

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G713	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/08/2015
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 55021 BIRCH RD OSCEOLA, IN 46561
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: August 31, and September 1, 2, 3, 4, and 8, 2015.</p> <p>Facility number: 003863 Provider number: 15G713 AIM number: 200462800</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report was completed by #09182 on 9/08/2015.</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 and interview, the facility's governing body failed to exercise general operating direction over the facility by failing to ensure the environment of the facility was clean and in good repair for 2 of 2 sampled clients (clients #1 and #2), and 2 of 2 additional clients (clients #3 and #4).</p>	W 0104	A maintenance work order was completed for required maintenance and cleaning of light fixtures. The ceiling exhaust fan, living room bookcase, and sprinkler heads were all cleaned. The residential manager completed a house maintenance walk through to ensure all necessary maintenance and cleaning were completed. The managers	10/08/2015

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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W 0382	<p>Findings include:</p> <p>The group home where clients #1, #2, #3, and #4 resided was inspected during the 8/31/15 observation period from 2:52 P.M. until 5:00 P.M. Dead insects were noted in the overhead lighting fixtures in the kitchen area, the laundry and medication areas of the facility. Ceiling exhaust fans in the dining room were covered with grease and dust. Cobwebs were noted in the living room book case and hanging from a sprinkler head in the laundry and medication areas of the facility. These areas of the facility were utilized by clients #1, #2, #3, and #4.</p> <p>Residential Director #1 was interviewed on 9/2/15 at 9:45 A.M. Residential Director #1 stated, "Staff (direct care staff) are to keep the house (facility) clean and to report any major issues to the maintenance man so areas are clean and in good repair."</p> <p>9-3-1(a)</p>		<p>complete a home maintenance walk through monthly, but should be attending to immediate needs on a more regular basis. The management staff received training by the director on maintaining the cleanliness and good repair of the home. The management staff will be completing weekly walkthroughs of the home in addition to their monthly reviews and will report any issues to the maintenance company immediately. The walkthrough reports will be monitored by the director to ensure compliance and the director will ensure that the maintenance issues are addressed within a timely manner by the maintenance company or assigned to another contractor as needed.</p>		
	483.460(l)(2)				

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Bldg. 00	<p>DRUG STORAGE AND RECORDKEEPING</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview, the facility failed to ensure medications were locked except when they were being prepared for administration for 2 of 2 sampled clients (clients #1 and #2), and 2 additional clients (client #3 and #4).</p> <p>Findings include:</p> <p>Clients #1, #2, #3, and #4 were observed during the group home observation period on 8/31/15 from 2:52 P.M. until 5:00 P.M. At 4:12 P.M., direct care staff #2 was administering medications to client #3. Direct care staff #2 had client #3's medications on the medication room counter and was preparing to administer them to client #3 when she left the medication room to ask direct care staff #3 a question on administering a medication. Direct care staff #2 left the client's medication on the counter unattended while she talked to direct care staff #3. The open medications were accessible to all clients in the facility (clients #1, #2, #3, and #4).</p> <p>"Residential Director #1 was interviewed on 9/2/15 at 9:45 A.M. Residential Director #1 stated, "Medications are to be locked when they aren't being</p>	W 0382	<p>Staff have received additional training on the proper storage of medications. This training included securing the medications in the locked cabinet prior to leaving the medication area. The QDDP, Residential Manager or nurse will complete spot checks for one month to ensure that the medication storage policy is being followed. These unannounced spot checks will be completed three times on first shift, three times on second shift, three times on third shift. Thereafter, weekly spot checks will be completed. Observations will be documented on a Medication Administration Tracking form and turned into the director monthly so compliance can be monitored.</p>	10/08/2015			

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W 0455 Bldg. 00	<p>administered."</p> <p>9-3-6(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, the facility failed to maintain the feeding pump stand in a sanitary condition for 1 of 1 client utilizing a feeding pump (client #3.)</p> <p>Findings include:</p> <p>Client #3 was observed receiving nourishment from a food pump during the group home observation periods on 8/31/15 from 2:52 P.M. until 5:00 P.M., and on 9/1/15 from 6:41 A.M. until 8:00 A.M. During both observation periods, client #3's feeding pump stand was noted to have dried food residue on the base and upright section of the stand. Direct care staff #1, #2, #3, #4, #5, #6, #7, and #8 did not clean the food residue off of, and sanitize, client #3's food pump stand.</p>	W 0455	<p>Ct #3's feeding pump pole was cleaned and sanitized. The Treatment Administration Records (TAR) for Ct #3 were revised to include cleaning and sanitizing instructions. These cleaning measures are to be implemented each shift and documented on the TAR. All staff have been trained on the cleaning procedures. The QDDP, Residential Manager or nurse will complete spot checks for one month to ensure that the cleaning procedures are being followed. These unannounced spot checks will be completed three times on first shift, three times on second shift, three times on third shift. Thereafter, weekly spot checks will be completed. Observations will be documented on a Medication Administration Tracking form and turned into the director monthly so compliance can be</p>	10/08/2015
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	Residential Director #1 was interviewed on 9/2/15 at 9:45 A.M. Residential Director #1 stated, "Staff (direct care staff) should make sure [client #3's] feeding pump, and the stand, are kept clean of any food residue." 9-3-7(a)		monitored.		