

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G733	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/11/2016
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 25799 ROLLING HILLS DR SOUTH BEND, IN 46614
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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: February 8, 9, 10, and 11, 2016.</p> <p>Facility number: 011297 Provider number: 15G733 AIM number: 200842740</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 2/17/16.</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 to light fixtures in the kitchen and laundry area with expected completion date of 3/12/16. The managers complete a home maintenance walk through monthly, but should be attending to immediate needs on a more regular basis. The management	03/12/2016

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 group home where clients #1, #2, #3, and #4 resided was inspected during the 2/8/16 observation period from 2:26 P.M. until 5:00 P.M. Dead insects were noted in the overhead lighting fixtures in the kitchen area and two light fixtures in the laundry/medication area were missing diffusers. These aforementioned areas of the facility were utilized by clients #1, #2, #3, and #4.</p> <p>Residential Director #1 was interviewed on 2/9/16 at 10:28 A.M. Residential Director #1 stated, "Maintenance is in charge of keeping the lights clean and in good condition."</p> <p>9-3-1(a)</p>				<p>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 walk through 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>		
W 0473 Bldg. 00	<p>483.480(b)(2)(ii) MEAL SERVICES Food must be served at appropriate temperature. Based on observation and interview, the facility failed to ensure 1 of 2 sampled clients (client #2) received fried eggs, toast, and milk at an appropriate temperature, within 15 minutes upon</p>			W 0473	<p>All staff have received retraining on food preparation including serving of food at the required temperature and within 15 minutes of removal from temperature controlled device. All staff will be</p>		03/12/2016

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W 0488 Bldg. 00	<p>removal from the temperature control device.</p> <p>Findings include:</p> <p>Client #2 was observed at the group home during the 2/9/15 observation period from 6:20 A.M. until 8:00 A.M. Upon entering the group home at 6:20 A.M., fried eggs and toast were on a plate on the dining room table. A container of milk was also on the table. The fried eggs, toast, and milk remained on the table until 7:26 A.M. when direct care staff #1 began to assist client #2 in consuming the foods.</p> <p>Residential Director #1 was interviewed on 2/9/16 at 10:28 A.M. Residential Director #1 stated, "Foods should be kept warm or cold until they (clients) eat."</p> <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. Based on observation, record review, and interview, the facility failed to assure 1 of 2 sampled clients (client #2) and 1 of 2</p>			W 0488	<p>monitored by the QIDP, residential manager, or nurse to ensure that foods are being served within 15minutes of being prepared for the meal. Mealtime observations will be completed at three breakfast times, threelunch times, and three dinner times to ensure that staff are implementingproper procedures. Once competency isensured through these checks the management staff will conduct weeklyobservations of meals. These will bedocumented on the dining checklist which will be turned into the directormonthly so compliance can be monitored.</p> <p>All staff, including the QIDP and Residential Manager, have beenre-trained on family style</p>		03/12/2016

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	<p>additional clients (client #4) participated in family style dining to the extent of their assessed capabilities.</p> <p>Findings include:</p> <p>Clients #2 and #4 were observed at the group home during the morning observation period on 2/9/16 from 6:20 A.M. until 8:00 A.M.. At 7:26 A.M., Direct care staff #2 assisted client #2 in eating a pre-prepared meal of fried eggs, toast, and milk. At 7:33 A.M., client #4 sat down at the dining room table and direct care staff #2 prepared and presented to the client fried eggs, toast, and milk. Upon finishing their morning meal, direct care staff #1 and the QIDP (Qualified Intellectual Disabilities Professional) cleared the table foods, condiments, and dishes and cleaned the dining and kitchen areas. Clients #2 and #4 did not participate in a family style dining to the extent of their assessed capabilities.</p> <p>Client #2's record was reviewed on 2/9/16 at 9:41 A.M. A review of the client's 2/16/15 "Group Home Individual Support Plan Assessment" (Comprehensive Functional Assessment) indicated the client could "serve himself and prepare meals with physical assistance."</p>		<p>dining and giving individuals the opportunity to assist with meal preparation. The clients should have had the opportunity to assist with meal preparation, setting and clearing the table, and serving the food as they are able. The clients can/will have additional opportunities for meal preparation as identified by their functional assessment. For 30 days, the QIDP and Residential Manager will observe three breakfast times, three lunch times, and three dinner times to ensure that staff are implementing proper procedures. Once competency is ensured through those checks, the management staff will conduct weekly observations of meals. These will be documented on the dining checklist which will be turned into the director monthly so compliance can be monitored.</p>	

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	<p>Client #4's record was reviewed on 2/9/16 at 10:15 A.M. A review of the client's 12/18/15 "Group Home Individual Support Plan Assessment" (Comprehensive Functional Assessment) indicated the client could "prepare meals with verbal prompts."</p> <p>Residential Director #1 was interviewed on 2/9/16 at 10:28 A.M. Residential Director #1 stated, "They (clients #2 and #4) should assist with meal and dining preparation."</p> <p>9-3-8(a)</p>				