

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G787	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/21/2015
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 5515 TOMAHAWK TR FORT WAYNE, IN 46804
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(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
W 0000 Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: August 17, 19, 20 and 21, 2015.</p> <p>Facility number: 012483 Provider number: 15G787 AIM number: 201011380A</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9.</p>	W 0000		
W 0210 Bldg. 00	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on record review and interview, the facility failed to complete sensorimotor assessments (fine motor, gross motor or need for adaptations) or speech/language assessments within 30 days after admission for 3 of 3 newly admitted clients (clients #1, #2 and #3).</p> <p>Findings include:</p>	W 0210	Occupational Therapy, Physical Therapy and Speech Therapy Assessments have all been scheduled for clients #1, #2 and #3 for October 9, 2015. The team will ensure that the clients be evaluated at the appointments and if any specific individual recommendations are made for client #1, #2 or #3 for those therapies, the team will	09/20/2015

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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	<p>Client #1's record was reviewed on 8/19/2015 at 2:46 P.M. Client #1's record indicated she was admitted to the group home on 10/20/2014. Client #1's record did not include initial sensorimotor assessments (fine motor, gross motor or need for adaptations) or speech/language assessments.</p> <p>Client #2's record was reviewed on 8/19/2015 at 3:08 P.M. Client #2's record indicated she was admitted to the group home on 12/31/2014. Client #2's record did not include initial sensorimotor assessments or speech/language assessments.</p> <p>Client #3's record was reviewed on 8/20/2015 at 12:50 P.M. Client #3's record indicated she was admitted to the group home on 11/11/2014. Client #3's record did not include initial sensorimotor assessments or speech/language assessments.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 8/21/15 at 8:47 A.M. The QIDP stated, "It was by accident that their initial evaluations got missed."</p> <p>The Residential Director (RD) was interviewed on 8/20/15 at 2:20 P.M. and</p>		<p>ensure the recommendations are followed upon for each individual. The residential manager, residentialnurse and QIDP all received training to ensure within 30 days afteradmission the interdisciplinary team must perform accurateassessments or reassessments as needed to supplement the preliminaryevaluation conducted prior to admission. This would include OT/PT andSpeech assessments. The residential manager, residentialnurse and QIDP also all received training on Benchmark Human Services"New Admission Checklist for Group Homes". This checklist helpstrack the 30 day required assessments /appointments when anindividual is admitted to a Benchmark Group Home.</p>	

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	indicated the evaluations were missed for clients #1, #2, and #3. The RD indicated the facility was aware initial assessments were to be completed for each client within 30 days of their admission. 9-3-4(a)				