

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G797	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  04/11/2016
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NAME OF PROVIDER OR SUPPLIER  BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 9029 S AMERICA RD LA FONTAINE, IN 46940
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K 0000  Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 04/11/16</p> <p>Facility Number: 012563 Provider Number: 15G797 AIM Number: 201018540</p> <p>At this Life Safety Code, 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.</p> <p>This one story facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, client sleeping rooms and common living areas. The facility has a capacity of 4 and had a census of 4 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101,</p>	K 0000		

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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K S056  Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.2.</p> <p>Quality Review completed on 04/11/16 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1, 32.2.3.5.2. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, is permitted. Facilities with more than eight residents are permitted. Facilities with more than eight residents are treated as two-family dwellings with regard to water supply. Additionally, entrance foyers are sprinklered.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished</p>			

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	<p>with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to an Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation</p>			

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	<p>of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 32.2.3.5.5.</p> <p>MPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 32.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler system in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are</p>			

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	<p>treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stores in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stores in Height, are permitted. All habitable areas and closets are sprinklered.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on observation, record review and interview, the facility failed to ensure 1 of 1 sprinkler gauges was maintained in accordance with NFPA 25. LSC 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 2-3.2 states gauges shall be replaced every five years or tested every five years by comparison with a calibrated gauge. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with Residential Director on 04/11/15 at 10:59 a.m., the sprinkler gauge on the riser had a replacement date of 2010. Based on</p>	K S056	A work order has been completed and VFP Fire Systems is scheduled to replace the sprinkler gauge on 4/27/16. VFP Fire Systems will complete quarterly inspections to ensure that required maintenance is maintained.	05/11/2016

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K S147 Bldg. 01	<p>interview at the time of observation, the Residential Director confirmed the gauge had a date of 2010 and could not provide documentation to show if the gauge have been calibrated in the last five years.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating person from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff no less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1 Based on record review and interview, the facility administration failed to ensure all employees are periodically instructed and kept informed with respect to their duties and responsibilities under 1 of 1 written fire safety plans. Such instruction is reviewed by the staff not less than every 2 months. This deficient practice affects all clients in the facility.</p>	K S147	Managers and staff have monthly meetings that include on-going training items. Review of drill requirements will be a standing item on the agenda for these meetings to ensure that review will take place at least every two months. The management is responsible for ensuring that the training takes place. The management will submit the	05/11/2016

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K S149  Bldg. 01	<p>Findings include:</p> <p>Based on record review with the Residential Director on 04/11/16 at 10:29 a.m., the facility failed to provide training records to show all employees have been instructed of their duties and responsibilities at least every two months. The facility did not provide documentation for the following training:</p> <p>a) First shift between 7/18/15 and 12/18/15, leaving a five month gap in training.</p> <p>b) Second shift between 7/23/15 and 12/30/15, leaving a five month gap in training.</p> <p>c) Third shift between 11/12/15 and 4/11/16, leaving a five month gap in training.</p> <p>Based on interview during record review, the Residential Director confirmed no drills or staff training were held during the aforementioned times.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. 32.7.4.2, 33.7.4.2</p> <p>Based on observations and interview, the facility failed to ensure cigarette butts</p>	K S149	<p>meeting minutes to the director on a monthly basis so that compliance can be monitored.</p> <p>All staff will be trained that smoking is only allowed in the</p>	05/11/2016

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K S152  Bldg. 01	<p>were deposited into a noncombustible container which was provided for 1 of 1 areas where smoking was permitted. This deficient practice could affect all residents if they were utilizing the back patio.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Residential Director on 4/11/16 at 10:50 p.m., the following smoking areas was provided with long neck noncombustible container but cigarette butts observed on the ground.</p> <p>a.) 20 plus cigarette butts in the grass by the back patio.</p> <p>b.) 15 plus cigarette on the back patio.</p> <p>Based on interview at the time of observations, the Residential Director acknowledged that cigarette butts were disposed on the ground in the smoking area instead of using the approved vessel which was provided.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p>		designated area where a dispenser is located. Additionally, staff will be trained to place the butts in the dispenser as required. Managers complete monthly quality assurance checks at the home which includes environmental inspections. These are documented on a CQA and reviewed by the director for compliance. Action plans completed if applicable and are monitored by the compliance specialist.	

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	<p>The facility must -</p> <ul style="list-style-type: none"> <li>(i) Actually evacuate clients during at least one drill each year on each shift;</li> <li>(ii) Make special provisions for the evacuation of clients with physical disabilities;</li> <li>(iii) File a report and evaluation on each drill;</li> <li>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</li> <li>(v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</li> </ul> <p>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>1. Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of the fire drill reports titled "Group Home Safety Drill" with Residential Director on 04/11/16 at 10:26 a.m., documentation of a third shift fire drill for the first quarter of 2016 was not available for review. Based on an interview at the time of record review, the Residential Director was unable to confirm a first quarter of 2016 fire drill was conducted.</p>	K S152	Evacuation drills will be completed across shifts as required. A drill schedule will be placed in the home. In addition, all drills will be placed on the home calendar. Finally, DSP staff members will receive training on how to follow schedule. The management is responsible for ensuring that drills take place. This includes placing the schedule in the home and transferring the dates and times to the home calendar. In addition, the management will follow-up after a drill is scheduled to ensure that it took place as scheduled. The management will submit the drills to the director on a monthly basis so that compliance can be monitored.	05/11/2016

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	<p>2. Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times on first shift for 4 of the last 4 calendar quarters. LSC 4.7.5 requires drills be held at unexpected times and varying conditions. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of the fire drill reports titled "Group Home Safety Drill" with Residential Director on 04/11/16 at 10:26 a.m., the documentation indicated all third shift fire drills for the last four quarters took place between 5: 00 a.m. and 6:59 a.m. Based on interview, this was acknowledged by the Residential Director at the time of record review.</p>			