

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G743	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/23/2015
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 10526 MORNING MIST 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
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K 000 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: 02/23/15</p> <p>Facility Number: 011640 Provider Number: 15G743 AIM Number: 200913770</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist; Scott Wytosick, Life Safety Code Specialist.</p> <p>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 33, Existing Residential Board and Care Occupancies.</p> <p>The one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, sleeping rooms and common living areas. The facility has a capacity of 6 and had a census of 5 at the time of this survey.</p>	K 000		
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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 130 Bldg. 01	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.8.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/27/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 portable fire was properly maintained. NFPA 101, Section 4.6.12.2 states existing life safety features obvious to the public not required by the Code, shall be maintained. NFPA 10, Standard for Portable Fire Extinguishers Chapter 4-4.3 states extinguishers requiring a 12-year hydrostatic test shall be emptied and subjected to the applicable maintenance procedures every six years. This deficient practice could affect all occupants.</p> <p>Findings include:</p>	K 130	<p>Priority one recharged the fire extinguisher on 2/23/15. Benchmark HS requires a monthly maintenance walk-through in which the manager completes a visual inspection of all fire extinguishers in the group home. This walk-through (Environmental CQA) will be reviewed by the Director to ensure compliance. Annual fire inspections are also completed to inspect fire extinguishers to ensure required maintenance.</p>	03/25/2015

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	Based on observation on 02/23/15 at 12:42 p.m., the Residential Director and Residential Manager acknowledged the date stamped on the bottom of the kitchen fire extinguisher was 09/08. Based on an interview with the Residential Director at the time of observation, she was unable to provide additional documentation to confirm a hydrostatic test had been completed within the last six years.				