

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G729	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/29/2016
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 4331 MELBOURNE RD INDIANAPOLIS, IN 46228
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W 0000 Bldg. 00	<p>This visit was for a full recertification and state licensure survey.</p> <p>Dates of Survey: January 20, 21, 22 and 29, 2016</p> <p>Facility Number: 011220 Provider Number: 15G729 AIMS Number: 200839230</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/3/16.</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 2 of 2 sampled clients (#1 and #2) the governing body failed to exercise general policy, budget and operating direction over the facility to ensure a clean environment at the facility owned DP (Day Program), to ensure clients #1 and #2 were provided alternate choices of seating, to ensure client #1 was provided a padded mat while sitting on the floor and to ensure client #1 was</p>	W 0104	<p>A daily cleaning schedule will be implemented at the Day Program and monitored by the Day Program Supervisor. The Day Program Supervisor will provide weekly updates to the Director regarding the implementation of the cleaning schedule for one month, and then provide monthly updates regarding its implementation for one year. The Day Program Activity Coordinator will monitor and</p>	02/28/2016

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>not positioned on the floor next to an exit door due to cold drafts.</p> <p>Findings include:</p> <p>Observations were conducted at the facility owned day program attended by clients #1, #2, #3 and #4 on 1/22/16 between 12:15 PM and 1:30 PM. During this observation the following was observed:</p> <p>__ Clients #1 and #2 were in a small room with 8 rectangular folding tables, 14 metal framed straight chairs and 3 rolling computer chairs. Each of the chairs in the room had a black or dark brown cloth or leather cover over the back and seat of the chairs. The frames of every chair had a layer of dust on and around the chrome of the seats and several of the leather/cloth seats were stained with different colors of dried unidentifiable substances. There was one egress door to the outside that was used several times throughout the observation for staff and clients to exit and/or enter. The weather outside was below freezing and each time the door opened, a cold draft blew through the room. There were three computers along one wall and a couple of book cases with puzzles and coloring books.</p> <p>__ Client #1 was a non verbal young male who displayed no facial expressions</p>		<p>complete a daily checklist for two months to ensure that all clients at the day program are provided alternate choices of seating, to ensure that all clients who choose to sit on the floor are provided a padded mat, and ensure that no client is positioned in a manner that exposes them to cold drafts. After 2 months of daily monitoring, the Day Program Activity Coordinator will complete a weekly monitoring check sheet for 6 months. A copy of all monitoring checklists will be sent to the Director to ensure compliance.</p>		

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	<p>and/or emotion. Client #1 required staff assistance to meet all of his basic adult daily needs. Client #1 sat on his buttocks on the floor on top of a thin blanket, his legs bent in front of and behind him. A plastic infant toy sat on the floor between client #1's legs. Client #1 sat approximately 10 feet away from the exit door and each time the door was opened, a cold draft blew in from the outside directly onto client #1. The staff did not offer client #1 an alternate more comfortable pad to sit on while on the floor or prompt client #1 to move away from the door and the cold draft. The staff did not provide client #1 an alternate seating position off of the floor. The staff did not offer client #1 any sensory items other than the plastic object in front of him.</p> <p>__ Client #2 was a non verbal older male who was ambulatory but required staff direction and guidance to get from place to place. Client #2 required staff assistance to meet all of his basic adult daily needs. Client #2 sat in a straight chair at a table. Client #2 did not participate in any activities and sat rocking back and forth while periodically tapping his right cheek with his right hand and self stimulating with his hands by making repetitive motions. The staff did not offer client #2 an alternate seating position.</p>			

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	<p>During interview with DP staff #1 on 1/22/16 at 12:30 PM, DP staff #1 indicated the chairs were in need of being cleaned and/or replaced and stated, "I wouldn't sit in most of these chairs."</p> <p>The Residential Manager (RM) and the Activities Coordinator (AC) were interviewed on 1/22/16 at 1:30 PM.</p> <p>__The RM indicated she was in charge of the DP.</p> <p>__The RM and the AC indicated the day program was being revamped and new chairs would be ordered.</p> <p>__The AC indicated the chairs were to be cleaned nightly and as needed.</p> <p>__The RM indicated there was one bean bag chair and no recliners for the room clients #1, #2, #3 and #4 were currently in.</p> <p>__The RM stated another client "usually sat in the bean bag."</p> <p>__The RM indicated the facility was waiting on a wheelchair to be delivered for client #1 but until then client #1 would sit and crawl around on the floor.</p> <p>__The RM indicated client #1 preferred to be on the floor.</p> <p>__The RM indicated client #1 should be moved and should not be sitting on the floor so close to the egress door due to the cold draft from the outside.</p> <p>__The RM indicated padded floor mats</p>			

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W 0210 Bldg. 00	<p>were not utilized at the day program for those clients that preferred to sit on the floor.</p> <p>__ The RM indicated client #2 preferred to sit in a recliner and showed signs of agitation and self stimulation when he was not sitting in a recliner.</p> <p>__ The RM indicated client #2 primarily sat in a rocker/recliner at the group home.</p> <p>__ The AC indicated one recliner was utilized at the day program but the recliner was not in the room the observations were being conducted.</p> <p>__ The AC and RM indicated no alternate seating available to clients #1 and #2.</p> <p>__ The RM and the AC indicated each of them had just recently started at the day program and they were in the process of making several changes; incorporating a sensory room, buying new furniture and adding multiple sensory and activity items for all of the clients.</p> <p>9-3-1(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on observation, record review and interview for 2 of 2 sample clients (#1</p>	W 0210	Both client #1 and #2 will have sensory need assessments	02/28/2016

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	<p>and #2), the facility failed to ensure the clients' sensory needs were assessed.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/20/16 between 3:30 PM and 6:30 PM and on 1/21/16 between 5:30 AM and 8 AM.</p> <p>__ Client #1 was a non verbal young male who displayed no facial expressions and/or any emotion.</p> <p>__ Client #2 was a non verbal older male who was ambulatory but required staff direction and guidance to get from place to place. Client #2's skin was dark in color beneath his right eye.</p> <p>__ Clients #1 and #2 required staff assistance to meet all of their basic adult daily needs.</p> <p>During both observation periods:</p> <p>__ Client #1 showed no facial expressions and/or emotions.</p> <p>__ Except for meal time, client #1 sat and/or lay on his bed without activity.</p> <p>__ Client #1 refused all staff prompts to participate in any activities.</p> <p>__ Client #2 sat in a rocker in the living room and self stimulated with repetitive hand movements and touching his face.</p> <p>__ Client #2 resisted staff prompts to activity.</p> <p>__ During the PM observation period</p>		<p>completed and will then be reviewed by the Residential Nurse. The results will then be reported to the IDT by the Nurse and recommendations implemented as determined by the QIDP. All future admissions will have accurate assessments or reassessments completed within 30 days after admission. A new client admission checklist will be completed by the QIDP and submitted to the Director to insure this occurs.</p>	

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	<p>client #2 dusted one of the living room shelves with hand over hand assistance from staff #2 but quickly resisted staff prompts and returned to the living room recliner.</p> <p>Observations were conducted at the facility owned day program on 1/22/16 between 12:15 PM and 1:30 PM. Throughout this observation period: __ Client #1 sat on his buttocks on the floor on a thin blanket, his left leg bent in front of him and his right leg bent behind him and a plastic toy like object sat on the floor in front of him. For a short time client #1 yelled out and picked up the object that was in front of him and threw the object across the room. Within a few minutes one of the staff retrieved the toy like object and placed it back in front of client #1. __ Client #2 sat in a straight chair at a table. A large plastic game sat on the table in front of client #2. Client #2 did not participate in any activities and sat rocking back and forth while periodically tapping his right cheek with his right hand and self stimulating with his hands by making repetitive motions.</p> <p>Client #1's record was reviewed on 1/21/16 at 1 PM. Client #1's record indicated: __ Client #1 was admitted to the facility</p>			

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	<p>on 4/14/15.</p> <p>__ Client #1 was nonverbal and non-ambulatory.</p> <p>__ Client #1 had diagnoses of, but not limited to, profound intellectual disability and Cerebral Palsy.</p> <p>Client #1's Behavior Support Plan (BSP) dated 7/15/15 indicated:</p> <p>__ Client #1 had a history of biting his hand, banging his head on the floor, scratching and pulling on others who were near him.</p> <p>__ Indicated "Interact with him (client #1) as much as possible.... Due to his limited mobility a variety of stimulating activities should be easily available to [client #1] throughout the day."</p> <p>Client #1's November 2015 Residential Monthly Report by the Qualified Intellectual Disabilities Professional (QIDP) indicated "[Client #1] is scheduled to attend Benchmark Day Program Monday through Friday from 9:00 am until 3:00 pm.... Staff is continuing to work with [client #1] to find his likes and dislikes. [Client #1] seemed to enjoy listening to music with his peers and focusing on conversation when staff and peers talk to him.... Staff will work with [client #1] with hand over hand and physical assistance to ensure that [client #1] has a meaningful day and</p>			

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	<p>assess his needs. [Client #1] seems to enjoy his time spent at day program."</p> <p>Client #1's record indicated no assessment of client #1's sensory needs.</p> <p>Client #2's record was reviewed on 1/21/16 at 2 PM. Client #2's record indicated: __ Client #2 was admitted to the facility on 4/8/15. __ Client #2 had diagnoses of, but not limited to, profound intellectual disability, Congestive Heart Failure, Muscle spasms, Scoliosis (a curvature of the back), and Microcephaly (a condition where the circumference of the head is smaller than average).</p> <p>Client #2's November 2015 Residential Monthly Report by the QIDP indicated "[Client #2] is scheduled to attend Benchmark Day Program Monday through Friday from 9:00 am until 3:00 pm. While at day program [client #2] participated in sensory activities such as puzzles, plastic connecting blocks, flashcards, coloring and working on the computer with hand over hand and physical assistance from staff.... Staff are working with [client #2] to better know his wants and needs while at Day Program and assist him with having a fulfilling and productive day."</p>			

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	<p>Client #2's BSP dated 7/15/15 indicated "[Client #2] has had previous behavior plans that addressed Self Injurious Behavior (SIB), refusals and resistance to medical appointments. Since his admission to the med fragile home, SIB has not been observed and he has generally been cooperative. He does engage in what appears to be a self stimulatory behavior of tapping/rubbing under his right eye. There is some discoloration in this site, but no injury. Staff has observed that this behavior seems to increase when [client #2] is anxious."</p> <p>Client #2's record indicated no assessment of client #2's sensory needs.</p> <p>During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 1/22/16 at 2 PM, the QIDP: ___ Indicated clients #1 and #2 had not been assessed by an Occupational Therapist in regard to their sensory and/or stimulatory needs. ___ Indicated the facility did not have specific sensory items to offer clients #1 and #2. ___ Indicated the facility was in the process of updating their day program to include various sensory items for clients #1 and #2 to see what they might like.</p>			

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W 0249 Bldg. 00	<p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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 2 of 2 sampled clients (#1 and #2), the facility failed to ensure the clients were offered formal and informal training opportunities and/or choices of leisure activities when time permitted.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/20/16 between 3:30 PM and 6:30 PM and on 1/21/16 between 5:30 AM and 8 AM.</p> <p>__ Client #1 was a non verbal young male who displayed no facial expressions and/or emotions.</p> <p>__ Client #2 was a non verbal older male who was ambulatory but required staff direction and guidance to get from place to place. Client #2's skin was dark in</p>	W 0249	<p>All direct support staff at the home will receive retraining regarding the implementation of active treatment, including the offering of formal and informal training opportunities and/or choices of leisure activities.</p> <p>An active treatment observation checklist will be completed 3 times per week by supervisory staff at the home to ensure active treatment is occurring. The completed checklists will be sent to the Director for review weekly.</p>	02/28/2016

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	<p>color beneath his right eye.</p> <p>__ Clients #1 and #2 required staff assistance to meet all of their basic adult daily needs.</p> <p>__ Clients #1 and #2 did not self motivate in regard to leisure activities.</p> <p>During both observation periods:</p> <p>__ Except for meal time, client #1 sat and/or lay on his bed without activity.</p> <p>__ Staff #2 checked on client #1 and asked client #1 to come to the living room with his housemates twice during the PM observation. Client #1 did not respond to the staff's requests.</p> <p>__ Client #2 sat in a rocker in the living room and self stimulated with repetitive hand movements and touching his face.</p> <p>__ During the PM observation period, client #2 got up one time with physical and verbal prompting from staff #2 and dusted one of the living room shelves with hand over hand (HOH) assistance from staff #2 but client #2 quickly resisted staff prompting and returned to the living room recliner to sit without activity.</p> <p>Observations were conducted at the facility owned day program on 1/22/16 between 12:15 PM and 1:30 PM.</p> <p>Throughout this observation period:</p> <p>__ Client #1 sat on his buttocks on the floor on a thin blanket, his left leg bent in</p>			

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	<p>front of him and his right leg bent behind him and a plastic like object in front of him. For a short time client #1 yelled out and picked up the object in front of him and threw the object across the room. Within a few minutes one of the staff retrieved the object and placed it back in front of client #1.</p> <p>__ Client #2 sat in a straight chair at a table. A large plastic game sat on the table in front of client #2. Client #2 did not participate in any activities and sat rocking back and forth while periodically tapping his right cheek with his right hand and self stimulating with his hands by making repetitive motions.</p> <p>__ During this observation period the staff at the facility owned day program did not prompt clients #1 and #2 into activity, offer the clients a choice of activities and/or a choice of sensory stimulating objects. The staff did not provide the clients with hand over hand assistance in regard to prompting the clients to participate in an activity and/or hold a sensory object.</p> <p>Client #1's record was reviewed on 1/21/16 at 1 PM. Client #1's 4/3/15 Individualized Support Plan (ISP) indicated client #1 had the following training objectives: To wash his chest with HOH assistance while being showered.</p>			

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	<p>To swab his mouth with HOH assistance from staff.</p> <p>To identify his medication cup with staff assistance.</p> <p>To place his dirty dish in the sink after meals with HOH assistance from staff.</p> <p>To participate in a leisure activity with HOH assistance from staff.</p> <p>To participate in a community activity one time per week with physical assistance from staff.</p> <p>To hand the money to the cashier to make a purchase twice a month.</p> <p>Client #2's record was reviewed on 1/21/16 at 2 PM. Client #2's 4/18/15 ISP indicated client #2 had the following training objectives:</p> <p>To use ASL (American Sign Language) sign for restroom when he needed to go to the bathroom.</p> <p>To wash his hands after toileting with HOH assistance from staff.</p> <p>To lift up his shirt when it was time for him to take his medications via his g-tube.</p> <p>To participate in a leisure activity with HOH assistance from staff.</p> <p>To hand money to the cashier when making a purchase with HOH assistance from staff.</p> <p>During interview with the Residential</p>			

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W 0263 Bldg. 00	<p>Manager (RM) on 1/22/16 at 2 PM, the RM: ___ Indicated the staff should verbally and physically prompt and/or offer clients #1 and #2 a choice of activities every 15 to 30 minutes. ___ Indicated the staff were to provide informal and formal training at every available opportunity.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview for 2 of 2 sampled clients (#1 and #2) with restrictive programs, the facility failed to ensure written informed consent from the clients' legal representatives prior to the implementation of restrictive programs.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 1/21/16 at 1 PM.</p> <p>Client #1's 12/28/15 physician's orders indicated client #1 received the following</p>	W 0263	Both client #1 and #2 will have all restrictive programs reviewed and informed written consent approval requested from their legal representatives. The QIDP will ensure this occurs, and report the results to each client's IDT. All future admissions will have all restrictive programs reviewed and informed written consent approval requested from their legal representatives. A new client admission checklist will be completed by the QIDP and submitted to the Director to insure this occurs. An annual ISP meeting checklist will be	02/28/2016

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	<p>medications daily: Escitalopram 20 mg (milligrams) for conduct disturbance and Trazodone (an antidepressant) 100 mg. The physician's orders indicated the Escitalopram was initiated on 12/8/15 and the Trazodone was initiated on 8/7/15.</p> <p>Client #1's 7/15/15 Behavior Support Plan (BSP) indicated client #1 had targeted behaviors of physical aggression and resistance to medical and dental appointments. The BSP indicated client #1 received a PRN (as needed) dose of Halcion for anxiety prior to medical and dental appointments.</p> <p>Client #1's "BSP Addendum 1: Specific Restrictions" dated 7/15/15 indicated client #1 utilized a bed alarm to alert the staff when client #1 was getting out of his bed.</p> <p>Client #1's record indicated client #1's mother served as client #1's legal representative/guardian.</p> <p>Client #1's record indicated no written informed consent from client #1's legal representative for the restrictive BSP that included the use of Halcion and a bed alarm and/or for the use of Escitalopram and Trazodone.</p>		completed by the QIDP and submitted to the Director to insure this requirement is current moving forward.	

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	<p>The Qualified Intellectual Disabilities Professional (QIDP) and the Residential Manager (RM) were interviewed on 1/22/16 at 2 PM. The RM and the QIDP indicated they could not provide documentation of written informed consent from client #1's legal representative for client #1's restrictive program plan (BSP) that included the use of Halcion and the use of a bed alarm and/or for the use of Escitalopram and Trazodone.</p> <p>2. Client #2's record was reviewed on 1/21/16 at 2 PM.</p> <p>Client #2's 1/15/16 physician's orders indicated client #2 received Olanzapine 2.5 mg every evening for depression.</p> <p>Client #2's BSP dated 7/15/15 indicated client #2 had maladaptive behaviors of resistance to medical and dental appointments. The BSP indicated the use of Olanzapine for depression and the use of Halcion prior to medical/dental appointments.</p> <p>Client #2's "BSP Addendum 1: Specific Restrictions" dated 7/15/15 indicated client #2 utilized a bed alarm to alert the staff when client #2 was getting out of bed.</p>			

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W 0312 Bldg. 00	<p>Client #2's record indicated client #2's sister served as client #2's legal representative/guardian.</p> <p>Client #2's record indicated the facility failed to obtain written informed consent from client #2's legal representative for the restrictive BSP that included the use of Olanzapine and Halcion and the use of a bed alarm.</p> <p>The QIDP and the RM were interviewed on 1/22/16 at 2 PM. The RM and the QIDP indicated they could not provide documentation of written informed consent from client #2's legal representative for client #2's restrictive BSP that included the use of Olanzapine and Halcion and the use of a bed alarm.</p> <p>9-3-4(a)</p> <p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 2 sampled clients receiving</p>	W 0312	The BSP for client #1 will be updated to include the use of all medications prescribed to control	02/28/2016

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	<p>medications to control behaviors (client #1), the facility failed to include the use of Lexapro and Trazodone (antidepressants) in client #1's Behavior Support Plan (BSP).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 1/21/16 at 1 PM.</p> <p>Client #1's 12/28/15 physician's orders indicated client #1 received the following medications daily: Lexapro 20 mg (milligrams) and Trazodone 100 mg. The physician's orders indicated the Trazodone was initiated on 8/7/15 and the Lexapro was initiated on 12/8/15.</p> <p>Client #1's 7/15/15 BSP indicated client #1 had targeted behaviors of physical aggression and resistance to medical and dental appointments. Client #1's BSP did not include the daily use of Lexapro and Trazodone.</p> <p>During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 1/22/16 at 2 PM, the QIDP indicated client #1's BSP was written by the Behavior Clinician (BC) and she (the QIDP) was not aware the use of Lexapro and Trazodone had not been included into client #1's BSP.</p>		<p>behavior. All future admissions will have their BSP reviewed to ensure they include the use of all medications prescribed to control behavior. A new client admission checklist will be completed by the QIDP and submitted to the Director to insure this occurs. An annual ISP meeting checklist will be completed by the QIDP and submitted to the Director to insure this requirement is current moving forward.</p>	

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W 0323 Bldg. 00	<p>9-3-5(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 2 of 2 sampled clients (#1 and #2), the facility failed to ensure an annual evaluation of the clients' vision and hearing.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 1/21/16 at 1 PM. Client #1's record indicated client #1 was admitted to the facility on 4/8/15. Client #1's record indicated a vision evaluation dated 1/21/15 and a hearing evaluation dated 7/27/11 while client #1 was living at another facility. Client #1's 7/27/11 hearing evaluation indicated a recommendation for re-evaluation of hearing in one year.</p> <p>Client #2's record was reviewed on 1/21/16 at 2 PM. Client #2's record indicated client #2 was admitted to the</p>	W 0323	Both client #1 and #2 will have updated vision and hearing exams completed. All future admissions will have a vision and hearing exam completed upon their admission to the group home. A new client admission checklist will be completed by the QIDP and submitted to the Director to insure this occurs. An annual ISP meeting checklist will be completed by the QIDP and submitted to the Director to insure this requirement is current moving forward.	02/28/2016

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W 0331 Bldg. 00	<p>facility on 4/14/15. Client #2's record indicated a vision evaluation dated 5/21/14 and a hearing evaluation dated 5/11/11 while client #2 was living at another facility. Client #2's 5/11/11 hearing evaluation indicated a recommendation for re-evaluation of hearing in one year.</p> <p>During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 1/22/16 at 2 PM, the QIDP: ___ Indicated she had talked with the facility's nurse and the nurse informed her there were no additional hearing and/or vision evaluations available for review for clients #1 and #2. ___ Indicated clients #1 and #2 had not had a vision and/or hearing evaluation since their admission to the facility. ___ Indicated the nurse would ensure clients #1 and #2 would be scheduled for vision and hearing evaluations.</p> <p>9-3-6(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</p>	W 0331	All direct support staff at the	02/28/2016	

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	<p>interview for 1 of 2 sampled clients (#2), the facility nursing services failed to ensure the staff followed the facility protocol for g-tubes (a tube inserted through the abdomen to deliver nutrition directly to the stomach) in regard to checking residual stomach contents prior to giving client #2's medications and/or feedings and to ensure an accurate dispensing device was provided to the staff to accurately measure client #2's Valproic acid (for seizures).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/20/16 between 3:30 PM and 6:30 PM. ___At 5:30 PM staff #2 prepared client #2's PM medications of Pepcid 20 mg (milligrams) and Prilosec 2.5 mg for Gastroesophageal reflux disease and Valproic acid 8 ml (milliliters). Staff #2 used a 30 ml medication cup to measure the 8 ml of Valproic acid. The medication cup had a line at 7.5 ml and one at 10 ml. The medication cup did not have a line to precisely measure out 8 ml. Staff #2 stated, "I just pour it a little bit above the 7.5 (ml) line somewhere between the 7.5 (ml) and 10 (ml) line." Staff #2 indicated no dispensing and/or measuring device was available to precisely measure 8 ml of Valproic acid. ___At 5:33 PM staff #2 gave client #2 his PM medications and one eight ounce can of Jevity (a nutritional liquid) through client #2's g-tube. Staff #2 did not check for residual contents of client #2's stomach prior to giving client #2 his PM medications and feeding.</p> <p>Observations were conducted at the group home on 1/21/16 between 5:30 AM and 8 AM. ___At 5:40 AM staff #3 prepared client #2's AM Valproic acid 8 ml. Staff #3 used a 30 ml</p>		<p>group home will receive retraining regarding the protocol for g-tubes in regard to checking residual stomach contents prior to giving client medications and/or feedings. An accurate dispensing device will be provided to accurately measure client #2's valporic acid. The Residential Nurse will provide monitoring 3 times weekly for 1 month to ensure appropriate g-tube protocol is being implemented, followed by 1 time weekly monitoring for 3 months. The Residential Nurse will verify that monitoring is occurring by reporting to the Director weekly results.</p>	

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	<p>medication cup to measure the 8 ml of Valproic acid. Staff #3 stated, "I just go a little bit above the 7.5 (ml) line." Staff #3 indicated no dispensing and/or measuring device was available to precisely measure 8 ml of Valproic acid.</p> <p>__At 5:45 AM staff #3 gave client #2 his Valproic acid and one eight ounce can of Jevity. Staff #3 did not check for residual contents of client #2's stomach prior to giving client #2 his PM medications and feeding. When asked if she (staff #3) checked for residual, staff #3 stated, "What's that?"</p> <p>The revised 5/1/08 facility protocol "Gastrointestinal Feeding, Medication Administration and Site Care" was reviewed on 1/20/16 at 8 AM. The protocol indicated "Check for residual prior to administering medications or feedings. Use an asepto syringe and measure how much liquid remains in the stomach. If over 100 cc (cubic centimeter) call your supervisor/nurse prior to giving the feeding or medications. Residual contents should be returned into the tube. It should not be pushed but allowed to flow freely back through the tube. Residual amount will be documented on the MAR."</p> <p>Client #2's record was reviewed on 1/21/16 at 2 PM.</p> <p>__Client #2's record indicated client #2 received nothing by mouth and received all nutrition and medications through his g-tube.</p> <p>__Client #2's 2015/2016 MARs (Medication Administration Records) indicated no residual checks prior to feedings and/or medications.</p> <p>__Client #2's 1/15/16 physician's orders indicated client #2 was to receive Valproic acid 400 mg/8 ml twice a day.</p> <p>During interview with the facility's RN on 1/21/16 at 8 AM, the RN:</p>			

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W 0342 Bldg. 00	<p>__ Indicated the staff were to conduct residual checks prior to giving client #2 any medications and/or feedings through his g-tube.</p> <p>__ Indicated the staff documented residual results for client #2 if the results were over 100 cc.</p> <p>__ Indicated she could not provide evidence the staff had documented any residual checks.</p> <p>__ Indicated client #2's residual checks were not included on client #2's MARs.</p> <p>__ Indicated the staff used a 30 cc medication cup to measure client #2's Valproic acid.</p> <p>__ Indicated the medication cup did not have a specific line to measure 8 ml.</p> <p>__ Stated, "I just told the staff to use the 7.5 ml line and to go just a little bit above that."</p> <p>__ Indicated she had not checked with the pharmacy for a dispensing device to be able to correctly measure the Valproic acid.</p> <p>9-3-6(a)</p> <p>483.460(c)(5)(iii) NURSING SERVICES</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.</p> <p>Based on observation, record review and interview for 1 of 2 sampled clients (#2), the facility nursing services failed to ensure the staff were trained and/or retrained in regard to checking for</p>	W 0342	All direct support staff at the group home will receive retraining regarding the protocol for g-tubes in regard to checking residual stomach contents prior togiving client medications and/or	02/28/2016			

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	<p>residual stomach contents prior to giving client #2 his medications and/or feedings.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/20/16 between 3:30 PM and 6:30 PM. ___At 5:30 PM staff #2 prepared client #2's PM medications of Pepcid 20 mg (milligrams) and Prilosec 2.5 mg for GERD (Gastroesophageal Reflux Disease) and Valproic acid (for seizures 8 ml (milliliters)). ___At 5:33 PM staff #2 gave client #2 his PM medications and one eight ounce can of Jevity (a nutritional liquid) through client #2's g-tube. Staff #2 did not check for residual contents of client #2's stomach prior to giving client #2 his PM medications and feeding.</p> <p>Observations were conducted at the group home on 1/21/16 between 5:30 AM and 8 AM. ___At 5:40 AM staff #3 prepared client #2's AM Valproic acid 8 ml. ___At 5:45 AM staff #3 gave client #2 his Valproic acid and one eight ounce can of Jevity. Staff #3 did not check for residual contents of client #2's stomach prior to giving client #2 his PM medications and feeding. When asked if she (staff #3) checked for residual, staff #3 stated,</p>		<p>feedings. An accurate dispensing device will be provided to accurately measure client #2's valporicacid. The Residential Nurse will provide monitoring 3 times weekly for 1 month to ensure appropriate g-tube protocol is being implemented, followed by 1 time weekly monitoring for 3 months. The Residential Nurse will verify that monitoring is occurring by reporting to the Director weekly results.</p>	

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	<p>"What's that?"</p> <p>The revised 5/1/08 facility protocol "Gastrointestinal Feeding, Medication Administration and Site Care" was reviewed on 1/20/16 at 8 AM. The protocol indicated "Check for residual prior to administering medications or feedings. Use an asepto syringe and measure how much liquid remains in the stomach. If over 100 cc (cubic centimeter) call your supervisor/nurse prior to giving the feeding or medications. Residual contents should be returned into the tube. It should not be pushed but allowed to flow freely back through the tube. Residual amount will be documented on the MAR."</p> <p>Client #2's record was reviewed on 1/21/16 at 2 PM.</p> <p>__ Client #2's record indicated client #2 received nothing by mouth and was to receive all nutrition and medications through his g-tube.</p> <p>__ Client #2's 2015/2016 MARs (Medication Administration Records) indicated no residual checks prior to feedings and/or medications.</p> <p>During interview with the facility's RN on 1/21/16 at 8 AM, the RN: __ Indicated the staff were trained to check for residual stomach contents prior</p>			

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W 0368 Bldg. 00	<p>to giving client #2 any medications and/or feedings via his g-tube. __ Indicated she would have to retrain the staff to ensure the residual checks were being done and documented.</p> <p>9-3-6(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION 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 2 sampled clients (#1 and #2) and 1 additional client (#4), the facility failed to ensure all drugs were administered to the clients in compliance with the clients' physician's orders.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 1/20/16 at 1 PM.</p> <p>The 8/6/15 Bureau of Developmental Disabilities Services (BDDS) report indicated: __ On 8/6/15 the RN discovered two medication errors.</p>	W 0368	The Residential Nurse will review each client's MAR and compare it to the physician's order form weekly for one year to ensure that all drugs were administered to the clients in compliance with the client's physician's orders. The Nurse will report her weekly review to the Director to ensure compliance.	02/28/2016

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	<p>__ One of the errors occurred the morning of 8/6/15 when the staff gave client #1 his Lexapro 10 mg.</p> <p>__ "It was further related that there is uncertainty in regards to when or why the second medication (error) occurred. However, there is a second Lexapro 10 mg tablet missing from the bubble pack. i.e. Today is the sixth and eight pills have been punched out this far."</p> <p>__ Staff that were scheduled at the time the Lexapro was administered were to receive a "Record of Training" in regard to the medication administration procedure.</p> <p>__ "[Name of staff] will receive written disciplinary action in regards to the medication error that she caused."</p> <p>The 10/2/15 BDDS report indicated:</p> <p>__ On 10/2/15 the RN emailed the team to inform them she had received a call from one of the staff around 9 PM the evening prior informing the RN that client #2's Zyprexa 2.5 mg tablet had not been received from the pharmacy and was not available to administer.</p> <p>__ The RN questioned why this was not found when the medications were delivered and checked in on 9/29/15. The</p>			

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	<p>staff replied because the paper work said it would be delivered. The staff indicated she had called the pharmacy prior to calling the nurse and was told by the pharmacy a prescription would be needed to refill client #2's Zyprexa. The RN had the staff check client #2's record for the script which client #2 had received during his 7/24/15 visit with his doctor. The script was retrieved and faxed to the pharmacy and client #2's medication arrived on 10/2/15 at 1:30 AM.</p> <p>__The RN left communication to all staff on the importance of checking in the medications and ensuring that all of the medications were accounted for. If there was a discrepancy or medications not accounted for, the staff were to contact the pharmacy, the RM and the RN in order to avoid further errors.</p> <p>__All staff will be retrained on how to properly check all medications in and what steps to take if there is any medication missing.</p> <p>The 10/19/15 BDDS report indicated: __Client #2 was to have 400 mg of Valproic Acid via his g-tube (a tube inserted through the abdomen to deliver nutrition directly to the stomach) twice a</p>			

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	<p>day AM and PM for seizures.</p> <p>__ During 10/18/15 medication pass at 6 PM the staff noted that client #2 did not have Valproic Acid in the home.</p> <p>__ On 10/14/15 the facility had contacted the facility's pharmacy to inform them of the need for a refill. The facility was informed the Valproic Acid would be delivered on 10/18/15.</p> <p>__ On the morning of 10/19/15 the RN went to the home and was told client #2's Valproic Acid had not been delivered. The RN called the facility's pharmacy and was told the order had been canceled but the pharmacy would make sure it was sent out immediately. The medication arrived on 10/19/15 at 9 AM and was given to client #2.</p> <p>The 12/9/15 BDDS report indicated: __ On 12/9/15 the RN was scheduled to do a morning medication observation with a new staff while they gave the morning medications. Client #4's medications were one of two clients' medications that were scheduled to be observed.</p> <p>__ During the 6 PM medication pass on 12/9/15 the Residential Manager (RM) received a call from the staff indicating client #4's morning medications for 12/9/15 had not been initialed on the</p>			

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	<p>MAR (Medication Administration Record) and had not been popped from the medication packets. The RM called the RN. The RN indicated she had not observed the morning medication pass on 12/9/15 and "It was somehow miscommunicated to the morning shift staff that they should go ahead and pass [client #4's] medications as she (the RN) would not be observing them (the medication pass). Due to this miscommunication, [client #4] did not receive any of her morning medications." _ Client #4 did not receive the following AM medications on 12/9/15:</p> <p>Divalproex 750 mg (milligrams) for seizures.</p> <p>Levetiracetam 1750 mg for seizures.</p> <p>Topiramate 250 mg for seizures.</p> <p>Sodium Bicarb 650 mg for metabolic acidosis.</p> <p>Calcium Acetate 667 mg for renal insufficiency.</p> <p>During interview with the facility's RN on 1/21/16 at 8 AM, the RN indicated all medications were to be given as ordered by the clients' physicians without error.</p> <p>9-3-6(a)</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 on observation, interview and record review for 1 of 2 sampled clients (#1) with adaptive equipment, the facility failed to ensure the temporary wheelchair provided to client #1 was large enough to meet client #1's needs.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/20/16 between 3:30 PM and 6:30 PM and on 1/21/16 between 5:30 AM and 8 AM.</p> <p>__ Client #1 was a tall slender young male with long legs.</p> <p>__ A broken tilt in space wheelchair was in the garage.</p> <p>__ During both observation periods client #1 utilized a standard wheelchair for mobilization.</p> <p>__ The wheelchair had no leg or foot supports.</p> <p>__ While sitting in the wheelchair client #1's buttocks were on the edge of the wheelchair seat and his legs extended in front of him.</p> <p>__ When staff pushed the wheelchair</p>	W 0436	<p>Client #1's wheelchair has been repaired and returned to him.</p> <p>When future repairs or replacements are needed regarding adaptive equipment, the Residential Nurse will ensure that a fitted temporary replacement is made available by working with the supply company to determine the appropriate need. The Nurse will report to the Director all temporary replacement needs and actions to ensure compliance.</p>	02/28/2016

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	<p>forward client #1's feet caught on the floor causing client #1's legs to bend at the knee.</p> <p>__ When staff pulled client #1's wheelchair client #1's feet dragged on the floor.</p> <p>Client #1's record was reviewed on 1/21/16 at 1 PM. Client #1's record indicated client #1 was non-ambulatory and utilized a wheelchair.</p> <p>During interview with the Residential Manager (RM) on 1/21/16 at 8 AM, the RM:</p> <p>__ Stated client #1's wheelchair broke "about a month or so ago" and was beyond repair.</p> <p>__ Indicated client #1 had been fitted for a new wheelchair.</p> <p>__ Indicated client #1 was currently using one of the facility's standard wheelchairs that was used mainly for transportation.</p> <p>__ Indicated the wheelchair had leg and foot rests but client #1 would not use them.</p> <p>__ Indicated client #1 would kick at the pedals to the point of hurting himself and/or breaking the supports.</p> <p>__ Indicated the wheelchair was too small for client #1.</p> <p>9-3-7(a)</p>			

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W 9999 Bldg. 00	<p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-2 Resident protections (c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is: (3) conviction of a crime substantially related to a dependent population or any violent crime. The provider shall obtain, as a minimum,... three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>Based on record review and interview for 1 of 5 staff persons reviewed, the facility failed to ensure three references were provided for staff #5.</p> <p>Findings include:</p> <p>The facility personnel records were</p>	W 9999	All hired employees will have three references provided prior to being hired, and these records will be maintained in their employee file. The Benchmark Human Resources Recruiter will complete and maintain these records and keep a checklist for each new hire of all required records. The Human Resources Recruiter will verify with the Director that all required records for newly hired employees have been completed in order to ensure compliance.	02/28/2016
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	<p>reviewed on 1/20/16 at 1 PM. Staff #5's employee file indicated two references.</p> <p>Interview with the Human Resources Recruiter on 1/20/16 at 2 PM indicated no additional references were available for review for staff #5.</p> <p>9-3-2(c)(3)</p>				