

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G794	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  01/13/2016
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NAME OF PROVIDER OR SUPPLIER  BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 9110 N CR 700 W SCIPIO, IN 47273
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W 0000  Bldg. 00	<p>This visit was for the investigation of complaint #IN00187104.</p> <p>Complaint #IN00187104: Substantiated, a federal and state deficiency related to the allegation(s) was cited at: W149.</p> <p>Dates of Survey: 1/7/16, 1/12/16 and 1/13/16</p> <p>Facility Number: 012529 Provider Number: 15G794 AIMS Number: 201017530</p> <p>This deficiency reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality review of this report completed on 1/14/16 by #09182.</p>	W 0000		
W 0149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to implement its written policies and procedures to prevent staff to client abuse regarding client A.</p>	W 0149	Benchmark believes this allegation and substantiated abuse to have occurred during or before November 2014, however all staff were interviewed to ensure this type of incident was not recurring. All staff subsequently received additional	02/12/2016

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>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/7/16 at 2:51 PM. The review indicated the following:</p> <p>-BDDS report dated 11/17/15 indicated, "On 11/16/15 a Benchmark staff reported that she had seen a video on [social media] by a former Benchmark employee which included abuse to [client A]. The staff person was asked to preserve the video and bring it to the director. The director was informed that the video was no longer on [social media] but the reporting staff had recorded the video to their phone. Upon review of the video, two current staff were identified and were immediately suspended. The third staff who appears to be taking the video and who posted it on her [social media] page was terminated from employment on 11/21/14 with her last day worked being 11/14/14. Due to her termination date, we believe this video to have been take over one year ago. The video was preserved by the director and was sent to Adult Protective Services of [county], who is also [client A's] guardian and to the [police]."</p> <p>-Investigative Report Final Summary</p>		<p>training on the Behavior Support Plans for the individuals living in this home to ensure that staff understood proper redirections outlined in the plans. This training occurred on 12/3/15 and 12/17/15. The training was completed by the Behavior Consultant. During these sessions, staff were also re-trained by their supervisor on Abuse Awareness and the Benchmark Abuse and Neglect Policy which includes the definition of abuse and the reporting requirements. Training sessions also included a review of the job description for Direct Support Professionals which also includes keeping people free from Abuse and Neglect and the reporting requirements. Management staff have been completing additional weekly unannounced checks of the home since the investigation began and will continue to do so as part of their routine monitoring going forward. Additional ongoing monitoring will include the review of injury reports by the managers, nurse and assistant director which must be turned in within 24 hours of injury, the weekly review of behavior data to ensure that staff are implementing the plans appropriately and to identify areas of concern, routine nursing assessments and reporting and investigation of unknown injuries in addition to investigation of all allegations.</p>		

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	<p>dated 12/31/15 indicated, "This investigation was substantiated and all staff involved are no longer working for Benchmark. This incident was reported to the [police] and we later learned it had been reported to the [state police] by [former staff #1] who took the video and participated in the abuse. Once we were cleared by [police] to begin our investigation, interviews were completed with all staff from the three homes in that area to determine if this was a systemic issue or isolated. All staff confirmed that there are issues in the home with gossip and control issues with the ladies, that they had not witnessed any abuse, they understood the reporting procedures and understood their responsibility in reporting. Some staff indicated that they had heard 'rumors' or 'talk' about some video but none had reported this to their supervisors. Reporting all 'rumors' or 'talk' will be covered in their Abuse and Neglect training. All were interviewed alone with this investigator. [Former staff #2], after a long interview, admitted to abuse and was subsequently terminated."</p> <p>AD (Assistant Director) #1 was interviewed on 1/7/16 at 2:52 PM. AD #1 indicated the facility's abuse and neglect policy should be implemented. AD #1 indicated the facility should prevent and detect abuse, neglect, mistreatment and</p>			

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	<p>exploitation. AD #1 indicated the facility became aware of a video regarding the alleged abuse of client A on 11/16/15. AD #1 indicated the 11/16/15 allegation was regarding a November 2014 incident involving a former/terminated employee and two current employees engaged in physical abuse of client A. AD #1 indicated the allegation of staff to client abuse regarding client A was substantiated and the staff involved were terminated. AD #1 indicated client A was not injured during the incident.</p> <p>The facility's policies and procedures were reviewed on 1/12/16 at 4:30 PM. The facility's Group Home Abuse and Neglect policy dated 11/11/14 indicated, "Benchmark Human Services does not tolerate abuse in any form by any person; this includes physical abuse, verbal abuse, psychological abuse or sexual abuse. Physical abuse is any action that could lead to bodily harm, including corporal punishment, like spanking or hitting or pinching." The 11/11/14 Group Home Abuse and Neglect policy indicated, "If any staff witness, observe, or suspects abuse or neglect of an individual, they are to report this immediately to their supervisor and the Benchmark Human Services Residential Director."</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	This federal tag relates to complaint #IN00187104  9-3-2(a)				