

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G708	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/20/2016
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 25565 FAST FOX TR SOUTH BEND, IN 46628
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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
W 0000 Bldg. 00	<p>This visit was a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: May 16, 17, 18, 19, and 20, 2016.</p> <p>Facility number: 003834 Provider number: 15G708 AIM number: 200453440</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/24/16.</p>	W 0000		
W 0382 Bldg. 00	<p>483.460(I)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview, the facility failed to ensure medications were locked except when they were being prepared for administration for 2 of 2 sampled clients (clients #1 and #2), and 2 additional clients (clients #3 and #4).</p> <p>Findings include: Clients #1, #2, #3, and #4 were observed</p>	W 0382	All staff have received additional training on the proper storage of medications. This training included securing the medications in the locked cabinet prior to leaving the medication area. The QIDP, Residential Manager or nurse will complete spot checks for one month to ensure that the medication storage policy is being followed. These unannounced spotchecks will be completed three times on first	06/19/2016

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>during the group home observation period on 5/18/16 from 5:57 A.M. until 7:30 A.M. Upon entering the group home at 5:57 A.M., a one-half tablet of medication was observed in a medication cup on the counter in the medication room. Direct care staff #1 was the only staff in the group home and was in the kitchen. The medications were accessible to clients #1, #2, #3, and #4. At 6:05 A.M., direct care staff #1 walked into the medication room and put the one-half tablet of medication in the medication cabinet and then locked the cabinet. Direct care staff #1 was interviewed on 5/18/16 at 6:06 A.M. When asked what medication was in the cup that she just locked in the cabinet, direct care staff #1 stated, "That was [client #2's] Valium (anti-anxiety medication)."</p> <p>Program Director #1 was interviewed on 5/19/16 at 11:10 A.M. Program Director #1 stated, "Medications are to be locked when they aren't being administered."</p> <p>9-3-6(a)</p>		<p>shift, three times on secondshift, three times on third shift. Thereafter, weekly spot checks will be completed. Observations will be documented on a Medication Administration Tracking form and turned into the director monthly so compliance can be monitored.</p>				