

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G729	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/19/2016
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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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K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 02/19/16</p> <p>Facility Number: 011220 Provider Number: 15G729 AIM Number: 200839230</p> <p>At this Life Safety Code survey, Benchmark Human Services was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 32, New Residential Board and Care Occupancies.</p> <p>This one story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, bedrooms and all living areas. The facility has a capacity of 4 and had a census of 4 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety,</p>	K 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 0130 Bldg. 01	<p>Chapter 6, rated the facility Slow with an E-Score of 1.8.</p> <p>Quality Review on 02/24/16 - DA</p> <p>483.470(j)(1)(i) MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on record review, observation and interview; the facility failed to ensure 3 of 3 portable fire extinguishers located in the facility were inspected at least monthly and the inspections were documented including the date and initials of the person performing the inspection. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at least monthly, the date of inspection and the initials of the person performing the inspection shall be recorded. In addition, NFPA 10, 4-2.1 defines inspection as a quick check that an extinguisher is available and will operate. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Home Manager from 1:00 p.m. to 1:40 p.m. on</p>	K 0130	The Residential Manager will inspect each fire extinguisher in the home monthly. A tag will be placed on each extinguisher indicating the inspection has occurred. The monthly inspection will be indicated on a quality assurance checklist and forwarded to the Benchmark Director to ensure this task has been completed monthly.	03/20/2016

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	02/19/16, monthly portable fire extinguisher inspection documentation for each month in the most recent twelve month period was not available for review. Based on observations with the Home Manager during a tour of the facility from 1:40 p.m. to 2:15 p.m. on 02/19/16, the portable fire extinguisher located in the garage and in the family room area each had an affixed inspection and maintenance tag lacking documentation of a monthly inspection for December 2015. The portable fire extinguisher located in the laundry had an affixed inspection and maintenance tag lacking documentation of monthly inspections for December 2015 and January 2016. Based on interview at the time of the observations, the Home Manager stated no other documentation of monthly portable fire extinguisher inspections was available for review and acknowledged documentation of monthly inspections for each month for each of three facility fire extinguishers during the most recent twelve month period was not available for review.			

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K S056 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1, 32.2.3.5.2. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, is permitted. Facilities with more than eight residents are permitted. Facilities with more than eight residents are treated as two-family dwellings with regard to water supply. Additionally, entrance foyers are sprinklered.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in</p>			

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	<p>Residential Occupancies up to an Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow</p>			

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	<p>evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 32.2.3.5.5.</p> <p>MPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 32.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler system in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation</p>			

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	<p>capability facilities up to and including four stores in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stores in Height, are permitted. All habitable areas and closets are sprinklered.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>1. Based on record review, observation and interview; the facility failed to ensure sprinkler waterflow alarm devices were tested for 2 of 4 quarters. LSC 33.2.3.5.2 refers to LSC section 9.7. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, at 2-3.3 requires waterflow alarm devices, including but not limited to, mechanical water motor gongs, and pressure switches that provide audible or visual signals be tested quarterly. Vane-type waterflow devices may be tested semiannually. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on review of Koorsen Fire & Security "Inspection and Test Report" documentation with the Home Manager during record review from 1:00 p.m. to 1:40 p.m. on 02/19/16, the only documented quarterly sprinkler system</p>	K S056	<p>Quarterly sprinkler system inspections of waterflow alarm devices will be completed quarterly by Koorsen Fire and Security company. The results will be forwarded to the Benchmark Director to ensure compliance. Koorsen Fire and Security company will add 3 spare sprinklers to the spare sprinkler box. The Benchmark Director will verify the completion of this task to ensure compliance.</p>	03/20/2016

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	<p>inspections of waterflow alarm devices within the most recent twelve month period was in the first quarter of 2015 on 03/23/15 and in the third quarter of 2015 on 09/30/15. No other written documentation of sprinkler system inspections of waterflow alarm devices performed in the most recent twelve month period was available for review. Based on observation with the Home Manager during a tour of the facility from 1:40 p.m. to 2:15 p.m. on 02/19/16, Koorsen Fire & Security had affixed a hanging tag to the sprinkler system riser which indicated the only documented quarterly sprinkler system inspections of waterflow alarm devices was on 03/23/15 and 09/30/15. Based on interview at the time of record review and of the observation, the Home Manager stated additional sprinkler system inspections of waterflow alarm devices within the most recent twelve month period was not available for review and acknowledged sprinkler system inspections of waterflow alarm devices for the second and fourth quarter of 2015 was not available for review.</p> <p>2. Based on observation and interview, the facility failed to keep the minimum amount and type of spare sprinklers on the premises in the spare sprinkler cabinet. LSC 9.7.5 requires automatic</p>			

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	<p>sprinkler systems be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 2-4.1.4 states a supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. The cabinet shall be so located that it will not be exposed to moisture, dust, corrosion, or a temperature exceeding 100°F (38°C). This deficient practice could affect all clients and staff in the facility.</p> <p>Findings include:</p> <p>Based on observations with the Home Manager during a tour of the facility from 1:40 p.m. to 2:15 p.m. on 02/19/16, residential sprinklers were installed throughout the facility. Only three spare sprinklers were noted on the premises in the spare sprinkler cabinet at the sprinkler system riser each of which were concealed sprinklers. Based on interview at the time of the observations, the Home Manager acknowledged a minimum of six spare sprinklers representative of the</p>			

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K S152 Bldg. 01	<p>types of installed sprinklers was not provided on the premises in the spare sprinkler cabinet.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities; (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize. Based on record review and interview, the facility failed to provide documentation of a fire drill conducted</p>	K S152	The Residential Manager will receive re-training regarding the emergency drill schedule for calendar year 2016. The	03/20/2016

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	<p>on the second shift for 1 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Residential Safety Drill: Type of Drill_Fire" documentation with the Home Manager during record review from 1:00 p.m. to 1:40 p.m. on 02/19/16, documentation of a fire drill conducted on the second shift in the third quarter of 2015 was not available for review. Based on interview at the time of record review, the Home Manager stated a fire drill was conducted on 07/23/15 on the second shift but acknowledged documentation of a fire drill conducted on the second shift in the third quarter 2015 was not available for review.</p>		<p>Residential Manager will then verify the completion of each scheduled drill by forwarding a copy of each completed drill form to the Benchmark Director to ensure compliance.</p>	