| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G718 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | (X3) DATE SURVEY COMPLETED 02/26/2016 |
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| BENCHMARK HUMAN SERVICES | 2331 CANDLEWICK DR<br>FORT WAYNE, IN 46804 |

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| W 0000<br><br>Bldg. 00 | This visit was for a fundamental recertification and state licensure survey.<br><br>Dates of Survey: February 23, 24 and 26, 2016.<br><br>Facility Number: 004404<br>Provider Number: 15G718<br>AIM Number: 200510050<br><br>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.<br>Quality Review of this report completed by #15068 on 3/4/16. | W 0000 | | |
| W 0136<br><br>Bldg. 00 | 483.420(a)(11)<br>PROTECTION OF CLIENTS RIGHTS<br>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.<br><br>Based upon record review and interview, the facility failed for 1 of 2 sampled clients (client #1) to ensure he was provided a variety of community activities on a regular basis.<br><br>Findings include: | W 0136 | A schedule of activities will be developed and staff will receive re-training on the expectation of community involvement. This training will also include additional instruction on documenting all types of activities people are participating in. The staff are required to | 03/27/2016 |

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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| | Client #1's guardian was interviewed on 2/26/16 at 11:58 AM. The guardian indicated client #1 participated in a community based wheelchair basketball league that she normally attended, but client #1 recently had not attended when the schedule was changed and the group home had not taken client #1 to the game for unknown reasons. Client #1's guardian thought he did not attend possibly due to a communication error in the schedule change. When asked if client #1 participated in a variety of community activities, the guardian indicated she was uncertain as to the frequency or type of activities client #1 was engaged in, and had requested to receive a calendar of activities client #1 had participated in, but was no longer provided the information. The guardian stated, "It seems like they don't go (to community activities) like they used to. They do take him to the mall and to our house once monthly...Maybe I'm not told of when he goes out...."<br><br>Client #1's calendars of community activities from August, 2015 to January, 2016 were reviewed on 2/26/16 at 2:50 PM and indicated client #1 had attended basketball on January 3, 10, 24 and 31, 2016 but there were no other activities listed. Client #1 attended a Christmas | | document on activity calendars which will be reviewed by the manager and QDDP on a weekly basis to ensure that the expected level of activity is occurring. Each week will be signed by the management staff to ensure their review and instructions for staff will be included in the following weeks schedule of activities. The director will review the calendars monthly and a summary of the activities will be included in the Residential Monthly Report which will also be reviewed by the director and sent to the guardians as requested. The monitoring of the activity calendars will be an ongoing practice to ensure we maintain the appropriate schedule of activities for the individuals served. | |

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| | party on 12/24/15 and had been taken for a home visit on 12/12 and 12/25/15. Client #1 attended a basketball game on 11/1 and on 11/15 and for a home visit on 11/7 and 11/26/15. Client #1 attended basketball on 10/18 and 10/25/15 and a Halloween party on 10/30/15. Client #1 attended basketball on 9/13, 9/20 and 9/27/15. Client #1 attended basketball on 8/2, 8/9 and 8/23/15. There were no other activities listed for client #1 during the period reviewed.<br><br>The Residential Director and the group home nurse were interviewed on 2/26/16 at 2:50 PM and indicated clients should be attending various community activities at least twice monthly and there was no evidence of those listed in client #1's activity calendars. The group home nurse indicated client #1 liked to go to the mall.<br><br>9-3-2(a) | | | |
| W 0148<br><br>Bldg. 00 | 483.420(c)(6)<br>COMMUNICATION WITH CLIENTS, PARENTS &<br>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, | | | |

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| | accident, death, abuse, or unauthorized absence.<br><br>Based upon observation, record review and interview, the facility failed for 1 of 2 sampled clients (client #1) to notify the guardian of illness as requested by the guardian and of documentation of monthly program reports and financial monthly reports as requested.<br><br>Findings include:<br><br>During observations at the group home on 2/24/16 from 6:45 AM to 7:35 AM, client #1 coughed deeply.<br><br>Staff #1 indicated on 2/24/16 at 7:30 AM she would take client #1 to an urgent care clinic as staff had noticed client #1 had a cough the day before. Staff #1 indicated client #1 did not have diaphragm function to assist him in coughing, which placed him at risk for upper respiratory illness.<br><br>Client #1's record was reviewed on 2/24/16 at 10:30 AM. A Family Communication Request dated 8/20/14 indicated client #1's guardian wanted to be informed of illnesses and injury requiring an appointment with a physician and all injuries and illnesses that did not require professional medical intervention. The form indicated client | W 0148 | Guardians and family members for each individual complete a form each year where we go over their expectations of communication for Benchmark staff. The director will ensure that this has been completed for each individual through an audit of the files. The director will provide training to all staff responsible for communication which includes the nurse, QDDP and residential manager to ensure they understand each guardian's expectations. The director or designee will make contact with each guardian every month for the next 6 months to make sure that they are receiving the appropriate level of communication from Benchmark staff. This communication will be documented on a meeting minute form, telephone conference form or via email and will be included in the correspondence section of the individual's main file. | 03/27/2016 |

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| | #1's guardian had requested she would like to receive monthly program reports and financial information.<br><br>Client #1's guardian was interviewed on 2/26/16 at 11:58 AM. The guardian indicated she was unaware client #1 was ill and taken to a medical clinic and she had informed the team at the time of his Individual Support Plan every year that she would like to be notified when client #1 was ill or taken to the doctor. She indicated when client #1 became ill, it sometimes developed into a serious illness. When asked if client #1 participated in a variety of community activities, the guardian indicated she was uncertain as to the frequency or type of activities client #1 was engaged in, and had requested to receive a calendar of activities client #1 had participated in, but was no longer provided that information. The guardian stated, "It seems like they don't go (to community activities) like they used to. They do take him to the mall and to our house once monthly...Maybe I'm not told of when he goes out...." When asked if client #1 had an adequate amount of money to spend, client #1's guardian indicated she used to be provided with monthly financial statements, but was no longer given the monthly reports of client #1's financial transactions. | | | |

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| | The Residential Director was interviewed on 2/26/16 at 2:30 PM and indicated client #1's guardian had not been notified of his illness or visit to a medical care facility. He indicated it was the responsibility of the group home nurse or of the QIDP (Qualified Intellectual Disabilities Professional) to notify guardians/family members of illness and medical facility visits.<br><br>Records of client #1's walk in clinic visit on 2/24/16 were reviewed on 2/26/16 at 2:30 PM and indicated client #1 had been diagnosed with bronchitis and given an antibiotic.<br><br>9-3-2(a) | | | |
| W 0159<br><br>Bldg. 00 | 483.430(a)<br>QUALIFIED MENTAL RETARDATION PROFESSIONAL<br>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. | | | |

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| | Based upon record review and interview, the QIDP (Qualified Intellectual Disabilities Professional) failed for 1 of 2 sampled clients (client #1) to notify the guardian of illness, monthly program and financial information as requested by the guardian. The QIDP failed to implement or be knowledgeable of 1 additional client's interventions to address self injurious behavior, and failed to be knowledgeable of 2 of 2 sampled clients (clients #1 and #2) adaptive silverware (client #2) or dietary texture (client #1). The QIDP failed for 1 of 2 sampled clients (client #1) to ensure a variety of community activities were provided.<br><br>Findings include:<br><br>1. Observations were completed at the group home on 2/23/16 from 4:00 PM until 5:05 PM. Client #1 ate his meal of mashed potatoes with pork and carrots. The mashed potatoes and pork were intermixed into a smooth lump.<br><br>The QIDP was interviewed on 2/23/16 at 5:00 PM and when asked what type of texture consistency client #1's food was to be, she stated, "I'm not sure. I think it's pureed," and asked the house manager who indicated client #1's food was of pureed consistency. | W 0159 | The QDDP is fairly new but has received both QDDP training and direct care training. She will receive repeat training by completing all client specific, the QDDP manual training and the front line supervisor training. This will be completed by the residential director, a QDDP trainer, the nurse and manager of the home to ensure that she understands the QDDP role and the needs of the individuals she is responsible for. After the training is complete an interview will be completed by the director to ensure the understanding of the training and to confirm that the expectations of the position are clear and understood in addition to a review of the training forms. The director will provide additional monitoring as identified in W136, W148 and W249. | 03/27/2016 |

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| | Observations were completed at the group home on 2/24/16 from 6:45 AM until 7:35 AM. Client #1 ate oatmeal with a lumpy texture. Client #1 ate his meal with an adapted spoon. Client #2 was assisted with his meal by the QIDP who asked staff #1 which silverware client #2 was to use.<br><br>The QIDP was interviewed on 2/24/16 at 7:10 AM. When asked how often she was present for the morning meal, she stated, "About every other day."<br><br>The Residential Director was interviewed on 2/26/16 at 2:55 PM and indicated the QIDP should know clients #1 and #2's food texture and adaptive equipment needs.<br><br>2. The QIDP failed for 1 of 2 sampled clients (client #1) to ensure he was provided a variety of community activities. Please see W136.<br><br>3. The QIDP failed for 1 of 2 sampled clients (client #1) to notify the guardian of illness, monthly program and financial information as requested by the guardian. Please see W148.<br><br>4. The QIDP failed to ensure 1 additional client (client #3's) behavior support plan | | | |

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| | (BSP) to address self injurious behavior was implemented. Please see W249.<br><br>9-3-3(a) | | | |
| W 0249<br><br>Bldg. 00 | 483.440(d)(1)<br>PROGRAM IMPLEMENTATION<br>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.<br><br>Based upon observation, record review and interview, the facility failed to ensure 1 additional client (client #3's) behavior support plan (BSP) to address self injurious behavior was implemented.<br><br>Findings include:<br><br>Observations were completed at the | W 0249 | The QDDP is fairly new but has received both QDDP training and directcare training. She will receive repeat training by completing allclient specific including the Behavior Support Plan and redirection listed in the plan. This will be completed by the residential director of the home to ensure that she understands the QDDP role and the needs of the individuals she is | 03/27/2016 |

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| | group home on 2/24/16 from 6:45 AM until 7:35 AM. Client #3 banged her wrist 15 times on the kitchen table until the surveyor asked the QIDP (Qualified Intellectual Disabilities Professional) who was supervising her if client #3's behavior should be redirected. The QIDP then moved client #3 away from the table and asked staff #1 if that was the best way to redirect her behavior.<br><br>The Residential Director was interviewed on 2/24/16 at 11:05 AM and indicated client #3 should be redirected when exhibiting self injurious behavior.<br><br>Client #3's record was reviewed on 2/23/16 at 11:26 AM. A BSP (behavior support plan) dated 7/1/15 indicated target behaviors of self injurious behavior (hitting her head with her left wrist and hitting her left wrist on hard surfaces, hitting her heel or back of her foot on hard surfaces), refusals, crying and physical aggression. Interventions indicated when client #3 "displays self-injurious behaviors such as banging her head, wrist, or hand, staff should immediately redirect or reposition her without giving her any more verbal feedback or recognition of this behavior..."<br><br>9-3-4(a) | | responsible for. After the training is complete an interview will be completed by the director to ensure the understanding of the training and to confirm that the expectations of the position are clear and understood in addition to a review of the training forms.<br>The director will provide additional monitoring as identified in W136 and W148.<br>The residential director will review all client objectives on a monthly basis to ensure that they are being implemented and to ensure compliance. There were no other clients affected by the deficient practice.<br>The residential director will review all client objectives in the home on a weekly basis for three months to ensure that they are being implemented and to ensure compliance. Monitoring after the 3 months will revert to the ongoing monitoring in place which includes a monthly review by the director of all client objectives to ensure that they are being implemented and to ensure compliance. | |

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| W 0460<br>Bldg. 00 | 483.480(a)(1)<br>FOOD AND NUTRITION SERVICES<br>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.<br><br>Based upon observation, record review and interview for 1 of 2 sampled clients (client #1), the facility failed to ensure his food was prepared to prescribed consistency.<br><br>Findings include:<br><br>Observations were completed at the group home on 2/24/16 from 6:45 AM until 7:35 AM. Client #1 ate oatmeal with a lumpy texture.<br><br>The Residential Director (RD) was interviewed on 2/24/16 at 11:05 AM and indicated the texture should be smooth.<br><br>Client #1's record was reviewed on 2/24/16 at 10:30 AM. A dietary review dated 8/30/15 indicated he was to receive a pureed texture diet. | W 0460 | All staff have received retraining on the diet plan for client #1. 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 with weekly review of the checklist by the nurse or director. Monitoring after the 3 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 a monthly basis to monitor ongoing compliance. | 03/27/2016 |

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| | The Diet and Nutrition in Long Term Care Reference Manual, dated 2011 was reviewed on 2/26/16 at 11:52 AM and indicated for pureed texture "All foods must be the consistency of moist mashed potatoes or pudding...."<br><br>9-3-8(a) | | | |
| W 0488<br><br>Bldg. 00 | 483.480(d)(4)<br>DINING AREAS AND SERVICE<br>The facility must assure that each client eats in a manner consistent with his or her developmental level.<br>Based on observation and interview, the facility failed to encourage 2 of 2 sampled clients (clients #1 and #2) and 2 additional clients (clients #3 and #4) to participate in preparing the evening meal.<br><br>Findings include:<br><br>Clients #1, #2, #3 and #4 were observed at the group home on 2/23/16 from 4:00 PM until 5:05 PM. Clients #2, #3 and #4 sat in chairs in the family room adjacent to the kitchen while staff #2 prepared and delivered their meal of pork, mashed potatoes, milk and a vegetable. Client #1 | W 0488 | 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 | 03/27/2016 |

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| | watched staff #2 prepare the food, but did not assist in the preparation. Staff #2 placed food for client #1 in a blender and blended it to pureed consistency without encouraging client #1 to push the button on the blender. Clients #1, #2, #3 and #4 were not observed to participate in the preparation of their meal or were they encouraged to participate in the preparation of their meal.<br><br>The Residential Director was interviewed on 2/24/16 at 11:05 AM. When asked if clients should be encouraged to assist with their meal preparations, he stated "Yes," and indicated client's should help with assisting in the preparation of their to the best of their ability and client #1 should be capable of pressing the button on the blender to puree his food even if it required hand over hand assistance.<br><br>9-3-8(a) | | revert to the ongoing monitoring in place which includes weekly meal observations by the manager and on site supervision from the QIDP and Residential Manager. The ongoing dining checklists will be submitted to the director on a monthly basis to monitor compliance. | |