

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G728	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/31/2016
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2325 PERRY TR FORT WAYNE, IN 46825
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: May 23, 24, 25 and 31, 2016.</p> <p>Facility number: 011213 Provider number: 15G728 AIM number: 200833320</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 6/6/16.</p>	W 0000		
W 0369 Bldg. 00	<p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based upon observation, record review and interview, the facility failed for 1 of 2 sampled clients (client #2) to ensure medication was administered without error.</p>	W 0369	<p>W 369 Staff #4 was retrained immediately on the Medication Administration Policy. All staff will be retrained on the Medication Administration Policy. Management staff completes Medication Administration Tracking Forms</p>	06/30/2016

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>Findings include:</p> <p>Observations were completed on 5/24/16 from 6:35 AM until 7:33 AM. Client #2 ate his breakfast at 6:35 AM and was taken into the medication administration room at 6:46 AM.</p> <p>Client #2 was given omeprazole DR (delayed release) 20 mg (milligrams) at 6:46 AM by staff #4. The label on the medication indicated "Give 1 capsule orally once a day 1/2 hour before breakfast for GERD (gastroesophageal reflux)."</p> <p>Client #2's May, 2016 Medication Administration Record (MAR) was reviewed on 5/24/16 at 6:53 AM. The MAR indicated client #2 was to receive omeprazole before breakfast.</p> <p>Client #2's records were reviewed on 5/24/16 at 1:01 PM. Client #2's physician's orders dated 5/1/16 indicated client #2 was to receive omeprazole before breakfast.</p> <p>Staff #4 was interviewed on 5/24/16 at 6:52 AM and indicated the medication should be given prior to breakfast.</p> <p>The Residential Director was interviewed on 5/24/16 at 2:16 PM and indicated the staff should administer medications as written in physician's orders.</p> <p>9-3-6(a)</p>		<p>observing medication passesto ensure staff are following policy/procedures. The initial monitoring by the management team will occur two times a week for three months in order to ensure that the retraining has been effective. These will be turned into the residential director to ensure compliance. Monitoring after the three months period will revert to the ongoing monitoring in place which includes weekly monitoring by the management which will be submitted to the director on a monthly basis to monitor for ongoing compliance.</p>				

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W 0436 Bldg. 00	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based upon observation, record review and interview for 1 of 2 sampled clients (client #1), the facility failed to ensure adaptive equipment was in place.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 5/23/16 from 5:35 PM until 6:43 PM. Client #1 sat in a wheelchair without foot rests and her feet dangled down without touching the floor. Her feet were a dark purplish color.</p> <p>Client #1's records were reviewed on 5/24/16 at 1:35 PM. Physician's orders dated 5/1/16 indicated client #1 used a wheelchair for mobility.</p> <p>The Residential Director was interviewed on 5/23/16 at 6:20 PM and indicated client #1 was to use foot rests. She stated,</p>	W 0436	<p>All staff present were immediately retrained on the adaptive equipment requirement. All staff will be retrained on the requirement of providing adaptive equipment as prescribed. The Management team will monitor the retraining compliance by observations documented on the Medication Administration Tracking Forms which will be submitted to the director so compliance can be monitored. The initial monitoring by the management team will occur two times a week for three months in order to ensure that the retraining has been effective. These will be turned into the residential director to ensure compliance. Monitoring after the three months period will revert to the ongoing monitoring in place which includes weekly monitoring by the management which will be submitted to the director on a monthly basis to monitor for ongoing compliance.</p>	06/30/2016

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	"She has them, I don't know why she wasn't using them." The RD indicated client #1 did not use foot rests while at the dinner table, but was to wear them when she sat in her wheelchair for a period of time. 9-3-7(a)			