

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G794	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/16/2015
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NAME OF PROVIDER OR SUPPLIER  BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 9110 N CR 700 W SCIPIO, IN 47273
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W000000	<p>This visit was for an investigation of complaint #IN00158765.</p> <p>Complaint #IN00158765: Substantiated. Federal/state deficiencies related to the allegation(s) are cited at W149 and W252.</p> <p>Survey dates: January 15 and 16, 2015.</p> <p>Facility number: 012529 Provider number: 15G794 AIM number: 201017530</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/26/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p>			

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>Based on record review and interview for 1 of 9 incident/investigative reports reviewed affecting 1 of 2 sampled clients (A), the facility neglected to implement its policies and procedures to ensure supervision and implementation of the client's behavior protocols.</p> <p>Findings include:</p> <p>A review of reportable incident reports on 1/15/15 at 1:30 PM indicated client A reported she had swallowed a battery from a TV's remote control on 1/04/15 at 5:30 AM. The client was taken to a local hospital and an x-ray showed a battery was confirmed to have been ingested.</p> <p>Record review for client A was conducted on 1/15/15 at 6:15 PM. The record review included review of the client's Behavior Support Plan/BSP of 12/30/14. The BSP addressed the behaviors of physical aggression, elopement, self injury, PICA (swallowing inedible objects--including a history of ingesting small batteries out of TV remote controls), and inappropriate sexual behaviors.</p> <p>A review of the facility's Group Home Abuse and Neglect policy, dated 12/5/12, was conducted on 1/16/15 at 11:30 AM. The policy indicated, in part, "AWS does</p>	W000149	<p><b>W 149</b> Staff Treatment of Clients – Client swallowed battery as intentional maladaptive behavior. <b>Corrective action for resident(s) found to have been affected</b> The facility's Behavior Clinician (BC) trained Direct Support Professionals (DSPs) on restricting batteries for this client. As per the Behavior Support Plan (BSP), all battery operated devices, e.g. remote controls, CD players, etc. (unless the battery compartments require a screw be removed in order to open it) will be kept in a secure location when not in use. Staff will maintain possession of remote controls during use. The use of any other battery operated items will be supervised by staff and they must be in a position to observe this client and the device during its use. The device will be returned to the secure location when done. <b>How facility will identify other residents potentially affected &amp; what measures taken</b> All residents potentially are affected, so the BC also trained DSPs on other restrictions in the home across clients. <b>Measures or systemic changes facility put in place to ensure no recurrence</b> Training on implementing battery restriction; training on all restrictions across home and clients. <b>How corrective actions will be monitored to ensure no recurrence</b> The set of three Managers, the BC, and the Facility Director (FD) all</p>	02/15/2015			

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	<p>not tolerate abuse, neglect or exploitation in any form by any person. The following definitions of abuse, neglect and exploitation are provided. "Alleged, suspected or actual neglect (which must also be reported to Adult Protective Services or Child Protective Services, as indicated), which includes but is not limited to:</p> <ul style="list-style-type: none"> <li>a. failure to provide appropriate supervision, care or training;</li> <li>b. failure to provide a safe, clean and sanitary environment...."</li> </ul> <p>The 8/2008 "Group Home Abuse and Neglect" policy was reviewed 1/16/15 at 11:45 AM and indicated..."Neglect includes failure to provide appropriate care, food, medical care or supervision."</p> <p>Client A was interviewed on 1/15/15 at 5:45 PM and indicated she had swallowed a battery from a remote control device staff did not lock up. She stated the battery came out in her "poop." Client A indicated she was upset because she had a bad dream, and when she awoke, the staff on duty was asleep. She swallowed the battery. She indicated she had reported the staff and there was to be an investigation.</p> <p>Interview with Behavior Management staff #1 on 1/15/15 at 2:00 PM indicated</p>		<p>participate on the Interdisciplinary Team (IDT). The BC is responsible for BSP interventions, including most of the restrictions. Managers supervise all Direct Support Staff (DSPs), including ensuring that they implement programs and restrictions properly. A BSP restrictions Checklist was created by the BC to assist the managers when monitoring required restrictions in the home. The agency's Facility Administrator (FA) supervises the Managers and the BC and meets with them regularly. A reminder will be added to the ongoing meeting agenda to ensure that restrictions monitoring is taking place on a regular basis.</p>		

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	<p>client A had a history of PICA (swallowing inedible objects). She was to be protected/monitored by staff and all remote controls were to be locked up so she could not access the batteries and swallow them.</p> <p>Interview with the house manager, staff #1 on 1/15/15 at 6:20 PM indicated the client had ingested a battery from a remote control device the staff had neglected to securely lock up so client A could not access it.</p> <p>An interview with the QIDP (Qualified Intellectual Disabilities Professional)/Administrator was conducted on 01/16/15 at 4:20 PM. The QIDP indicated client A was at risk for PICA (ingesting non-edible items) and had done this in the past. The interview indicated the agency prohibits neglect of clients.</p> <p>This federal tag relates to complaint #IN00158765.</p> <p>9-3-2(a)</p>						

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W000252	<p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 2 of 2 sampled clients (A and B), and 2 additional clients (C and D), the facility failed to ensure data for program objectives was documented.</p> <p>Findings include:</p> <p>Record review for client A was conducted on 1/15/15 at 6:15 PM. The record review included review of program data sheets from September 2014 through the time of the survey for the ISP/Individual Support Plan dated 10/01/14. The ISP contained the following training objectives: consistently attend day program, sign receipt for all purchases, self administer nasal spray, take meds (medications) at prescribed times, prepare lunch daily, refrain from inappropriate sexual</p>	W000252	<p><b>W 252</b> Program Documentation – Support Plan documentation was missing for a period of four weeks in October, 2014. <b>Corrective action for resident(s) found to have been affected</b> The Interdisciplinary Team (IDT) reviewed this issue, and all data sheets are in place at this time. The error occurred during the transition out of the facility of the manager primarily responsible for maintaining planning and documentation. Another manager has since that time assumed the role of coordinating programs and documentation. Additionally, two new managers have been hired. The Facility Administrator (FA) will train all three managers on the requirement to maintain Support Plan documentation for all ISP components. <b>How facility will identify other residents potentially affected &amp;</b></p>	02/15/2015

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	<p>interactions, utilize personal funds, follow dining plan for dairy intake, attend counseling sessions, and independently cleanse body. The data for the ISP was missing from 10/1/14 through 10/28/14 for all objectives.</p> <p>Record review for client B was conducted on 1/15/15 at 5:45 PM. The record review included review of program data sheets from September 2014 through the time of the survey for the ISP/Individual Support Plan dated 10/01/14. The ISP contained the following training objectives: follow a list to pick out supplies, wipe table after activities, apply prescription patch, hand money to cashier, cleanse self after incontinence, put laundry away, make own bed independently, independently apply lotion, and mix thick it (thickening agent for beverages). The data for the ISP was missing from 10/1/14 through 10/28/14 for all objectives.</p> <p>Record review for client C was conducted on 1/15/15 at 5:30 PM. The record review included review of program data sheets from September 2014 through the time of the survey for the ISP/Individual Support Plan dated 10/01/14. The ISP contained the following training objectives:</p>		<p><b>what measures taken</b> All residents potentially are affected, and corrective measures address the needs of all clients. <b>Measures or systemic changes facility put in place to ensure no recurrence.</b> Data sheets for ISP objectives are in place in the home; with newly stable management structure in place, all managers will receive training on requirement to maintain ISP documentation. <b>How corrective actions will be monitored to ensure no recurrence</b> The set of three Managers maintain documentation on all support plans. The agency's Facility Administrator (FA) supervises the Managers and meets with them regularly. The FA also provides training and will ensure that all managers are trained on the required ISP documentation.</p>		

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	<p>maintain employment, get change from purchases, self apply lotion, prepare lunch, use mouthwash, price compare like items, self administer laxative medication, and independently take out the trash.</p> <p>Record review for client D was conducted on 1/15/15 at 6:00 PM. The record review included review of program data sheets from September 2014 through the time of the survey for the ISP/Individual Support Plan dated 10/01/14. The ISP contained the following training objectives: label items at the day program, work with vocational rehabilitation services, wear stomach brace, compare purchase items, prepare lunch, meet with counselor, administer diabetes medication, and administer nasal spray.</p> <p>Interview with the house manager, staff #1 on 1/15/15 at 6:20 PM indicated the QIDP/Qualified Intellectual Disabilities Professional staff who held the ISPs had not forwarded the new training objective program data sheets to the facility until the end of October 2014. The program data was missing from 10/1-28/14 because there were no data sheets available for clients A, B, C, and D.</p> <p>This federal tag relates to complaint</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	#IN00158765.  9-3-4(a)				