STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G733	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 03/11/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENCHMARK HUMAN SERVICES	25799 ROLLING HILLS DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 0000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 03/11/16 Facility Number: 0011297 Provider Number: 15G733 AIM Number: 200842740 At this Life Safety Code survey, Benchmark Human Services 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. This one story facility was sprinklered . This facility has a fire alarm system with smoke detection on all levels as well as in the corridors, common living areas and hard wired smoke detectors in client sleeping rooms. The facility has a capacity of four and had a census of four at the time of this survey. Calculation of the Evacuation Difficulty	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	15G733		03/11/2016

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	Score (E-Score) using NFPA 101 A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-score of 2.2. Quality Review completed on 03/14/16 - DA			
K S051 Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6. 32.2.3.4.1. Based on observation and interview, the facility failed to ensure 1 of 1 manual fire alarm systems was continuously in proper operating condition. LSC Chapter 4.6.12.1 is a general requirement and applies to all occupancies. LSC 4.6.12.1 requires that any device or any feature of a required fire detection and alarm system shall be continuously in proper operating condition. This deficient practice could affect all clients, staff, and visitors in the facility. Findings include: Based on observation with the Residential Manager on 03/11/16 at 10:06 a.m., the fire alarm panel lights "System Trouble" and "Zone 4" were illuminated. Based on interview at the time of observation, the Residential Manager tried resetting the panel but the	K S051	Priority One, the vendor that services the fire system, wascontacted regarding the trouble light on the fire system. The system was inspected on 3/14/16 and foundloose terminals inside the water flow switch. The terminals were tightened and all devices on the identified zoneswere tested with normal system function. All staff have been trained on resetting the fire system and monitoringthe fire system panel to ensure adequate system function. The manager and QDDP will complete weekly checks of the firesystem to ensure proper function. Thesechecks will be documented on a fire system check sheet for 3 months. Thereafter, the monitoring and resetting ofthe fire system will be completed with the quarterly evacuation drills anddocumented on the safety drill report. Thefire system check sheet and the safety drill report will be turned into thedirector to ensure compliance.	04/10/2016

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	light remained illuminated.			