

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G734	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/29/2016
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 9726 CINNABAR PL FORT WAYNE, IN 46804
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00196256.</p> <p>Complaint #IN00196256: Substantiated: Federal and state deficiencies related to the allegation(s) are cited at W104, W249, W268, W367, W382, W460 and W488.</p> <p>Dates of Survey: April 28 and 29, 2016.</p> <p>Facility number: 005567 Provider number: 15G734 AIM number: 200851580</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/9/16.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p>			

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>Based upon observation, record review and interview, the governing body failed to provide oversight and direction to ensure the home was maintained in a clean condition for 2 of 2 sampled clients (clients A and B) and 2 additional clients (clients C and D).</p> <p>Findings include:</p> <p>Observations were completed at the group home on 4/28/16 from 5:00 PM until 6:10 PM. There was a dried clear substance on one end of the kitchen table and rings of dried substance on the opposite end of the kitchen table where clients B, C and D ate their evening meal. Client A's room had stains on the area rug next to his bed and the floor on the threshold was sticky. There was a opaque dried substance on client A's dresser. Client B's supplies (bag and connection) for his colostomy bag were laying on the ledge in the kitchen. There was a mop bucket with used mop water from mopping the bathroom and mop sitting in the kitchen area throughout the observation. There was a broom and dust pan sitting in the kitchen area propped against the kitchen island. Duffel bags containing clothing and continence briefs for clients B, C and D were stored in the hallway by the garage door on the floor. There was a white substance spilled on the medication room counter next to two cups containing a white powdered substance.</p> <p>Staff #2 was interviewed on 4/28/16 at 5:16 PM and indicated she was uncertain why the bag of supplies had been laid on the ledge and indicated the supplies were for client B's colostomy bag.</p>	W 0104	<p>All staff have received retraining on the staff cleaning checklist to ensure the home is maintained in a clean condition at all times. The staff will be monitored by the QIDP and by the Residential Manager and their observations will be documented on the CQA Environmental Probe which will be submitted to the director so compliance can be monitored. The initial monitoring will occur three times weekly for three months with weekly review by the director. Monitoring after the three months will revert to the ongoing monitoring in place which includes monthly CQA's by the management which will be submitted to the director on a monthly basis to monitor ongoing compliance. Theresidential director will make weekly unannounced visits to the home and additional management has been assigned to the home to ensure ongoing compliance. Observations will be documented on the Home Visit Report form and reviewed by the residential director on a weekly basis.</p>	05/29/2016

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W 0249 Bldg. 00	<p>Staff #3 was interviewed on 4/28/16 at 6:00 PM and indicated the floors of the home had been mopped.</p> <p>The Residential Director was interviewed on 4/29/16 at 11:21 AM and indicated the administrative and management staff had been providing oversight to ensure the home was maintained in good condition. He indicated it was preferred to store supplies and cleaning equipment away, but the home had been maintained in clean condition recently.</p> <p>This federal tag relates to complaint #IN00196256.</p> <p>9-3-1(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based upon observation, record review</p>	W 0249	All staff have received retraining on the clients ISP goals, Meaningful Day Schedule, and	05/29/2016	

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	<p>and interview, the facility failed to ensure 1 of 2 sampled clients (client B's) ISP (Individual Support Plan) objective was implemented.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 4/28/16 from 5:00 PM until 6:10 PM. Staff #2 prepared the meal by grinding chicken Alfredo and bread sticks in the blender without encouraging client B to assist in preparing his food with the food processor. Client B sat in a chair in the adjacent room without activity until he came to the table to eat his dinner.</p> <p>Client B's record was reviewed on 4/29/16 at 11:39 AM. Client B's ISP dated 3/25/16 indicated he was to pour a food item into the food processor and push the button.</p> <p>The Residential Director was interviewed on 4/29/16 at 5:04 PM and indicated client B's ISP goals were to be implemented at formal and informal opportunities.</p> <p>This federal tag relates to complaint #IN00196256.</p> <p>9-3-4(a)</p>		<p>Active Treatment. The staff will be monitored by the QIDP and by the Residential Manager and their observations will be documented on the Meaningful Day Tracking Form which will be submitted to the director so compliance can be monitored. The initial monitoring will occur three times weekly for three months with weekly review by the director. Monitoring after the three months will revert to the ongoing monitoring in place which includes monthly CQA's by the management which will be submitted to the director on a monthly basis to monitor ongoing compliance. The residential director will make weekly unannounced visits to the home and additional management has been assigned to the home to ensure ongoing compliance. Observations will be documented on the Home Visit Report form and reviewed by the residential director on a weekly basis.</p>	

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W 0268 Bldg. 00	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based upon observation and interview, the facility failed to ensure for 1 of 4 sampled clients (client B) and for 2 additional clients (clients E and G) to ensure they were clean shaven.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 4/28/16 from 5:00 PM until 6:10 PM. Client B sat in a chair in the adjacent room with his colostomy bag containing a dark substance exposed outside of his clothing without staff assisting him to cover the bag. Client D sat in a wheelchair nearby.</p> <p>The group home nurse was interviewed on 4/28/16 at 5:52 PM and indicated client B had received a new colostomy bag that made it more difficult to store the bag inside his clothing, but staff should encourage client B to cover his colostomy bag with his clothing.</p> <p>This federal tag relates to complaint #IN00196256.</p>	W 0268	All staff have received retraining on the clients Rights and Responsibilities of Persons Receiving Services at BHS to ensure that the colostomy bag remains covered for client B. The staff will be monitored by the QIDP and by the Residential Manager and their observations will be documented on the Meaningful Day Tracking Form which will be submitted to the director so compliance can be monitored. The initial monitoring will occur three times weekly for three months with weekly review by the director. Monitoring after the three months will revert to the ongoing monitoring in place which includes monthly CQA's by the management which will be submitted to the director on a monthly basis to monitor ongoing compliance. The residential director will make weekly unannounced visits to the home and additional management has been assigned to the home to	05/29/2016

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W 0367 Bldg. 00	<p>9-3-5(a)</p> <p>483.460(k) DRUG ADMINISTRATION</p> <p>The facility must have an organized system for drug administration that identifies each drug up to the point of administration. Based on observation, record review and interview, the facility failed to ensure staff implemented training for proper medication administration for 2 of 2 additional clients (clients C and D).</p> <p>Findings include:</p> <p>Observations were completed at the group home on 4/28/16 from 5:00 PM until 6:10 PM. There was a white substance spilled on the medication room counter next to two cups containing a white powdered substance.</p> <p>Staff #3 was interviewed on 4/28/16 at 5:15 PM and indicated the white powdered substance was Miralax (constipation) for clients D and C. When asked why the medication was in the cups on the counter, she stated, "Because we give it to them with their meal."</p> <p>The group home nurse was interviewed on 4/28/16 at 5:52 PM and indicated it was improper medication procedure to leave the medication in a cup on the counter.</p> <p>The Residential Director was interviewed on</p>	W 0367	<p>ensure ongoing compliance. Observations will be documented on the Home Visit Report form and reviewed by the residential director on a weekly basis.</p> <p>All staff have received retraining on the Medication Administration Policy to ensure that all medications are administered properly.. The staff will be monitored by the QIDP and by the Residential Manager and their observations will be documented on the Medication Administration Tracking Form which will be submitted to the director so compliance can be monitored. The initial monitoring will occur three times weekly for three months with weekly review by the director. Monitoring after the three months will revert to the ongoing monitoring in place which includes weekly monitoring by the management which will be submitted to the director on a monthly basis to monitor ongoing compliance. The residential director will make weekly unannounced visits to the home and additional management has been assigned to the home to ensure ongoing compliance. Observations will be documented on the Home Visit Report form</p>	05/29/2016

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W 0382 Bldg. 00	<p>4/29/16 at 11:21 AM and indicated it was in violation of the facility's medication administration procedures to leave medication out in a cup unattended.</p> <p>This federal tag relates to complaint #IN00196256.</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation, record review and interview, the facility failed to ensure medications were locked except when being prepared for administration for 2 of 2 additional clients (clients C and D).</p> <p>Findings include:</p> <p>Observations were completed at the group home on 4/28/16 from 5:00 PM until 6:10 PM. There was a white substance spilled on the medication room counter next to two cups containing a white powdered substance.</p> <p>Staff #3 was interviewed on 4/28/16 at 5:15 PM</p>	W 0382	<p>and reviewed by the residential director on a weekly basis.</p> <p>All staff have received retraining on the Medication Storage Policy to ensure that all medications are stored properly.. The staff will be monitored by the QIDP and by the Residential Manager and their observations will be documented on the Medication Administration Tracking Form which will be submitted to the director so compliance can be monitored. The initial monitoring will occur three times weekly for three months with weekly review by the director. Monitoring after the three months will revert to the ongoing monitoring in place which includes weekly monitoring by the</p>	05/29/2016

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W 0460 Bldg. 00	<p>and indicated the white powdered substance was Miralax (constipation) for clients C and D. When asked why the medication was in the cups on the counter, she stated, "Because we give it to them with their meal."</p> <p>The group home nurse was interviewed on 4/28/16 at 5:52 PM and indicated the medication for clients was not to left unsecured.</p> <p>This federal tag relates to complaint #IN00196256.</p> <p>9-3-6(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based upon record review and interview the facility failed to provide the recommended diet/menu for 1 of 2 sampled clients (client B) and 2 additional clients (clients C and D).</p> <p>Findings include:</p> <p>Observations were completed at the group home on 4/28/16 from 5:00 PM until 6:10 PM. Staff #2 prepared the meal by grinding chicken Alfredo and bread sticks in the blender. There were lumps</p>	W 0460	<p>management which will be submitted to the director on a monthly basis to monitor ongoing compliance. The residential director will make weekly unannounced visits to the home and additional management has been assigned to the home to ensure ongoing compliance. Observations will be documented on the Home Visit Report form and reviewed by the residential director on a weekly basis.</p> <p>All staff have received retraining on the diet plan for clients B, C, and D. Staff have completed post-tests of demonstration to ensure that the training has been effective. The manager and QIDP will complete spot checks to ensure that staff have implemented their training. These checks will be documented on the Dining Skills Checklist and will be turned into the director for review and to monitor compliance. The initial monitoring will occur three times weekly for three months</p>	05/29/2016

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	<p>of food in the chicken Alfredo and the bread stick mixture placed on clients B, C and D's plates. Clients B, C and D ate their evening meal and staff #2 returned their empty plates to the kitchen sink without offering milk or cookies to clients B, C and D.</p> <p>Staff #2 was interviewed on 4/28/16 at 5:45 PM and indicated clients C and D were to receive a pureed textured diet and the clients' food was prepared to pureed consistency as was it served.</p> <p>The undated posted menu was reviewed on 4/28/16 at 5:45 PM and indicated clients B, C and D were to have 1 cup of milk and one cookie.</p> <p>The group home nurse was interviewed on 4/28/16 at 5:52 PM and indicated clients C and D's food was to be pureed and should be smooth in consistency with no lumps. The group home nurse indicated the food was dry and needed more liquid to bring it to pureed consistency. Staff #2 added additional liquid to the food and processed it again until it was pureed consistency.</p> <p>The group home manager was interviewed on 4/28/16 at 6:00 PM and indicated there was no unfrozen milk available for the meal. She instructed staff #2 to look for cookies to serve the clients for their evening meal. Staff #2 brought out a box of vanilla wafers into the kitchen and indicated at 6:02 PM she would be preparing the cookies for clients B, C and D.</p> <p>This federal tag relates to complaint #IN00196256.</p>		<p>with weekly review of the checklist by the nurse or director. Monitoring after the three months will revert to the ongoing monitoring in place which includes weekly meal observations by the management and the dining checklists being submitted to the director on amonthly basis to monitor ongoing compliance. The residential director will make weekly unannounced visits to the home and additional management has been assigned to the home to ensure ongoing compliance. Observations will be documented on the Home Visit Report form and reviewed by the residential director on a weekly basis.</p>	

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W 0488 Bldg. 00	<p>9-3-8(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based upon observation, record review and interview, the facility failed to ensure 1 of 2 sampled clients (client B) and 2 additional clients (clients C and D) were encouraged to participate in meal preparation.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 4/28/16 from 5:00 PM until 6:10 PM. Staff #2 prepared the meal by grinding chicken Alfredo and bread sticks in the blender without encouraging clients B, C and D to participate in preparing the meal. Clients B, C and D sat in the adjacent living room without activity while staff prepared their food. Staff #2 placed applesauce on each plate and poured juice and water for clients B, C and D. Clients B, C and D ate their evening meal and staff #2 returned their empty plates to the kitchen sink without encouraging</p>	W 0488	<p>All staff have received retraining on appropriate dining and services. Staff will actively encourage clients to participate in meal preparation to the extent possible and in accordance with their assessed abilities. Additionally the manager is completing meal observations which include verifying that the complete dining services offered according to the developmental needs of the clients. The dining checklists will be submitted to the director to monitor compliance. The monitoring will occur three times a week for three months. Monitoring after the 3 months will revert to the ongoing monitoring in place which includes weekly meal observations by the manager and on site supervision from the QIDP and ResidentialManager. The ongoing dining checklists will be submitted</p>	05/29/2016

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	<p>clients B, C or D to participate in clearing their dishes.</p> <p>The Residential Director was interviewed on 4/29/16 at 11:21 AM and indicated the clients should be encouraged to participate in preparing their meals.</p> <p>This federal tag relates to complaint #IN00196256.</p> <p>9-3-8(a)</p>		<p>to the director on a monthly basis to monitor compliance. The residential director will make weekly unannounced visits to the home and additional management has been assigned to the home to ensure ongoing compliance. Observations will be documented on the Home Visit Report form and reviewed by the residential director on a weekly basis.</p>		