on a regular and ongoing basis for clients #1, #2, #3 and #4.</p> <p>__ Incontinent pads were not maintained on the facility furniture for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>__ A full and complete accounting of client #1's personal finances.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure client #2 was provided training opportunities and/or choices of leisure activities when time permitted while at the DP. Please see W120.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility to ensure clients #1, #2, #3 and #4 were provided the opportunity to participate in various social and</p>			

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	<p>community activities on a regular and ongoing basis. Please see W136.</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility to ensure incontinent pads were not maintained on the facility furniture at all times for clients #1, #2, #3, #4, #5, #6, #7 and #8. Please see W137.</p> <p>4. The governing body failed to exercise general policy and operating direction over the facility to ensure a full and complete accounting of client #1's personal finances. Please see W140.</p> <p>5. The governing body failed to exercise general policy and operating direction over the facility to ensure client #7 was not being emotionally and/or physically mistreated by a family member, to ensure all allegations of abuse were investigated and to ensure all injuries of unknown origin were immediately reported to the administrator and thoroughly investigated for clients #2, #3 and #7. Please see W149.</p> <p>6. The governing body failed to exercise general policy and operating direction over the facility to ensure all injuries of unknown origin were reported immediately to the administrator for</p>			

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W 0120 Bldg. 00	<p>clients #2 and #3. Please see W153.</p> <p>7. The governing body failed to exercise general policy and operating direction over the facility to ensure all injuries of unknown origin and all allegations of abuse were thoroughly investigated for clients #2, #3 and #7. Please see W154.</p> <p>9-3-1(a)</p> <p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based on record review and interview for 1 of 4 sampled clients (#2) receiving outside services, the facility failed to ensure client #2 was provided training opportunities when time permitted while at the Day Program (DP).</p> <p>Findings include:</p> <p>Observations were conducted at the DP on 10/2/15 between 10 AM and 11:30 AM.</p> <p>During this observation period from 10 AM until 11:10 AM client #2 sat slumped in a straight chair and away</p>	W 0120	<p>Corrective action for resident(s) found to have beenaffected Staff are to provideactive treatment, both formal and informal at all times. This includes following all BSPs, HRPs,dining plans, ISPs as well as informal active treatment during all servicesincluding day services. Clients are tobe kept busy and safe at all times. Staff will beretrained by 11-6-15 and the record of training will be placed in the employeeHR file. Day Services PC andDay Services Manager will be retrained to monitor staff and provide on the spottraining related to client active treatment.</p> <p>How facility will identify other</p>	11/06/2015

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W 0136 Bldg. 00	<p>from the table she was sitting at and her eyes were closed off and on throughout the observation period. At 11:10 AM client #2 was prompted to get up and prepare for her afternoon meal. During this observation period the DP staff provided client #2 no training and/or leisure activity.</p> <p>During interview with the DP supervisor on 10/2/15 at 11:30 AM, the DP supervisor indicated the staff were to offer the clients activity and/or training every 15 minutes while at the day program. The DP supervisor indicated when a client is sitting idle or not actively involved in an activity, the staff were to prompt the client to an activity or provide choices of activity.</p> <p>9-3-1(a)</p> <p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities. Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to ensure the clients were provided the opportunity to participate in various</p>	W 0136	<p>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 Staff will be retrained by 11-6-15 and the record of training will be placed in the employee HR file. Day Services PC and supervisor will be retrained by the Director by 11-6-15 on the necessity to provide monitoring and on the spot training.</p> <p>How corrective actions will be monitored to ensure no recurrence Day Services PC and Day Services Manager will be retrained to monitor staff and provide on the spot training related to client active treatment. Both the PC and the Supervisor are on site daily at the day services program to provide this monitoring and training.</p> <p>Corrective action for resident(s) found to have been affected. All individuals served will have the opportunity to participate in social, religious, and community group activities. In this year clients</p>	11/06/2015			

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	<p>social and community activities on a regular and ongoing basis.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/29/15 between 3:15 PM and 5:45 PM.</p> <p>__ Client #1 was an active young woman.</p> <p>__ Client #2 was a middle aged woman that was non verbal and required staff prompting to engage in any activities. Client #2 spent the majority of the observation period standing in one place shifting her weight from one foot to the other while clasping her hands/fingers together.</p> <p>__ Client #3 was an elderly woman that was unsteady on her feet and required staff prompting to engage in any activities.</p> <p>__ Client #4 was an elderly woman that ambulated with a walker and hands on assistance from staff at all times while on her feet.</p> <p>Client #1's record was reviewed on 10/1/15 at 12:30 PM. Client #1's community outing records for August, September and October 2015 indicated the following outings: 7/16/15 client #1 went to a local store to get water. 7/12/15 client #1 went out to eat and</p>		<p>participated at church, grocery shopping, Special Olympics, ball practice, picnics, and some went outwith their family. Benchmark did nothave a separate activity log or documentation when a client refused to attendan activity. Staff and Team Leaders will be retrained by 11-6-15 on theimportance of helping encourage clients to participate in activities in thecommunity. Every client will be giventhe opportunity to attend an out of the house activity at least weekly.</p> <p>Howfacilitywillidentifyotherresidentspotentiallyaffectedandwhatmeasures taken All residentscould be affected andcorrective action willaddress the needsof all clients.</p> <p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence A new Activity Loghas been created that will outline all outside activities that were offered,what activities were chosen and if a client attended or refused. The staff and teamleader will be retrained to offer clients the opportunity to engage incommunity activities.</p> <p>Howcorrectiveactions willbemonitoredtoensurenorecurrence Activity logs willbe reviewed by team leaders weekly. Theywill be turned in to the Q to be reviewed monthly and to document in</p>				

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	<p>grocery shopping.</p> <p>7/17/15 client #1 went on a van ride. 7/25/15 client #1 went on a van ride. 7/26/15 client #1 went on a van ride. 8/3/15 client #1 went grocery shopping. 8/7/15 client #1 went on a van ride. 8/9/15 client #1 went on a van ride. 8/14/15 client #1 went shopping. 8/16/15 client #1 went on a van ride. 9/6/15 client #1 went grocery shopping. 9/6/15 client #1 went through a fast food drive up with staff to get a drink. 9/26/15 client #1 went to a birthday party in one of the nearby facility group homes.</p> <p>Client #2's record was reviewed on 10/1/15 at 2 PM. Client #2's community outing records for August, September and October 2015 indicated: 7/12/15 client #2 went out to eat. 8/2/15 client #2 went on a van ride. 8/7/15 client #2 went on a van ride. 8/9/15 client #2 went on a van ride. 8/16/15 client #2 went on a van ride. Client #2's record indicated no community outings in September, 2015.</p> <p>Client #3's record was reviewed on 10/2/15 at 12 PM. Client #3's community outing records for August, September and October 2015 indicated: 7/12/15 client #2 went out to eat. 7/11/15 client #3 went on a van ride.</p>		<p>th monthly summaries. Management will bring up the item of community participation at staff meetings to discuss ideas of community events to attend.</p>	

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	<p>7/18/15 client #3 went on a van ride. 8/7/15 client #3 went on a van ride. 9/7/15 client #3 went on a van ride. 9/30/15 client #3 went on a van ride.</p> <p>Client #4's record was reviewed on 10/2/15 at 1:30 PM. Client #4's community outing records for August, September and October 2015 indicated: 7/12/15 client #4 went out to eat. 8/7/15 client #4 went on a van ride. 8/21/15 client #4 went through a fast food drive up with staff to get a drink. 8/30/15 client #4 went on a van ride. Client #4's record indicated no community outings in September, 2015.</p> <p>During interview with client #1 on 9/29/15 at 4:30 PM, client #1 stated, "We rarely go out." Client #3 indicated since her admission to the facility in April of 2015, she had not been to any movies and/or gone bowling and stated, "I would like to (go bowling and to the movies). They never take us anywhere." Client #1 indicated she had gone grocery shopping with the staff a few times, to a local department store a couple of times and out to eat once in the past few months. Client #1 indicated the clients were not given a choice of where they would like to go or what they would like to do.</p> <p>During interview with the Residential</p>			

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W 0137 Bldg. 00	<p>Manager (RM) on 10/5/15 at 2 PM, the RM: ___ Indicated the clients did not go out as often as she would like for them to and clients #2, #3 and #4 would often refuse to go on outings. ___ Indicated a van ride constituted an outing. ___ Indicated the clients were to go out into the community on a regular basis and should be offered a variety of activities.</p> <p>9-3-2(a)</p> <p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview for all clients living in the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8), the facility failed to ensure incontinent pads were not maintained on the furniture at all times.</p> <p>Findings include:</p> <p>Observations were conducted at the group home with clients #1, #2, #3, #4, #5, #6, #7 and #8 on 9/29/15 between</p>	W 0137	<p>Corrective action for resident(s) found to have been affected Clients have the right to expect dignity and respect. At times, waterproof pads are necessary to put on furniture but these should not be left on at all times. These will only be placed on the cloth chairs when clients who are incontinent are wishing to sit on that piece of furniture.</p> <p>How facility will identify other residents potentially affected and what measures taken</p>	11/06/2015

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	<p>3:15 PM and 5:45 PM and on 10/1/15 between 5:50 AM and 8 AM. During both observation periods, a white absorbent cotton pad covered the seat of the recliner in the living room off of the dining area a cotton pad also covered the seat of the straight chair in the medication room.</p> <p>During interview with staff #1 on 9/29/15 at 4:30 PM, staff #1 indicated client #2 was sometimes incontinent and would have accidents on the furniture and stated, "So we keep a pad on the recliner [client #2] sits in the most."</p> <p>During interview with the Team Lead (TL) on 10/1/15 at 6:30 AM, the TL indicated client #2 was sometimes incontinent and would have accidents on the furniture. The TL indicated the staff kept an absorbent pad on the straight chair in the medication room and on the recliner in the living room to protect the furniture.</p> <p>During interview with the Residential Manager (RM) on 10/5/15 at 2 PM, the RM: ___ Indicated client #2 was occasionally incontinent of urine and the staff would use a pad to protect the furniture where client #2 sat. ___ Indicated the pads should only be used</p>		<p>All residents could 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 Staff will be retrained to keep waterproof pads on chairs only when client who are incontinent are wishing to sit on the chairs. These will not be used all the time or for clients who do not need them. Managers will be retrained to look for this each time they observe in the home and consider other choices such as fitted chair covers or vinyl chairs.</p> <p>How corrective actions will be monitored to ensure no recurrence The members of management do 12 hours in the homes of Manager In Home time each week and will observe the furniture.</p>		

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W 0140 Bldg. 00	<p>while client #2 is sitting on the furniture and not to be on the furniture all the time.</p> <p>9-3-2(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to provide a full and complete accounting of client #1's personal finances.</p> <p>Findings include:</p> <p>Client #1's financial records for 2015 were reviewed with the Residential Manager (RM) on 10/2/15 at 2 PM.</p> <p>Client #1's financial records indicated: __ Client #1 had no COH (Cash On Hand) available for April or May 2015. __ The RM indicated on 5/22/15 client #1's grandparents cashed two of client #1's checks totaling \$82.83 and gave it to the RM for client #1's COH account in the home. __ A 5/22/15 Client Finance Transaction Receipt (CFTR) indicated client #1</p>	W 0140	<p>Correctiveactionforresident(s)foun dtohavebeenaffected The GHM will receive retraining on the Benchmark financialmanagement policy and the responsibility to ensure that all clients have anaccount and the accounts balance. Financials will be audited monthly by the compliance department butshould be balanced in the home at the end of the month. The director will ensure that this traininghas been effective by reviewing and signing the complete financial packet eachmonth before it is sent to compliance. The director will initial on the ledger to document her audit and willconduct and investigation if the money is not accounted for. Money will not be stored in the GHM office without anindividual client ledger with places for the clients to sign as money is spent.</p> <p>Howfacilitywillidentifyotherreside ntpotentiallyaffectedandwhatmea surestaken</p>	11/06/2015

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	<p>received \$80.00 from her grandparents.</p> <p>__The RM indicated this was not added into client #1's COH account at the home until June and at that time client#1 was given \$30.00 in cash and \$50.00 was placed in client #1's COH account at the home. The RM stated, "We still owe her the difference of \$2.83 from the money her grandparents provided her.</p> <p>__The monthly Client Fund Ledger (CFL) for June 2015 indicated on 6/4/15 client #1 had a balance of \$50.00 in her COH account at the group home.</p> <p>__A 7/10/15 CFTR indicated client #1 was given \$10.00 for the vending machines at the day program from her COH at the group home.</p> <p>__A 7/13/15 CFTR indicated client #1 was given \$10.00 for the vending machines at the day program from her COH at the group home.</p> <p>__The monthly CFL for July 2015 indicated a beginning balance of \$50.00, one withdrawal on 7/13/15 for \$10.00 for the vending machines at the day program and an ending balance of \$40.00.</p> <p>__The \$10.00 withdrawal on 7/10/15 was not documented on the July CFL leaving the July balance off by \$10.00.</p> <p>__The CFL for August 2015 indicated a beginning balance of \$40.00 and no withdrawals for the month of August.</p> <p>__The CFL for September 2015 indicated a beginning balance of \$40.00, a</p>		<p>All residents could 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</p> <p>How corrective actions will be monitored to ensure no recurrence</p> <p>The director will ensure that this training has been effective by reviewing and signing the complete financial packet monthly before sent to compliance. The director will initiate an investigation if the money is not completely accounted for.</p>	

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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 825 MENDLESON DR RICHMOND, IN 47374
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	<p>withdrawal on 9/15/15 of \$20.00 for vending machines at the day program and withdrawal on 9/23/15 for \$6.41 spent at a local department store and an ending balance of \$13.59.</p> <p>__The RM stated, "I thought \$20.00 was too much to be using on the vending machines so I took it (the \$20.00) back and gave her (client #1) \$5.00 and put the rest in my office and she (client #1) comes and asks me for vending money when she needs it.</p> <p>__The RM provided a \$10.00 bill in an envelope along with the following CFTRs:</p> <p>__9/16/15 client #1 was given \$5.00 for vending machines at the day program.</p> <p>__9/22/15 client #1 was given \$5.00 for vending machines at the day program.</p> <p>__The RM indicated no ledger of account for client #1's money that was being stored in the RM's office.</p> <p>During interview with the RM on 10/2/15 at 2 PM, the RM indicated:</p> <p>__Client #1 was admitted to the facility on 4/10/15.</p> <p>__Benchmark was client #1's representative payee.</p> <p>__Client #1 did not have an established checking and/or savings account.</p> <p>__The facility frequented one particular bank and that bank would not accept client #1's checks because they still had</p>			

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W 0149 Bldg. 00	<p>the previous provider's name on the checks and not the new provider's name. ___ Indicated until the facility could rectify the issue with the change in provider and the name on client #1's check, they would not be able to open a banking account for client #1 and stated, "We are trying but I'm not sure what is going to happen." ___ Indicated she (the RM) was holding checks for client #1 in the amount of \$416.69 in a lock box in her (the RM's) office. ___ Indicated when client #1 needed money, the RM would take one of the checks, cash it and add money to client #1's COH account in the group home.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 2 of 4 sampled clients (#2 and #3) and 1 additional client (#7), the facility neglected to implement written policy and procedures to ensure client #7 was not mistreated by a family member and to ensure all injuries of unknown origin were immediately reported to the administrator and thoroughly investigated</p>	W 0149	<p>Correctiveactionforresident(s)fou dthavebeenaffected The Director willretrain all group home staff at staff meetings on the Benchmark Abuse/NeglectPolicy as well as the Incident Reporting Policy by 11-6-15. This will include what is abuse/neglect, whatincidents are reportable, and the mandate for immediate reporting to theQIDP. The Director will pass outIncident</p>	11/06/2015

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	<p>for clients #2 and #3.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 9/29/15 between 3:15 PM and 5:45 PM and on 10/1/15 between 5:50 AM and 8 AM. Client #7 was mature non verbal woman. Client #7 would make no eye contact and would look away or leave the room whenever looked at by someone she did not know. During both observation periods client #7 was resistant to staff prompting and would vocalize in a high pitched manner, look away or look down and/or leave the room or walk away from the staff.</p> <p>The facility's reportable and investigative records were reviewed on 9/29/15 at 12 PM. The 3/30/15 Bureau of Developmental Disabilities Services (BDDS) report indicated "[Client #7] is considered non-verbal and only communicates through pointing, grunts and shakes head yes or no to questions. She (client #7) has profound intellectual disabilities with Autism. She has a guardian who is her father and a healthcare rep (representative) that we (the facility) are unable to reach via phone or mail. On 3/30 (2015) at approximately 2 PM [client #7's] father came to pick her (client #7) up for a</p>		<p>Report cards that provide a reminder of what incidents are reportable. This includes injuries of unknown origin and any alleged mistreatment. The Director will retrain the QIDP, LPN and the GHM on necessary components of investigations. This will include conducting thorough interviews of all relevant individuals, and immediate reporting.</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 recurrence The Regional Director will retrain all group home staff at staff meetings by 11-6-15 on the Benchmark Abuse/Neglect Policy as well as the Incident Reporting Policy. This will include what is abuse/neglect, what incidents are reportable and the mandate for immediate reporting to the QIDP. The Director will pass out Incident Report cards that provide a reminder of what incidents are reportable. Any current group home staff not attending one of these meetings will be removed from the schedule until they receive this training from the Director or a designated representative. The Director will sign off on these trainings and will give copies to HR to be placed in each employee's HR file.</p>	

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	normal scheduled visit [(she goes with him every Saturday and Sunday for about 2 hours at a time)]. Staff informed [client #7] that her Dad was here; [client #7] began crying and would not get up from the chair. According to staff they witnessed him grab her by the arm and forcefully spun (sic) her around. [Client #7] took off running to the bathroom and locked herself in there, staff could hear her banging the walls, screaming and crying. [Client #7's] dad raised his voice and said '[Client #7] come on' and demanded her to leave with him. She did come out and leave, upon her return 2 hours later she was shaking and still in tears. Staff notified their supervisor and checked [client #7] for injuries; she had a minor red area on her arm. Staff did mention to [client #7's] dad that perhaps they should try a different day, but he insisted [client #7] leave with him immediately." The report indicated a plan to resolve: "Benchmark is including Adult Protective Services on this report to ensure notification of this incident. [Client #7] calmed down after about an hour of her father (sic) departure and has not shown any other signs of distress. Staff report that in that (sic) past [client #7] has shown some anxiety when it was time for her visits; however this time seemed to be the worse (sic). [Client #7] was asked if something had happened, if		The Director will retrain the QIDP, the LPN, and the GHM on necessary components of investigations. This included conducting thorough interviews of all relevant individuals, and immediate reporting. The Director will sign off on these trainings and will give copies to HR to be placed in each employee's HR file. How corrective actions will be monitored to ensure no recurrence Incidents are to be reported to the Director immediately and document with a time stamp via email. The investigation packet is then sent to the Director for original signature. The Director sends the original investigation packet to the Vice President for original signature. The Vice President sends the original investigation packet to the Director of Compliance for original signature. Once all signatures are obtained, the Director of Compliance scans the investigation packet to the Director to file.	

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	<p>she was scared or hurt and she would not respond to staff."</p> <p>Client #7's record was reviewed on 10/2/15 at 2:30 PM. Client #7's record indicated diagnoses of, but not limited to, Autism and "Profound Mental Retardation."</p> <p>Client #7's 3/14/15 Behavior Data Sheet (BDS) indicated "Last weekend (3/7/15 and 3/8/15) [client #7] was brought home (to the group home) from being with her dad. Today her going with her dad was mentioned and she started crying and sticking her tongue out making noises that she usually makes when refusing something. Another client was talking to [client #7] and we (the staff) asked what she was saying and the client said 'Her dad does this.' while pointing at [client #7]."</p> <p>Client #7's record indicated an Interdisciplinary Team (IDT) meeting on 3/10/15. The record indicated "monitor father."</p> <p>Client #7's revised 6/17/15 Behavior Support Plan indicated "Behavioral history/rationale for plan: [Client #7] is extremely routine oriented and can become easily agitated when her routine is disrupted or changed, especially when</p>			

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	<p>this is done so in an unexpected or drastic manner. For example, when she comes home from work she wants to clean out her lunchbox and if someone is in the way she quickly becomes upset. [Client #7] also has a certain chair she likes to sit in and if someone is sitting in it she will begin pacing back and forth. [Client #7] also gets agitated when objects are moved in her room or she is requested to do something new. She does not like to be asked to do something repeatedly. [Client #7] also has a tendency to become agitated when there is a change in staff or another house mate is upset or having behaviors. Staff have noted periods of time when [client #7] begins crying for an unknown reason. She has been noted to begin crying when returning home from the workshop or from a visit with her dad. It is often uncertain as to what is specifically upsetting her. She will at times allow staff to verbally comfort her and at other times refuses any interaction. Staff attempt to determine if there is a physical cause to her agitation. However, [client #7] does not allow an accurate assessment to occur."</p> <p>During interview with the Residential Manager (RM) on 10/1/15 at 1 PM, the RM: _ Indicated client #7 had a long history of crying and/or behaviors when she was</p>			

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	<p>upset and stated, "Often she (client #7) cries when she comes home from the workshop or cries when we try to take her somewhere. She doesn't like any changes in her life."</p> <p>__ Indicated client #7 did not like to go on outings and/or places that were unfamiliar to her.</p> <p>__ Indicated during the IDT meeting of 3/10/15 the team discussed client #7's father in regard to client #7's reaction to her father and not wanting to go with him.</p> <p>__ Indicated the IDT decided the staff would "monitor the father."</p> <p>__ When asked what did "monitor the father" mean, the RM indicated the staff were to watch the father whenever he was at the group home and report any concerns back to the RM.</p> <p>__ Stated client #7's father came to the group home "almost every weekend" and took client #7 out to eat and always brought her back to the group home within a few hours and "has done that for years."</p> <p>__ Indicated no other incidents had been noted between client #7 and her father.</p> <p>__ Indicated she had reviewed the BDS for the previous 12 months and found no other incidents related to client #7 and her father other than the one provided that was dated 6/17/15.</p> <p>__ Stated, "We reported the incident in</p>			

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	<p>March (3/30/15) to BDDS and APS (Adult Protective Services) and were hoping they (APS) would look into it and do an investigation." ___ Indicated the facility did not initiate an internal investigation. ___ Stated, "We didn't think there was much else we could do since he is her guardian and we reported it to APS. ___ Indicated the facility had made no further attempts to follow up with APS in regards to an investigation and stated, "We haven't heard anything from them (APS)." ___ Indicated staff did not accompany client #7 when going out with her father and stated, "I didn't think we could do that since he is the guardian." ___ Indicated no further IDT meetings in regard to client #7's father to discuss the appropriateness of the father's guardianship and/or what measures the facility could put into place to ensure no mistreatment had or was occurring in regard to client #7's father.</p> <p>2. The facility's reportable and investigative records were reviewed on 9/29/15 at 12 PM. The facility records indicated no injuries of unknown origin for clients #2 and #3.</p> <p>Client #2's record was reviewed on 10/1/15 at 2 PM. Client #2's Skin</p>			

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	<p>Integrity Check Sheets (SICS) indicated on 7/14/15 "5 small bruises on outer arm red, all dime sized." The SICS did not indicate left or right arm.</p> <p>Client #3's record was reviewed on 10/2/15 at 12 PM. Client #3's SICS indicated:</p> <p>06/29/15 "dime size bruise left knee, quarter sized red circle left shin, half dollar sized red circle one inch right knee."</p> <p>7/02/15 "Redness left knee, bruise left shin."</p> <p>7/21/15 "3 inch bruise on right knee" and 7/23/15 "tennis ball sized purple, blue and pink bruise on right knee."</p> <p>7/25/15 "left hand, quarter sized bruise."</p> <p>7/30/15 "bruise on foot 2 inches, purple." The SICS did not indicate left or right foot.</p> <p>7/31/15 "bruise on both front shins."</p> <p>Client #2's and client #3's SICS indicated no origin for the injuries reported.</p> <p>During interview with the Regional Director (RD) on 9/29/15 at 10:30 AM, the RD indicated all injuries of unknown origin and all allegations of abuse were to be reported immediately to the administrator and thoroughly investigated.</p>			

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	<p>During interview with the Residential Manager (RM) on 10/1/15 at 1 PM, the RM indicated all injuries of unknown origin and all allegations of abuse were to be reported immediately to the administrator and thoroughly investigated.</p> <p>The facility's policies and procedures were reviewed on 9/29/15 at 12 PM. ___The revised 2011 facility policy entitled "Abuse and Neglect - Indiana" indicated: "Benchmark Human Services does not tolerate abuse in any form by any person; this includes physical abuse, verbal abuse, psychological abuse or sexual abuse. Physical abuse is any action that could lead to bodily harm, including corporal punishment, like spanking or hitting or pinching.... Neglect includes failure to provide appropriate care, food, medical care or supervision." ___The revised 2011 facility policy entitled Injury "Reporting/Unknown Injuries - Indiana" indicated: "Benchmark staff will ensure that injuries have been treated, that follow up has been completed and that unknown injuries have been investigated thoroughly and reported to the appropriate entities.... Investigations will take place for the following incidents including, but not limited to: abuse, neglect, exploitation,</p>			

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W 0153 Bldg. 00	<p>unknown injury...."</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview for 7 of 7 injuries of unknown origin, the facility failed to ensure all injuries of unknown origin were reported immediately to the administrator for clients #2 and #3.</p> <p>Findings include:</p> <p>The facility's reportable records were reviewed on 9/29/15 at 12 PM.</p> <p>Client #2's record was reviewed on 10/1/15 at 2 PM. Client #2's Skin Integrity Check Sheets (SICS) indicated on 7/14/15 "5 small bruises on outer arm red, all dime sized." The SICS did not indicate left or right arm.</p> <p>Client #3's record was reviewed on 10/2/15 at 12 PM. Client #3's SICS indicated:</p>	W 0153	<p>Correctiveactionforresident(s)fou dtohavebeenaffected The Director willretrain all group home staff at staff meetings on the Benchmark Abuse/NeglectPolicy as well as the Incident Reporting Policy by 11-6-15. This will include what is abuse/neglect, whatincidents are reportable, and the mandate for immediate reporting to theQIDP. The Director will pass outIncident Report cards that provide a reminder of what incidents arereportable. The Director willretrain the QIDP, LPN and the GHM on necessary components ofinvestigations. This will include conductingthorough interviews of all relevant individuals, and immediate reporting.</p> <p>Howfacilitywillidentifyotherreside ntspotentiallyaffectedandwhatmea surestaken All residentsare affected and correctiveaction will address theneeds of all clients.</p>	11/06/2015	

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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 825 MENDLESON DR RICHMOND, IN 47374			
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W 0154 Bldg. 00	<p>the administrator.</p> <p>9-3-2(a)</p> <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 for 7 of 7 injuries of unknown origin and 1 of 6 allegations of abuse, the facility failed to ensure all injuries of unknown origin and all allegations of abuse were thoroughly investigated for clients #2, #3 and #7.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 9/29/15 at 12 PM.</p> <p>1. The 3/30/15 Bureau of Developmental Disabilities Services (BDDS) report indicated "[Client #7] is considered non-verbal and only communicates through pointing, grunts and shakes head</p>			W 0154	<p>Director for original signature. The Director sends the original investigation packet to the VicePresident for original signature. TheVice President sends the original investigation packet to the Director ofCompliance for original signature. Onceall signatures are obtained, the Director of Compliance scans the investigationpacket to the Director to file.</p> <p>Correctiveactionforresident(s)foun dtohavebeenaffected The Director willretrain all group home staff at staff meetings on the Benchmark Abuse/NeglectPolicy as well as the Incident Reporting Policy by 11-6-15. This will include what is abuse/neglect, whatincidents are reportable, and the mandate for immediate reporting to theQIDP. The Director will pass outIncident Report cards that provide a reminder of what incidents arereportable. The Director willretrain the QIDP, LPN and the GHM on necessary components ofinvestigations. This will includeconducting thorough interviews of all relevant individuals, and immediatereporting.</p> <p>Howfacilitywillidentifyotherreside ntspotentiallyaffectedandwhatmea surestaken</p>		11/06/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G390	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/09/2015
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 825 MENDLESON DR RICHMOND, IN 47374
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	<p>yes or no to questions. She (client #7) has profound intellectual disabilities with Autism. She has a guardian who is her father and a healthcare rep (representative) that we (the facility) are unable to reach via phone or mail. On 3/30 (2015) at approximately 2 PM [client #7's] father came to pick her (client #7) up for a normal scheduled visit [(she goes with him every Saturday and Sunday for about 2 hours at a time)]. Staff informed [client #7] that her Dad was here; [client #7] began crying and would not get up from the chair. According to staff they witnessed him grab her by the arm and forcefully spun (sic) her around. [Client #7] took off running to the bathroom and locked herself in there, staff could hear her banging the walls, screaming and crying. [Client #7's] dad raised his voice and said '[Client #7] come on' and demanded her to leave with him. She did come out and leave, upon her return 2 hours later she was shaking and still in tears. Staff notified their supervisor and checked [client #7] for injuries; she had a minor red area on her arm. Staff did mention to [client #7's] dad that perhaps they should try a different day, but he insisted [client #7] leave with him immediately." The report indicated a plan to resolve indicated "Benchmark is including Adult Protective Services on this report to</p>		<p>All residents are affected and corrective action will address the needs of all clients.</p> <p>Measures to systemic changes facility put in place to ensure no recurrence The Regional Director will retrain all group home staff at staff meetings by 11-6-15 on the Benchmark Abuse/Neglect Policy as well as the Incident Reporting Policy. This will include what is abuse/neglect, what incidents are reportable and the mandate for immediate reporting to the QIDP. The Director will pass out Incident Report cards that provide a reminder of what incidents are reportable. Any current group home staff not attending one of these meetings will be removed from the schedule until they receive this training from the Director or a designated representative. The Director will sign off on these trainings and will give copies to HR to be placed in each employee's HR file. The Director will retrain the QIDP, the LPN, and the GHM on necessary components of investigations. This included conducting thorough interviews of all relevant individuals, and immediate reporting. The Director will sign off on these trainings and will give copies to HR to be placed in each employee's HR file.</p> <p>How corrective actions will be monitored to ensure no recurrence Incidents are to be reported to the</p>	

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	<p>ensure notification of this incident [Client #7] calmed down after about an hour of her father (sic) departure and has not shown any other signs of distress. Staff report that in that (sic) past [client #7] has shown some anxiety when it was time for her visits; however this time seemed to be the worse (sic). [Client #7] was asked if something had happened, if she was scared or hurt and she would not respond to staff."</p> <p>The facility records indicated no investigation of the allegation of abuse of client #7 by her father while at the facility group home on 3/30/15.</p> <p>2. Client #2's record was reviewed on 10/1/15 at 2 PM. Client #2's Skin Integrity Check Sheets (SICS) indicated on 7/14/15 "5 small bruises on outer arm red, all dime sized." The SICS did not indicate right or left arm.</p> <p>3. Client #3's record was reviewed on 10/2/15 at 12 PM. Client #3's SICS indicated" 06/29/15 "dime size bruise left knee, quarter sized red circle left shin, half dollar sized red circle one inch right knee." 7/02/15 "Redness left knee, bruise left shin." 7/21/15 "3 inch bruise on right knee" and</p>		<p>Director immediately and document with a time stamp viaemail. The investigation packet is then sent to the Director for original signature. The Director sends the original investigation packet to the VicePresident for original signature. The Vice President sends the original investigation packet to the Director of Compliance for original signature. Once all signatures are obtained, the Director of Compliance scans the investigation packet to the Director to file.</p>	

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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 825 MENDLESON DR RICHMOND, IN 47374
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	<p>7/23/15 "tennis ball sized purple, blue and pink bruise on right knee."</p> <p>7/25/15 "left hand, quarter sized bruise."</p> <p>7/30/15 "bruise on foot 2 inches, purple." SICS did not indicate right or left foot.</p> <p>7/31/15 "bruise on both front shins."</p> <p>The facility records indicated no investigations in regard to injuries of unknown origin for clients #2 and #3.</p> <p>During interview with the Regional Director (RD) on 9/29/15 at 10:30 AM, the RD indicated all allegations of abuse and all injuries of unknown origin were to be thoroughly investigated.</p> <p>During interview with the Residential Manager (RM) on 10/1/15 at 1 PM, the RM: ___ Indicated the incident on 3/30/15 was reported to BDDS and to APS (Adult Protective Services) and stated "We (the facility) had hoped that APS would have conducted an investigation." ___ Indicated the facility had not conducted an investigation in regard to the alleged abuse of client #7 on 3/30/15. ___ Indicated all allegations of abuse were to be investigated. ___ Indicated all injuries of unknown origin were to be investigated.</p>			

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W 0249 Bldg. 00	<p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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 (#2), the facility failed to ensure client #2 was offered formal and informal training opportunities and/or choices of leisure activities when time permitted and to ensure the staff followed client #2's dining plan.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/29/15 between 3:15 PM and 5:45 PM. During this observation period: ___ From 3:33 PM to 4 PM client #2 stood in the dining room/kitchen area, standing in one place, shifting her weight from one foot to the other and clasping and rubbing her hands together. ___ At 4 PM staff #1 put some chicken in a</p>	W 0249	<p>Corrective action for resident(s) found to have beenaffected Staff are to provideactive treatment, both formal and informal at all times. This includes following all BSPs, HRPs, diningplans, ISPs as well as informal active treatment. Staff will be retrained by the Director at anall staff meeting by 11-6-15 and the record of training will be placed in theemployee HR file. QIDP, GHM, and LPNwill monitor staff teaching of active treatment during their weekly Manager inHome Time.</p> <p>How facility will identify other residents potentiallyaffected and what measures taken All residents areaffected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place toensure no</p>	11/06/2015

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	<p>food processor and prompted client #2 to press the button on the food processor.</p> <p>__At 4:02 PM client #2 returned to the dining room area and continued to stand in one place, shifting her weight from one foot to the other, clasping and rubbing her hands together.</p> <p>__At 4:10 PM client #2 received her evening medication of Calcium.</p> <p>__From 4:15 PM until 5:02 PM, time to sit down for the evening meal, client #2 stood in the kitchen/dining room area.</p> <p>__Client #2 sat down at the dining room table, her back was to the kitchen.</p> <p>__At 5:02 PM client #2's food was placed on her plate with hand over hand assistance from the staff. Once served client #2 immediately began eating her food at a fast pace and taking large bites of food.</p> <p>__While client #2 ate her meal, the staff were positioned behind client #2 in the kitchen area and at the bar and did not redirect client #2 to slow her pace of eating and/or to take smaller bites</p> <p>Observations were conducted at the group home on 10/1/15 between 5:50 AM and 8 AM. At 6:41 AM client #2 was sitting at the dining room table waiting for her morning meal. Staff #3 sat client #2's divided plate down in front of client #2 and client #2 immediately began eating her breakfast. Client #2 ate</p>		<p>recurrence</p> <p>Staff will beretrained by the Director at an all staff meeting by 11-6-15 and the record oftraining will be placed in the employee HR file.</p> <p>The QIDP, the GHMand the LPN provide weekly Manager In Home Time and document this time in theProvide time entry system. The membersof management are expected to have no less than 12 hours of MIH time in thehomes weekly.</p> <p>How corrective actions will be monitored to ensure norecurrence</p> <p>The Director willensure all staff are retrained on active treatment and formal trainingprograms. The Director will monitorProvide weekly to ensure managers are meeting the expectation of spending atleast 12 hours of MIH time in the homes weekly.</p>				

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	<p>her meal at a fast pace, taking large bites of food and did not drink her liquids till her food was gone. The staff did not redirect client #2 to slow her pace of food, put her utensils down and/or to take smaller bites.</p> <p>During the PM observation period the staff did not provide client #2 with formal and/or informal training opportunities or choices of leisure activities when time permitted.</p> <p>During the AM and the PM observation periods: ___ The staff did not provide client #2 with direct supervision while client #2 ate her meal. ___ The staff did not prompt client #2 to slow down, to take small bites of food and/or to put her utensils down between every 3-4 bites of food while eating her meals.</p> <p>Client #2's record was reviewed on 10/1/15 at 2 PM.</p> <p>Client #2's 3/10/15 Individualized Support Plan (ISP) indicated client #2 had the following training objectives: To sort coins into separate piles. To participate in a leisure activity of her choice. To participate in an exercise activity of</p>			

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	<p>her choice.</p> <p>To go to the medication room to take her medications.</p> <p>To identify the hot/cold water knobs.</p> <p>To eat at a slower pace.</p> <p>To hold the toothbrush in her hand for 15 seconds.</p> <p>To take her dishes to the sink after meals.</p> <p>Client #2's 7/23/15 High Risk Plan (HRP) indicated client #2 had unsafe eating habits that put her at risk for choking. The HRP indicated client #2 "has a tendency to eat fast. She is to have eyesight supervision during meal times. Staff need to encourage her to alternate food/liquid."</p> <p>Client #2's ISP Data Sheets for September 2015 indicated the staff were to provide client #2 with verbal prompts to slow her pace of eating and to place her utensils down on the table and to take a drink after every 3-4 bites of food.</p> <p>During interview with the Residential Manager (RM) on 10/5/15 at 2 PM, the RM:</p> <p>__ Indicated the staff were to prompt and/or provide client #2 with informal and formal training at every available opportunity.</p> <p>__ Indicated the staff were to have client #2 within eyesight whenever eating a</p>			

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W 0331 Bldg. 00	<p>meal. __ Indicated the staff were to implement all of client #2's program plans, risk plans and dining plans at all times.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observations, record review and interview for 1 of 4 sampled clients (#1), nursing services failed to develop and implement a plan of care and monitor client #1 in regard to her infected toe and to ensure the staff were trained to provide medical care in regard to client #1's infected right great toe/wound.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 9/29/15 at 12 PM. The 9/26/15 Bureau of Developmental Disabilities Services (BDDS) report indicated on 9/25/15 client #1 told the staff her toes were sore. The nurse examined client #1's toes and requested the staff make an appointment for client #1 to see her Primary Care Physician (PCP) to evaluate the client's toe. On 9/25/15, client #1 was taken to a</p>	W 0331	<p>Correctiveactionforresident(s)fou dthavebeenaffected The LPN, GHM and Qwill be retrained on the necessity for any new diagnosis to have a health careplan written and staff trained on this plan before implementation. Staff will be retrained to not bring inclothing for clients and to also turn all doctors notes from appointments intothe LPN immediately after the appointment.</p> <p>Howfacilitywillidentifyotherreside ntspotentiallyaffectedandwhatmea surestaken All residentsare affected and correctiveaction will address theneeds of all clients.</p> <p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence The QIDP, GHM andLPN will ensure that all dietician recommendations are included as part of theHRP, that staff are trained,</p>	11/06/2015

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	<p>nearby urgent care center to have her big toe evaluated because the client's PCP was unable see the client for "at least 2 weeks." Upon examination at the urgent care client #1's toe was "lanced (cut open) and cleaned out."</p> <p>Observations were conducted at the group home on 9/29/15 between 3:15 PM and 5:45 PM.</p> <p>At 4:35 PM client #1 indicated her toe hurt and stated, "I have an ingrown toe nail and the doctor cut it open." Client #1 went to the medication room for the staff to examine her toe. Client #1 removed her tennis shoes and socks and then removed a large band aid from her right big toe revealing a dark yellow purulent drainage on the band aid. Client #1's toe was moist, swollen and bright red from the tip of the toe to the first joint and had a purulent drainage oozing from the inner nail bed. The toe nail polish client #1 was wearing was a bright blue green and flecks of the polish had embedded into client #1's wound. Client #1 indicated the polish was on her toes when she went to urgent care and no one removed the polish prior to incising client #1's toe. Staff #2 put on a pair of gloves and opened an individual package labeled antiseptic wipe. Staff #2 wiped client #2's big toe with the antiseptic wipe and</p>		<p>and that staff are implementing the plan aswritten.</p> <p>Howcorrectiveactions will bemonitoredtoensure no recurrence The QIDP, the GHMand the LPN provide weekly Manager In Home Time and document this time in theProvide time entry system. The membersof management are expected to have no less than 12 hours of MIH time in thehomes weekly.</p>	

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	<p>stated, "I'm just going to wipe off some of the ooze with this. As staff #2 wiped client #1's toe with the antiseptic wipe and client #1 stated, "That hurts." After wiping the area, staff #2 applied another large band aid to client #1's toe. Staff #2 stated the wound looked worse than it had when she last saw it "a few days ago." Client #1 indicated her shoes were too tight on her and she had been asking for bigger or more comfortable shoes to wear but had not been given any. Client #1 went to her bedroom and got a pair of socks and put them on.</p> <p>Observations were conducted at the group home on 10/1/15 between 5:50 AM and 8 AM. At 6:15 AM client #2 came into the medication room and stated, "Look, I got new shoes. [Staff #1] let me borrow her shoes until I could get some of my own. These are a size bigger than mine and more comfortable to wear." Client #1 was not wearing any socks with the shoes. The Team Lead (TL) prompted client #1 to sit down and remove her shoe and bandage on her toe. Client #1's toe continued to be swollen and red with less drainage than noted in the PM observation period. The flecks of blue green nail polish remained embedded in client #1's wound. The TL did not clean the wound. The TL applied Mupirocin Cream (used to treat</p>			

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	<p>infections) to the wound and covered the client's toe with another large band aid and then used an entire roll of 1 inch gauze and wrapped it around client #1's right great toe over top of the band aid. Client #1 then placed staff #1's tennis shoes back on again with no socks and stated, "It's tight, but it's ok."</p> <p>Client #1's record was reviewed on 10/1/15 at 12:30 PM.</p> <p>Client #1's physician's orders indicated no orders for an antibiotic cream and/or how client #1's toes was to be cared for.</p> <p>Client #1's nursing notes indicated: __ 9/24/15 "Received word from group home office that staff at [name of group home] had noticed inflammation of [client #1's] big toe. Called client #1 in the GH (group home) office at the center (day program). Upon examination of Right foot noticed that large toe was swollen, inflamed. Instructed Group home staff to schedule an appointment for physician follow up. When asked, [client #1] says she cuts her own toenails without assistance. Gave instructions to cut straight across and not cut too short because can lead to ingrown toenails which can get infected. [Client #1] verbalized understanding and returned to workshop."</p>			

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	<p>__9/25/15 "[Name of TL] from [name of group home] contacted me (the on call nurse) to say that [client #1's] toe had been examined. A written prescription for oral antibiotic and antibiotic cream had been received. Discussed getting prescription filled at [name of pharmacy] in town. Also instructed staff to apply PRN (as needed) cream until prescription cream was received and could be started.</p> <p>__9/25/15 This nurse (the facility's LPN) witnessed staff taking [client #1] to urgent care d/t (due to) not being able to get into her Physician per nurses orders on 9/24/15. Per [name of the on call RN] at 6 PM I was informed that [client #1] was taken by home staff to urgent care where they lance (sic) open right great toe d/t an ingrown toenail, prescribed Keflex 250 mg (milligrams) BID (twice a day) x (times) 10 days for infected toe and Bactroban 2% topical cream to be applied TID (three times a day) to right great toe and wrapped TID. Instructed her ok to get RX (prescription) filled at [name of local pharmacy]."</p> <p>__The nursing notes indicated no further assessments and/or documentation in regard to client #1's right great toe and/or wound.</p> <p>During interview with staff #2 on 9/29/15 at 4:50 PM, staff #2 indicated she had been provided no training in regard to</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G390	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/09/2015
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 825 MENDLESON DR RICHMOND, IN 47374
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	<p>cleaning and caring for client #1's wound/toe. Staff #2 stated, "I just wipe it off a little bit and put one of those big band aids on it that covers her whole toe." Staff #2 indicated client #1's toe looked worse than when she had seen it last a couple of days prior.</p> <p>During interview with the TL on 10/1/15 at 6:30 PM, the TL indicated he had not been provided training in regard to cleaning and caring for client #1's wound/toe. The TL stated,</p> <p>During interview with the facility's LPN on 10/2/15 at 2 PM, the LPN: ___ Indicated she was just filling in for the LPN that was currently on a medical leave. ___ Indicated originally the staff reported client #1's toe as a health care concern to the on call RN. ___ Indicated the staff called the on call nurse on 9/25/15 (a Friday evening) because it was worse and was told to take client #1 to a local urgent care facility. ___ Indicated staff were given prescriptions for client #1 for an oral antibiotic and an antibiotic cream to put on her toe. ___ Indicated the staff added the medications to client #1's MAR (Medication Administration Record) using the medication labels from the</p>			

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	<p>pharmacy.</p> <p>__ Indicated she could not locate the original physician's order for the oral antibiotic and/or the antibiotic cream that was being put on client #1's toe.</p> <p>__ Indicated she could not locate any paperwork from client #1's visit to the local urgent care facility and would have to call the urgent care facility to see if they would fax her copies of the physician's orders and discharge plan of care.</p> <p>__ Indicated the staff had not been provided training to care for client #1's toe/wound.</p> <p>__ Indicated she saw client #1's toe today 10/2/15 around 1 PM for the first time and stated, "I cleaned it up a bit and redressed it. That polish should have been removed and yes, there are flecks of the polish in her wound."</p> <p>__ Stated, "I will make sure they (the staff) are provided training" to care for client #1's toe.</p> <p>__ Indicated client #1 should have been provided a more comfortable shoe and/or slipper to wear and encouraged to stay off of and elevate her foot as much as possible.</p> <p>During interview with the Residential Manager (RM) on 10/2/15 at 4 PM, the RM:</p> <p>__ Indicated the LPN told her she was</p>			

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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 825 MENDLESON DR RICHMOND, IN 47374
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W 0368 Bldg. 00	<p>unable to get the copies of the physician's orders and the discharge orders from the urgent care facility until Monday (10/5/15) morning because the medical records person was not available at the present time at the urgent care facility.</p> <p>__ Indicated she had checked with the staff that went with client #1 on the night she went to the urgent care facility and the staff informed the RM all they were given were two prescriptions of which they were instructed to go to a local pharmacy to have filled and was given no discharge instructions from the nurse and/or physician at the urgent care facility.</p> <p>__ Indicated she was not aware the staff had brought in a used pair of tennis shoes from their home and gave them to client #1 to wear.</p> <p>9-3-6(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>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 (#2 and #3) and 3 additional clients (#6, #7 and #8), the facility failed to ensure all medications were administered in compliance with the clients' physician's orders.</p>	W 0368	<p>Correctiveactionforresident(s)fou dthavebeenaffected</p> <p>All staff willbe retrained on MedicationAdministration in a refreshercourse taught by theGroup Home LPN by 11-6-15. This medicationadministration training</p>	11/06/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G390	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/09/2015
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 825 MENDLESON DR RICHMOND, IN 47374
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	<p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 9/29/15 at 12 PM.</p> <p>The 11/11/14 Bureau of Developmental Disabilities Services (BDDS) report indicated client #8 did not receive her 7 AM Zovia tablet (for birth control) on 11/5/14, 11/6/14 and 11/7/14.</p> <p>The 1/25/15 BDDS report indicated on 1/24/15 client #7 did not receive her 7 AM dose of Januvia 100 mg (milligrams) for diabetes.</p> <p>The 1/26/15 BDDS report indicated on 1/24/15 and 1/25/15 client #6 did not receive her 12 PM dose of Benadryl for allergies.</p> <p>The 2/15/15 BDDS report indicated on 2/13/15 client #2 did not receive her 8 PM dose of Phenobarbital 64.8 mg for seizures.</p> <p>The 2/26/15 BDDS report indicated on 2/25/15 client #3 did not receive her 8 PM dose of Calcium 600 mg.</p> <p>The 6/22/15 BDDS report indicated on the morning of 6/22/15 client #6 did not</p>		<p>will include the appropriate way to pass medication and the appropriate way to measure liquid medication.</p> <p>The Team Leaders will observe one medication pass for each staff quarterly to ensure staff are continually passing medications.</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 no recurrence</p> <p>The Team Leaders will observe one medication pass for each staff quarterly. This will ensure staff are continually passing medications as trained in Core A Core B. These medication pass observations will be turned into the GHM for tracking and to ensure compliance.</p> <p>How corrective actions will be monitored to ensure no recurrence</p> <p>The Team Leaders will sign off on a medication observation sheet and turn it into the LPN and Group Home Manager quarterly to ensure they are doing all required medication observations.</p> <p>The Director will ensure all Group Home staff receive this retraining by 11-6-15 and will sign off on all Record of Trainings. If staff fail to attend, they will be removed from the schedule until they receive the</p>	

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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 825 MENDLESON DR RICHMOND, IN 47374			
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W 0369 Bldg. 00	<p>receive her Seasonique tablet (for birth control).</p> <p>During interview with the facility's LPN on 10/1/15 at 3 PM, the LPN indicated all medications were to be given as ordered by the clients' physicians without error.</p> <p>9-3-6(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview for 1 of 14 medications observed being administered, the facility failed to ensure all medications were administered without error to client #6.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/1/15 between 5:50 AM and 8 AM. At 6:15 AM the Team Lead (TL) gave client #6 her 7 AM medications. The TL did not give client #6 a nasal spray.</p> <p>Review of client #6's October 2015 Medication Administration Record on</p>	W 0369	<p>retraining.</p> <p>Correctiveactionforresident(s)foundedtohavebeenaffected The TL did administer client #6 her nasal spray. It was after her shower and not administeredwith all of her other medications. TheTL reports the IDSH surveyor was not in the medication room at the time thenasal spray was administered at approximately 7am.</p> <p>Howfacilitywillidentifyotherresidentspotentiallyaffectedandwhatmeasuresstaken All residentsare potentially affected andcorrective action willaddress the needsof all clients.</p> <p>Measuresorsystemicchangesfacilityputinplacetoensureno recurrence No changes needed, the staff did</p>	11/06/2015			

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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 825 MENDLESON DR RICHMOND, IN 47374
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W 0440 Bldg. 00	<p>10/1/15 at 11 AM indicated the TL had documented he gave client #6 Flonase nasal spray with her 7 AM medications.</p> <p>During interview with the facility's LPN on 10/1/15 at 3 PM, the LPN indicated all medications were to be given as ordered by the physician and as indicated on each client's MAR.</p> <p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure evacuation drills were conducted at least quarterly for the night shift (11 PM to 7 AM) of personnel for the first quarter (January, February and March) of 2015 and the fourth quarter (October, November and December) of 2014.</p> <p>Findings include: Review of the facility's evacuation drills on 10/1/15 at 11 AM indicated no</p>	W 0440	<p>administer the medication to the client at 7am and documented as such on the MAR.</p> <p>How corrective actions will be monitored to ensure no recurrence Managers and LPN will continue to monitor to ensure medications are passed appropriately.</p> <p>Corrective action for resident(s) found to have been affected An annual emergency drill calendar has been designed and will be implemented which includes drills on each shift quarterly. Team Leaders will post this annual calendar and mark on the monthly calendar the dates and times drills are due to be completed. TLs will check the next day to ensure the drills were completed and will turn the drill into the GHM for tracking. The GHM and QIDP will be retrained on the need for all drills to be completed and filed. This retraining will be done by the Regional Director by 11-6-15. Staff and TLs will be</p>	11/06/2015

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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 825 MENDLESON DR RICHMOND, IN 47374
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	<p>evacuation drills were conducted for the night shift of personnel for the first quarter of 2015 and the fourth quarter of 2014 for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>During interview with the Residential Manager (RM) on 10/5/15 at 2 PM, the RM: ___ Indicated evacuation drills were to be conducted quarterly for each shift of personnel. ___ Indicated no evacuation drill for the night shift of personnel for the fourth quarter of 2014 and the first quarter of 2015 could be located for review.</p> <p>9-3-7(a)</p>		<p>retrained by 11-6-15 on the need to follow the drill calendar and always dodrill when indicated.</p> <p>How facility will identify other residents potentiallyaffected and what measures taken All residents couldpotentially be affected and corrective action will address the needs of allclients.</p> <p>Measures or systemic changes facility put in place toensure no recurrence An annual emergencydrill calendar has been designed and implemented. This annual schedule will include drills tobe conducted on each shift quarterly. Team Leaders will post this calendar and mark on the monthly calendarthe dates and times drills are to be conducted. The TLs will pick up the drill the followingday to ensure it was completed and will turn it into the GHM for tracking.</p> <p>How corrective actions will be monitored to ensure norecurrence Staff will betrained to follow emergency drill calendar by the Director by 11-6-15. Team Leaders will check the following day toensure drills are being completed as scheduled. A member of management will check monthly during the environmentalquality assessment to ensure drills are being completed as scheduled. Director will signoff on retraining. The Regional Directorwill review the</p>	

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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 825 MENDLESON DR RICHMOND, IN 47374			
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W 0455 Bldg. 00	<p>483.470(I)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview for 6 of 8 clients living in the group home (clients #2, #3, #4, #5, #6 and #7), the facility failed to maintain proper hygiene practices to prevent cross contamination of germs by not prompting the clients to wash their hands prior to eating their meals.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/29/15 between 3:25 PM and 5:30 PM. At 5 PM the clients were prompted to the dining room table for the evening meal. The staff did not prompt clients #2, #3, #4, #5, #6 and #7 to wash their hands prior to sitting down to eat their evening meal.</p> <p>Observations were conducted at the group home on 10/1/15 between 5:50 AM and 8 AM. The staff did not prompt clients #2, #3, #4, #5, #6 and #7 to wash their hands prior to sitting down to eat their morning meal.</p>			W 0455	<p>monthly environmental quality checks to ensure compliance.</p> <p>Corrective action for resident(s) found to have beenaffected Staff will beretrained to prompt clients to have good hygiene. This will include prompts to wash hands atall appropriate times including before meal prep, before sitting down to ameal, before taking medications, and after using the restroom.</p> <p>How facility will identify other residents potentiallyaffected and what measures taken All residentsare affected and correctiveaction will address theneeds of all clients.</p> <p>Measures or systemic changes facility put in place toensure no recurrence Staff will beretrained to prompt the clients to have good hygiene. Managers will be retrained to observe forstaff compliance.</p> <p>How corrective actions will be monitored to ensure norecurrence The Director willmonitor Provide, the time entry program, to ensure a member of management isobserving in the homes at least 12 hours per week conducting observations andproviding on the spot training.</p>		11/06/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G390	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/09/2015
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W 0488 Bldg. 00	<p>During interview with the Residential Manager (RM) on 10/5/15 at 2 PM, the RM indicated the staff were to remind all clients to wash their hands prior to eating every meal. The RM indicated clients #2, #3, #4, #5, #6 and #7 required verbal and physical prompting to wash their hands.</p> <p>9-3-7(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 3 of 4 sampled clients (#2, #3 and #4), the facility failed to ensure the staff provided training in food preparation and family style dining when formal and informal training opportunities existed and to ensure client #2 was provided direct staff supervision while eating her meals.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/1/15 between 5:50 AM and 8 AM.</p> <p>__At 6:39 AM client #2 was sitting at the dining room table while staff #3 prepared oatmeal in the microwave, toasted two slices of toast, buttered the toast, cut the</p>	W 0488	<p>Corrective action for resident(s) found to have beenaffected</p> <p>Staff are to provideactive treatment, both formal and informal at all times. This includes at meal times. Staff will assist consumers to pack theirlunches and not pack their lunches for them. Staff will also assist clients with meal preparation and not prepare themeal for them and facilitate family style dining while sitting beside them atthe table. Staff are also to promptclients to use their napkins as necessary. Staff will be retrained by the Director at an all staff meeting by11-6-15 and the record of training will be placed in the employee HR file.</p> <p>How facility will identify other residents potentiallyaffected and what measures taken</p>	11/06/2015

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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 825 MENDLESON DR RICHMOND, IN 47374			
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	<p>toast into bite sized pieces and placed the oatmeal and cut up toast in a divided dish. Staff #3 then poured a cup of milk and a cup of juice and placed the divided dish with oatmeal and toast and the two cups of liquid on the table in front of client #2. Staff #3 placed a clothing protector and wrist weights on client #2 and then scooted client #2 up to the dining room table for her morning meal. Client #2 ate her morning meal at a fast pace. Once client #2 finished her meal, client #2 drank a portion of her liquids and then mixed the juice and milk together. After client #2 finished her meal staff #3 removed the wrist weights and the clothing protector and wiped client #2's hands and face with the clothing protector. Staff #3 then took client #2's dishes to the kitchen sink, rinsed them and placed the dishes in the dishwasher. While client #3 ate her morning meal, the staff was in the kitchen preparing other clients' meals. The staff did not provide client #3 direct supervision while eating her meal.</p> <p>__At 6:59 AM staff #3 had placed bowls and cups on the counter and had toasted and buttered the bread and placed it on a dish.</p> <p>__At 7:09 AM staff #3 served clients #2 and #3 their morning meal of toast, milk, juice and a bowl of oatmeal.</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 no recurrence Members of management observe in the homes at least 12 hours weekly as part of Manager InHome Time. These observations will include the necessity for teaching staff how to provide active treatment and how to follow formal training programs as well as providing informal training. The member of management will record their observations and any teachable moments in as MIH time in the Provide time entry system.</p> <p>How corrective actions will be monitored to ensure no recurrence The Director will ensure all staff are retrained on active treatment and formal training programs including meal preparation, family style dining, prompting to use napkins, and sitting 1:1 with the clients at the table by 11-6-15. The Director will monitor Provide, the time entry program, to ensure a member of management is observing in the homes at least 12 hours per week conducting observations and providing on the spot training.</p>				

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	<p>Clients #2, #3 and #4 did not assist with the preparation of their breakfast meal, did not serve their selves and/or did not assist with the clean up of their own dishes after the meal.</p> <p>During interview with the Residential Manager (RM) on 10/5/15 at 2 PM, the RM:</p> <p>__ Indicated the clients were to be actively involved with the meal preparation, serving themselves and cleaning up after meals.</p> <p>__ The staff were to provide training in meal preparation and family style dining at every available opportunity.</p> <p>__ The staff were to keep client #2 within eyesight while eating and provide client #2 with verbal and physical prompts to slow her pace of eating and to take small bites.</p> <p>__ The clients were to be prompted to use a napkin to wipe their mouths during and after meals and the clothing protector should not be used as a napkin.</p> <p>9-3-8(a)</p>			