

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G794	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/30/2015
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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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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: 06/26/2015</p> <p>Facility Number: 012529 Provider Number: 15G794 AIM Number: 201017530</p> <p>At this Life Safety Code survey, AWS 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 facility was fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, in common living areas, and hard wired smoke detectors in all client sleeping rooms. 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</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>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.14.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation and interview, the facility failed to ensure that evidence of monthly fire extinguisher inspections documented, including the date and initials of the person performing the inspections for 1 of 3 portable fire extinguishers. LSC 101, 4.5.7 states any device, equipment or system required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, Standard for Portable Fire Extinguishers, 4-4.1 indicates fire extinguishers shall be subjected to maintenance at intervals of not more than one year, at the time of hydrostatic test, or when specifically indicated by an inspection. 4-3.1 requires that extinguishers shall be inspected monthly. NFPA 10, 4-2.1 defines inspection as a quick check that an extinguisher is available and will operate. NFPA 10, 4-3.4.2 requires at least monthly, the date the inspection was</p>	K 0130	All managers and the assistant director will receive training on the Benchmark Continuous Quality Assessment (CQA) policy which includes a monthly report to indicate repairs needed to maintain the home and the condition of the furnishings and equipment including fire extinguishers. This training will be completed by the residential director. The managers and assistant director will complete an action plan and attach the to the CQA report which will include any missing item from the CQA and the plan to come into compliance. These reports and action plans will be sent to the regional director after completion for review and to ensure compliance with standards of checking the extinguishers. This process will occur monthly and progress will be discussed at the regularly scheduled weekly meetings to ensure immediate and ongoing compliance. This training will be completed and	08/03/2015

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K S056 Bldg. 01	<p>performed and the initials of the person performing the inspection shall be recorded. This deficient practice could affect all occupants staff and visitors of the home.</p> <p>Findings include:</p> <p>Observation during a tour of the home with the Resident Manager on 06/30/2015 between 12:45 P.M. and 1:10 P.M., a fire extinguisher located in the attached garage was found with a tag indicating the last annual inspection was April 2015. The tag attached to the extinguisher did not indicate dates and initials of a person conducting monthly inspections. Interview with the house manager at the time of the observation indicated the extinguisher had not been checked monthly.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT 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</p>		documented no later than 8/3/15 due to an oversight in the POC.		

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	<p>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 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</p>			

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	<p>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 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</p>						

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	<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 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 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 interview and record review, the facility failed to ensure sprinkler</p>	K S056	Koorsen's has been notified and will be completing the needed	08/15/2015

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	<p>waterflow alarm devices were tested quarterly (or semi-annually for vane systems). 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 water flow devices may be inspected semi-annually. NFPA 25, 1-8 requires the record of inspections, tests and maintenance of the system be made available to the authority having jurisdiction upon request. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Review of sprinkler system maintenance records was conducted 6/30/2015 at 11:45 A.M. with the Residential Manager. The record contained an invoice of one sprinkler inspection conducted during the past year, however the invoice did not include any inspection data, conclusions or recommendations. There was no other documentation in the binder provided to indicate the facility's wet system had been inspected semi-annually or quarterly. Interview with the Resident Manager on 6/30/2015</p>		<p>inspections to test, check the sensitivity, complete the quarterly and annual inspection requirements for maintenance of the sprinkler system. The contractor has been notified that they must send the reports with the invoice to receive payment of services to ensure that paperwork is received. The manager will develop a system inspection binder so they can more closely monitor the reports and maintain them for review of compliance and this will be monitored by the director for compliance.</p>				

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	<p>at 12:15 P.M. indicated the reports were most likely still in the office. The Resident Manager indicated he was attempting to get the reports but was unable to locate it by the time the survey was completed.</p> <p>2. Based on observation and interview, the facility failed to ensure the sprinkler riser was unobstructed so that inspection and maintenance could be performed. Section 5-1-2 of NFPA 13, 1999 Edition, Standard for the Installation of Sprinkler Systems states "System valves and gauges shall be accessible for operation, inspection, tests, and maintenance." Section A-5-1.2 further states " the components need not be open or exposed. Doors, removable panels, or valve pits can satisfy this need. Such equipment should not be obstructed by such permanent features as walls, ducts, columns, or direct burial."</p> <p>Findings include:</p> <p>During observation in the home with the Resident Manager on 6/30/2015 between 12:45 P. M. and 1:10 P.M. the sprinkler riser was found located on the back wall of a closet area in the garage. Directly in front of the riser and valves was a water storage tank which spanned the entire</p>			

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K S147  Bldg. 01	width of the double-set doorway. Another set of double doors was adjacent to the right and provided access to the same closet but entry behind the water tank was blocked by a soft water tank and a brine tank. Interview with the Resident Manager indicated he was unaware how access was gained to the system. He indicated he was unable to get back to the riser. The Resident Manager climbed onto the tank and leaned forward to read the only inspection tag on the riser, which he indicated was dated in 2011  483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating person from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff no less			

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	<p>than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p> <p>Based on record review and interview, the facility administration failed to ensure all employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan for special staff response, including fire protection procedures needed to ensure the safety of 4 of 4 clients which is amended, or revised, whenever any resident with unusual needs is admitted to the home. Such instruction is reviewed by the staff at least every two months. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Review of "Residential Safety Drill Report" forms on 06/30/2015 at 11:45 A.M., indicated lapses in staff fire safety training times were more than the two months allowed as evidenced by the lack of any record of fire drills for the 11:00 P.M. to 7:00 A.M. shift during the third quarter and 4th quarter (July through December) of 2014. Interview with the Resident Manager on 6/30/2015 at 11:55 A.M. indicated there was no other fire drill documentation or other fire safety staff training documentation available during the overnight shift.</p>	K S147	All managers and staff have been re-trained on the requirements for completion of evacuation drills and the frequency to maintain compliance. An annual schedule has been implemented so that drills can be communicated and completed by staff. Managers will develop a binder which will include items required including drills. This binder will be monitored by the director for compliance.	08/15/2015

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K S152  Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>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 ensure fire and evacuation drills were provided for each shift for 2 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include:</p>			K S152	<p>All managers and staff have been re-trained on the requirements for completion of evacuation drills and the frequency to maintain compliance. An annual schedule has been implemented so that drills can be communicated and completed by staff. Managers will develop a binder which will include items</p>		08/15/2015

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	Review of "Residential Safety Drill Report" forms on 06/30/2015 at 11:45 A.M., indicated no evidence of fire drills for the 11:00 P.M. to 7:00 A.M. shift during the third quarter and fourth quarter (July through December) of 2014, Interview with the Resident Manager on 6/30/2015 at 11:55 A.M. indicated there was no other fire drill documentation available for the overnight shift.		required including drills. This binder will be monitored by the director for compliance.		