

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G795	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/03/2015
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 9228 W CR 950 N ELIZABETHTOWN, IN 47232
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W 0000 Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey dates: June 1, 2, and 3, 2015.</p> <p>Facility number: 012547 Provider number: 15G795 AIM number: 201017690</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0159 Bldg. 00	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 2 of 2 sampled clients (#1 and #2), the QIDP/Qualified Intellectual Disabilities Professional failed to coordinate each client's active treatment program in regards to revising Individual Support Plan (ISP) training objectives when the clients had reached 100% criteria for at least three months. The QIDP failed to monitor the clients' active treatment programs and give guidance to the</p>	W 0159	<p>W 159 Qualified Mental Retardation Professional (QMRP).</p> <p>Corrective action for resident(s) found to have been affected The facility Behavior Clinician (BC), who has an MS in Clinical Psychology and over 30 years' experience with people with ID, will assume the role of QIDP. He is active on the team, including participating in all meetings, and he</p>	07/03/2015

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>QIDP-d (designee) in regards to monitoring and coordinating clients' active treatment programs.</p> <p>Findings include:</p> <p>Record review for Client #1 was done on 6/02/15 at 10:50 AM and 3:00 PM. The review indicated an ISP/Individual Support Plan dated 10/01/14, training goal reviews from 11/14 through 4/15 and interdisciplinary team meeting notes from 10/14 until the time of the survey. The ISP had been conducted by former QIDP #3 and the last review by a QIDP had been on 10/20/14 by QIDP #3. All other documentation and client programming oversight and review had been by QIDP-d #2 for client #1.</p> <p>Record review for Client #2 was done on 6/02/15 at 9:00 AM and 2:55 PM. The review indicated an ISP/Individual Support Plan dated 10/01/14. The ISP had been conducted by former QIDP #3. The record review also indicated monthly program reviews and interdisciplinary team/IDT meeting notes. QIDP #3 had conducted an IDT for client #2 on 10/20/14 and QIDP #1 had attended a meeting for client #2 on 11/05/14. No other monitoring of programs had been done by a QIDP at the time of the survey. All monitoring and coordinating of client</p>		<p>spends significant time in both the home and day program. A procedure will be put in place to document his time monitoring all plans.</p> <p>How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence The BC will assume the facility QIDP role.</p> <p>How corrective actions will be monitored to ensure no recurrence The BC will be responsible for monitoring programs as the QIDP and will work closely with other managers to ensure implementation. The BC reports to the director, and they meet regularly.</p>		

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W 0255 Bldg. 00	<p>#2's ISP trainings and IDTs was done by QIDP-d #2.</p> <p>Interview with QIDP-d #2 on 6/02/15 at 1:40 PM and with QIDP #1 on 6/03/15 at 2:00 PM indicated no further evidence of QIDP oversight of clients #1 and #2's programs.</p> <p>2. Please refer to W255 for 2 of 2 sampled clients (#1 and #2), for the QIDP's failure to revise clients' active treatment programs when they had achieved criteria for at least 3 months.</p> <p>9-3-3(a)</p> <p>483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p>			

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	<p>Based on record review and interview for 2 of 2 sampled clients (#1 and #2), the QIDP/Qualified Intellectual Disabilities Professional failed to revise each client's active treatment program/Individual Support Plan (ISP) training objectives when the clients had reached 100% criteria for at least three months.</p> <p>Findings include:</p> <p>1. Record review for Client #1 was done on 6/02/15 at 10:50 AM and 3:00 PM. The review indicated an ISP/Individual Support Plan dated 10/01/14 with accompanying monthly training goal reviews from 11/14 through 4/15. The ISP had training objectives for the client to wipe tables at his day program prior to leaving and to assist with putting away his laundry. The monthly reports of goal reviews by QIDP-d #2 from 11/14 through 4/15 indicated client #1 was completing the goals with 100% accuracy for the time period. There was no evidence the training objective goals had been revised.</p> <p>2. Record review for Client #2 was done on 6/02/15 at 9:00 AM and 3:10 PM. The review indicated an ISP/Individual Support Plan dated 10/01/14. The ISP had training objectives for doing dishwashing, assisting with dinner</p>	W 0255	<p>W 255Program Monitoring & Change</p> <p>Corrective action for resident(s) found to have been affected The facility Behavior Clinician (BC), who has an MS in Clinical Psychology and over 30 years' experience with people with ID, will assume the role of QIDP. He is active on the team, including participating in all meetings, and he spends significant time in both the home and day program. He will ensure that adjustments are made whenever a plan's training objectives are met.</p> <p>How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence The BC will assume the facility QIDP role.</p> <p>How corrective actions will be monitored to ensure no recurrence The BC will be responsible for monitoring programs as the QIDP and will work closely with other managers to ensure implementation and timely updates. The BC reports to the director, and they meet regularly.</p>	07/03/2015			

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	<p>preparation, and demonstrating community safety skills. The associated monthly progress reports completed by Qualified Intellectual Disabilities Professional designee/QIDP-d #2 for 12/14 through 4/15 indicated client #2 achieved 100% criterion for five consecutive months. The objectives had not been revised.</p> <p>In an interview with QIDP-d #2 on 6/3/15 at 1:45 PM indicated the clients' programs had not been revised when criteria was achieved.</p> <p>9-3-4(a)</p>			