

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G714	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  07/16/2015
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NAME OF PROVIDER OR SUPPLIER  BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 100 S CR 265 W NORTH VERNON, IN 47265
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W 0000  Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Survey dates: July 9, 10, 13, 14, 15 and 16, 2015</p> <p>Facility number: 003993 Provider number: 15G714 AIM number: 200474890</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 4 of 4 clients living in the group home (#1, #2, #3 and #4), the governing body failed to ensure the group home had a sufficient amount of straps to secure the clients' wheelchairs in the van during transport and the staff were trained to properly secure the clients' wheelchairs.</p> <p>Findings include:</p>	W 0104	<p>The sufficient number of straps will be provided for each group home van to ensure that the clients' wheelchairs are secured during transport. All staff will receive documented training regarding how to properly secure the clients' wheelchairs. The Residential Manager and QDDP will monitor that straps are in place and wheelchairs are properly secured at least 5 times per week to ensure appropriate implementation for one month. After one month, the RM and QDDP will monitor for appropriate</p>	08/15/2015

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>On 7/14/15 from 6:07 AM to 8:00 AM, an observation was conducted at the group home. At 7:51 AM when the clients were being assisted into the van and their wheelchairs strapped in, staff #6 used three straps to secure client #1's wheelchair, client #2's wheelchair was secured with two straps, client #3's wheelchair was secured with three straps, and client #4's wheelchair was secured with two straps. Client #2's wheelchair was secured with one strap attached to the back wheel of the wheelchair and another around the front wheel. Client #1's wheelchair was secured with the straps attached to her wheels.</p> <p>On 7/14/15 at 7:52 AM, staff #6 indicated the facility was missing one strap (for each client to have three straps). Staff #6 indicated she attached the straps to the clients' wheels due to not being able to reach the frame when attaching the straps from the back. Staff #6 indicated she attached the straps where she could reach.</p> <p>On 7/14/15 at 7:55 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated each wheelchair should be secured with three straps.</p> <p>On 7/14/15 at 9:44 AM, the QIDP indicated there were supposed to be three</p>		implementation at least 3 times per week.	

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	<p>tie downs for each wheelchair. On 7/14/15 at 9:46 AM, the QIDP indicated the staff needed to be trained on the policy. The QIDP indicated he did not know where on the wheelchair the straps needed to be attached. The QIDP indicated some of the clients' wheelchairs had strap mounts built onto the wheelchair. The QIDP indicated the policy should be implemented as written.</p> <p>On 7/14/15 at 9:46 AM, the nurse indicated the staff should lock the clients' brakes and do the tie downs. The nurse indicated she was unsure how many straps should be used on each wheelchair to secure the clients' wheelchair during transport. The nurse indicated when she attended doctor's appointments with the clients, the clients' wheelchairs were secured using four straps. The nurse indicated it was easier to get them secured when only one client was in the van.</p> <p>On 7/14/15 at 9:56 AM, a review of the Wheelchair Van Procedure, dated 10/15/12, was conducted. The policy indicated, in part, "...Attach the tie-down straps/hooks to the wheelchair. Do not attach the straps to the wheels or joints that could easily be removed or fall off. There should be two tie-down straps attached to both the front and the back to</p>			

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W 0126 Bldg. 00	<p>ensure there is no movement of the wheelchair...."</p> <p>On 7/15/15 at 11:07 AM, the Director indicated there should be one strap for each wheel area attached to the frame. The Director indicated the QIDP and the Residential Manager should know how to secure the clients' wheelchairs in the van. The Director indicated all the staff needed to be trained to properly secure wheelchairs in the van.</p> <p>9-3-1(a)</p> <p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on record review and interview for 4 of 4 clients living in the group home (#1, #2, #3 and #4), the facility failed to ensure the clients accessed their personal funds on a regular basis.</p> <p>Findings include:</p> <p>On 7/13/15 at 4:12 PM, a review of the clients' finances was conducted and indicated the following:</p>	W 0126	Each client will access their funds on a regular basis by engaging in a scheduled community transaction at least one time per week. The Benchmark QDDP will monitor documentation of these scheduled activities and transactions and will provide a monthly report to the Benchmark Director regarding the implementation of this plan for each client. A current assessment will be completed for each client in this group home, and ongoing, an annual ISP assessment will be completed by	08/15/2015

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	<p>-Client #1's Cash on Hand Ledger, dated January 2015, indicated the starting balance in her account was \$4.83. Client #1 spent \$2.00 at an event at the facility-operated day program. From January 2015 to July 2015, client #1's Cash on Hand balance (\$2.83) did not change. There was no documentation client #1 spent her personal money from January 5, 2015 to 7/13/15.</p> <p>-Client #2's Cash on Hand Ledger, dated March 2015, indicated the starting balance in her account was \$266.00. On 3/5/15 and 3/12/15, client #2 spent money bringing her balance to \$0.78. From 3/12/15 to 7/13/15, there was no change in the Cash on Hand balance. There was no documentation client #2 spent her personal money from 3/12/15 to 7/13/15.</p> <p>-Client #3's Cash on Hand Ledger, dated December 2014, indicated the starting balance in his account was \$137.96. Client #3 spent money on 12/4/14 and 12/5/14 bringing the balance to \$43.31. From 12/5/15 to 7/13/15, there was no change in the balance of client #3's Cash on Hand balance. There was no documentation client #3 spent his personal money from 12/5/14 to 7/13/15.</p> <p>-Client #4's Cash on Ledger, dated April</p>		the QDDP for each client to determine if additional scheduled community transactions should be implemented. The results of this assessment will be reported to the IDT to determine if changes should be made to the frequency of scheduled community transactions.	

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	<p>2015, indicated the starting balance in her account was \$147.81. On 4/11/15 and 4/12/15, client #4 spent her personal money bringing the balance to \$35.86. From 4/12/15 to 7/13/15, there was no change in the balance of client #4's Cash on Hand balance. There was no documentation client #4 spent her personal money from 4/12/15 to 7/13/15.</p> <p>On 7/14/15 at 6:40 AM, client #2 indicated she did not get to spend her money. Client #2 indicated she wanted to be able to go out to eat at a fast food restaurant.</p> <p>On 7/14/15 at 6:40 AM, client #1 indicated she wanted to go out to eat and spend her money.</p> <p>On 7/13/15 at 4:19 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the clients should access and spend their personal funds at least one time per month. The QIDP indicated he could not provide a reason the clients had not been accessing their funds but they should access their funds.</p> <p>On 7/15/15 at 11:07 AM, the Director stated, when asked how often the clients should access their money, "at least weekly, ideally."</p>			

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W 0149 Bldg. 00	<p>9-3-2(a)</p> <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. Based on record review and interview for 4 of 16 incident/investigative reports reviewed affecting clients #1, #2, #3 and #4, the facility neglected to implement its policies and procedures to prevent client to client abuse, conduct thorough investigations and ensure staff immediately reported an allegation of neglect to the administrator.</p> <p>Findings include:</p> <p>On 7/9/15 at 2:38 PM and 7/13/15 at 2:44 PM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>1) On 2/12/15 the Residential Manager received a written statement from staff #8. The statement indicated when staff #8 arrived to work on 2/8/15 at 6:00 AM the night shift staff (#7) was asleep on the couch with a pillow over her head. The night shift staff got up after morning staff got one of the clients up to take a shower. This affected clients #1, #2, #3 and #4. The Bureau of Developmental</p>	W 0149	The Benchmark Director will ensure that all clients are interviewed as potential witnesses during any allegation of abuse or neglect involving this group home and its clients. These interviews will be documented and included as part of each investigation summary. The QDDP will receive documented training regarding the Benchmark Group Home Abuse and Neglect policy to ensure awareness of the definition of abuse and neglect, including client to client abuse. The Benchmark Director will complete and/or review each investigation summary to monitor and ensure compliance.	08/15/2015

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	<p>Disabilities Services (BDDS) incident report follow-up, dated 2/19/15, indicated, "The investigation was completed and was not able to substantiate that staff had been sleeping. Staff will receive retraining on Overnight Staff Time entry Policy and a Record of Training that staff sleeping on duty is considered neglect and cause for termination. After staff receives training she may come back to work." The investigation, dated 2/19/15, indicated the allegation was unsubstantiated.</p> <p>2) On 3/10/15 at 7:00 PM, clients #1 and #3 were arguing. Client #1 went over to client #3 and grabbed his shirt causing a 3 inch scratch on the left side of his upper chest. The investigation, dated 3/17/15, indicated the allegation of abuse was substantiated. The investigation indicated staff #3 and #4 were interviewed during the investigation. The investigation did not include interviews with clients #1 and #3. The investigation was not thorough due to the investigator not interviewing the clients.</p> <p>3) On 5/21/15 at 7:30 PM, client #1 was upset. Client #1 was yelling and attempting to hit staff. Staff took client #1 to her room to calm down. On the way to her room she reached out and grabbed client #3's right hand causing a 1</p>			

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	<p>inch scratch on the top of his right hand. The investigation, dated 5/26/15, indicated the allegation of abuse was substantiated. The investigation indicated, "Client to client abuse did occur at the [group home name] on 5-21-15. Two staff witnessed Benchmark client [#1] scratch Benchmark client [#3's] hand." The investigation indicated staff #3 and #4 were interviewed during the investigation. The investigation did not include interviews with clients #1 and #3. The investigation was not thorough due to the investigator not interviewing the clients.</p> <p>4) On 6/18/15 at 6:26 PM, client #3 was ambulating his wheelchair toward the bathroom for his shower. Client #1 started yelling at client #3 and went over to client #1. Client #1 grabbed client #3's right arm and scratched his arm. The three scratches were two inches long. The investigation, dated 6/23/15, indicated the allegation was substantiated. The investigation indicated, in part, "Client to client abuse did occur at the [group home name] on 6-18-15. Two staff witnessed Benchmark client [#1] scratch Benchmark client [#3's] arm." The investigation indicated staff #3 and #4 were interviewed during the</p>			

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	<p>investigation. The investigation did not include interviews with clients #1 and #3. The investigation was not thorough due to the investigator not interviewing the clients.</p> <p>On 7/13/15 at 2:58 PM, the Qualified Intellectual Disabilities Professional (QIDP) stated "I don't know" when asked if client to client aggression was considered abuse by the facility. The QIDP indicated the staff should prevent client to client aggression. The QIDP indicated the facility had a policy and procedure in place prohibiting abuse of the clients. The QIDP indicated, when asked why the clients were not interviewed during the investigation, that another surveyor brought the issue up during a previous survey. The QIDP indicated the Director had attended a class to conduct investigations. The QIDP indicated clients #1 and #3 were able to provide information regarding the incidents and should have been interviewed. The QIDP indicated staff was to immediately report an allegation of neglect to the administrator.</p> <p>On 7/15/15 at 11:07 AM, the Director indicated client to client aggression was abuse. The Director indicated an allegation of neglect should be reported immediately. The Director indicated the</p>			

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	<p>clients should be interviewed during an investigation to get as much information as possible about what happened.</p> <p>A review of the facility's Group Home Abuse and Neglect policy, dated 11/11/14, was conducted on 7/9/15 at 2:34 PM. The policy indicated, in part, "Benchmark does not tolerate abuse in any form by any person; this includes physical abuse, verbal abuse, psychological abuse or sexual abuse. Physical abuse is any action that could lead to bodily harm, including corporal punishment, like spanking or hitting or pinching. Verbal abuse is speaking, writing or gesturing in a derogatory manner to a client or in proximity of a client. Psychological abuse includes doing or saying anything that would humiliate an individual, like teasing or making fun. It includes threats of punishment or deprivation as well as threats or intimidation. Neglect includes failure to provide appropriate care, food, medical care or supervision. Exploitation includes any deliberate misplacement of individual's money, wrongful use of an individual's money or belongings. If any staff witness, observe, or suspects abuse or neglect of a client, they are to report this immediately to their supervisor and the BHS (Benchmark Human Services) Residential Director. If a Benchmark</p>			

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W 0153 Bldg. 00	<p>employee is accused of abuse or neglect they will be sent home without pay until a preliminary investigation is completed and appropriate safeguards are put into place. If the charges are substantiated disciplinary action will be taken which may include termination. Results of the investigation must be reported within 5 days. All corrective action will be written and disseminated to the appropriate entities."</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview for 1 of 16 incident/investigative reports reviewed affecting clients #1, #2, #3 and #4, the facility failed to ensure staff immediately reported an allegation of neglect to the administrator.</p> <p>Findings include:  On 7/9/15 at 2:38 PM and 7/13/15 at 2:44 PM, a review of the facility's incident/investigative reports was</p>	W 0153	All staff at this group home will receive training regarding the requirement to report any allegation of abuse or neglect immediately to the administrator. Evidence of this training will be submitted to the Benchmark Director to ensure appropriate completion.  The Benchmark Director will complete and/or review each investigation summary to monitor and ensure compliance.	08/15/2015

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W 0154  Bldg. 00	<p>conducted and indicated the following: On 2/12/15 the Residential Manager received a written statement from staff #8. The statement indicated that when staff #8 arrived to work on 2/8/15 at 6:00 AM the night shift staff (#7) was asleep on the couch with a pillow over her head. The night shift staff got up after morning staff got one of the clients up to take a shower. This affected clients #1, #2, #3 and #4.</p> <p>On 7/13/15 at 2:58 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the staff was to immediately report an allegation of neglect to the administrator.</p> <p>On 7/15/15 at 11:07 AM, the Director indicated an allegation of neglect should be reported immediately to the administrator.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for</p>	W 0154	The Benchmark Director will	08/15/2015			

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	<p>3 of 16 incident/investigative reports reviewed affecting clients #1 and #3, the facility failed to conduct thorough investigations.</p> <p>Findings include:</p> <p>On 7/9/15 at 2:38 PM and 7/13/15 at 2:44 PM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>1) On 3/10/15 at 7:00 PM, clients #1 and #3 were arguing. Client #1 went over to client #3 and grabbed his shirt causing a 3 inch scratch on the left side of his upper chest. The investigation, dated 3/17/15, indicated the allegation of abuse was substantiated. The investigation indicated staff #3 and #4 were interviewed during the investigation. The investigation did not include interviews with clients #1 and #3. The investigation was not thorough due to the investigator not interviewing the clients.</p> <p>2) On 5/21/15 at 7:30 PM, client #1 was upset. Client #1 was yelling and attempting to hit staff. Staff took client #1 to her room to calm down. On the way to her room she reached out and grabbed client #3's right hand causing a 1 inch scratch on the top of his right hand. The investigation, dated 5/26/15,</p>		<p>ensure that all clients are interviewed as potential witnesses during any allegation of abuse or neglect involving this group home and its clients. These interviews will be documented and included as part of each investigation summary. The QDDP will receive documented training regarding the Benchmark Group Home Abuse and Neglect policy to ensure awareness of the definition of abuse and neglect, including client to client abuse. The Benchmark Director will complete and/or review each investigation summary to monitor and ensure compliance.</p>	

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	<p>indicated the allegation of abuse was substantiated. The investigation indicated, "Client to client abuse did occur at the [group home name] on 5-21-15. Two staff witnessed Benchmark client [#1] scratch Benchmark client [#3's] hand." The investigation indicated staff #3 and #4 were interviewed during the investigation. The investigation did not include interviews with clients #1 and #3. The investigation was not thorough due to the investigator not interviewing the clients.</p> <p>3) On 6/18/15 at 6:26 PM, client #3 was ambulating his wheelchair toward the bathroom for his shower. Client #1 started yelling at client #3 and went over to client #1. Client #1 grabbed client #3's right arm and scratched his arm. The three scratches were two inches long. The investigation, dated 6/23/15, indicated the allegation was substantiated. The investigation indicated, in part, "Client to client abuse did occur at the [group home name] on 6-18-15. Two staff witnessed Benchmark client [#1] scratch Benchmark client [#3's] arm." The investigation indicated staff #3 and #4 were interviewed during the investigation. The investigation did not include interviews with clients #1 and #3.</p>			

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W 0189 Bldg. 00	<p>The investigation was not thorough due to the investigator not interviewing the clients.</p> <p>On 7/13/15 at 2:58 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated, when asked why the clients were not interviewed during the investigation, that another surveyor brought the issue up during a previous survey. The QIDP indicated the Director had attended a class to conduct investigations. The QIDP indicated clients #1 and #3 were able to provide information regarding the incidents and should have been interviewed.</p> <p>On 7/15/15 at 11:07 AM, the Director indicated the clients should have been interviewed during the investigation to obtain as much information as possible regarding the incidents.</p> <p>9-3-2(a)</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on observation, record review and</p>	W 0189	The sufficient number of straps will be provided for each group	08/15/2015	

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	<p>interview for 4 of 4 clients living in the group home (#1, #2, #3 and #4), the facility failed to ensure the Qualified Intellectual Disabilities Professional (QIDP) was competently trained on the facility's abuse policy to be able to identify client to client aggression as abuse and the group home staff was able to properly secure the clients' wheelchairs in the van.</p> <p>Findings include:</p> <p>1) On 7/9/15 at 2:38 PM and 7/13/15 at 2:44 PM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>a) On 3/10/15 at 7:00 PM, clients #1 and #3 were arguing. Client #1 went over to client #3 and grabbed his shirt causing a 3 inch scratch on the left side of his upper chest. The investigation, dated 3/17/15, indicated the allegation of abuse was substantiated.</p> <p>b) On 5/21/15 at 7:30 PM, client #1 was upset. Client #1 was yelling and attempting to hit staff. Staff took client #1 to her room to calm down. On the way to her room she reached out and grabbed client #3's right hand causing a 1 inch scratch on the top of his right hand. The investigation, dated 5/26/15,</p>		<p>home van to ensure that the clients' wheelchairs are secured during transport. All staff will receive documented training regarding how to properly secure the clients' wheelchairs.</p> <p>The Residential Manager and QDDP will monitor that straps are in place and wheelchairs are properly secured at least 3 times per week to ensure appropriate implementation.</p> <p>The QDDP will receive documented training regarding the Benchmark Group Home Abuse and Neglect policy to ensure awareness of the definition of abuse and neglect, including client to client abuse.</p>	

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	<p>indicated the allegation of abuse was substantiated. The investigation indicated, "Client to client abuse did occur at the [group home name] on 5-21-15. Two staff witnessed Benchmark client [#1] scratch Benchmark client [#3's] hand."</p> <p>c) On 6/18/15 at 6:26 PM, client #3 was ambulating his wheelchair toward the bathroom for his shower. Client #1 started yelling at client #3 and went over to client #1. Client #1 grabbed client #3's right arm and scratched his arm. The three scratches were two inches long. The investigation, dated 6/23/15, indicated the allegation was substantiated. The investigation indicated, in part, "Client to client abuse did occur at the [group home name] on 6-18-15. Two staff witnessed Benchmark client [#1] scratch Benchmark client [#3's] arm."</p> <p>On 7/13/15 at 2:58 PM, the Qualified Intellectual Disabilities Professional (QIDP) stated "I don't know" when asked if client to client aggression was considered abuse by the facility.</p> <p>2) On 7/14/15 from 6:07 AM to 8:00 AM, an observation was conducted at the group home. At 7:51 AM when the clients were being assisted into the van</p>			

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	<p>and their wheelchairs strapped in, staff #6 used three straps to secure client #1's wheelchair, client #2's wheelchair was secured with two straps, client #3's wheelchair was secured with three straps, and client #4's wheelchair was secured with two straps. Client #2's wheelchair was secured with one strap attached to the back wheel of the wheelchair and another around the front wheel. Client #1's wheelchair was secured with the straps attached to her wheels.</p> <p>On 7/14/15 at 7:52 AM, staff #6 indicated the facility was missing one strap (for each client to have three straps). Staff #6 indicated she attached the straps to the clients' wheels due to not being able to reach the frame when attaching the straps from the back. Staff #6 indicated she attached the straps where she could reach.</p> <p>On 7/14/15 at 7:55 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated each wheelchair should be secured with three straps.</p> <p>On 7/14/15 at 9:44 AM, the QIDP indicated there were supposed to be three tie downs for each wheelchair. The QIDP indicated the staff needed to be retrained on the policy. The QIDP indicated he did not know where on the</p>			

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	<p>wheelchair the straps needed to be attached. The QIDP indicated some of the clients' wheelchairs had strap secure mounts built onto the wheelchair.</p> <p>On 7/14/15 at 9:46 AM, the nurse indicated the staff should lock the clients' brakes and do the tie downs. The nurse indicated she was unsure how many straps should be used on each wheelchair to secure the clients' wheelchair during transport. The nurse indicated when she attended doctor's appointments with the clients, the clients' wheelchairs were secured using four straps. The nurse indicated it was easier to get them secured when only one client was in the van.</p> <p>On 7/14/15 at 9:56 AM, a review of the Wheelchair Van Procedure, dated 10/15/12, was conducted. The policy indicated, in part, "...Attach the tie-down straps/hooks to the wheelchair. Do not attach the straps to the wheels or joints that could easily be removed or fall off. There should be two tie-down straps attached to both the front and the back to ensure there is no movement of the wheelchair...."</p> <p>The QIDP indicated on 7/14/15 at 9:56 AM the policy should be implemented as written. The QIDP indicated the staff</p>			

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W 0249 Bldg. 00	<p>needed to be trained on the policy.</p> <p>On 7/15/15 at 11:07 AM, the Director indicated the QIDP should be able to identify client to client aggression as abuse. The Director indicated there should be one strap for each wheel area attached to the frame. The Director indicated the QIDP and the Residential Manager should know how to secure the clients' wheelchairs in the van. The Director indicated all the staff needed to be trained to properly secure wheelchairs in the van.</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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.</p> <p>Based on record review and interview for 4 of 4 clients living in the group home (#1, #2, #3 and #4), the facility failed to ensure the clients' program plans were implemented as written to increase their money management skills.</p> <p>Findings include:</p>	W 0249	Each client will access their funds on a regular basis by engaging in a scheduled community transaction at least one time per week. All staff will receive training in which they will receive direction regarding how to implement this practice. An annual ISP assessment will be completed by the QDDP for each	08/15/2015

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	<p>On 7/13/15 at 4:12 PM, a review of the clients' finances was conducted and indicated the following:</p> <p>-Client #1's Cash on Hand Ledger, dated January 2015, indicated the starting balance in her account was \$4.83. Client #1 spent \$2.00 at an event at the facility-operated day program. From January 2015 to July 2015, client #1's Cash on Hand balance did not change. There was no documentation client #1 spent her personal money since January 5, 2015.</p> <p>On 7/14/15 at 1:34 PM, a review of client #1's Individualized Support Plan (ISP), dated 5/8/15, indicated she had a program plan to improve her money skills. The plan indicated client #1 liked to go shopping. The plan indicated client #1 was able to indicate what she wanted to purchase. The plan indicated client #1 would hand money to the cashier to pay for her purchase with staff assistance.</p> <p>-Client #2's Cash on Hand Ledger, dated March 2015, indicated the starting balance in her account was \$266.00. On 3/5/15 and 3/12/15, client #2 spent money bringing her balance to \$0.78. From 3/12/15 to 7/13/15, there was no change in the Cash on Hand balance.</p>		<p>client to determine if additional scheduled community transactions should be implemented. The results of this assessment will be reported to the IDT to determine if changes should be made to the frequency of scheduled community transactions. The Benchmark QDDP will monitor and then complete a monthly report detailing the results of the scheduled activities and transactions. The Benchmark Director will monitor the QDDP's monthly report to ensure the implementation of this plan for each client and to ensure that the deficient practice does not recur. The Benchmark QDDP and Residential Manager will monitor scheduled transactions weekly by reviewing purchases and activity participation.</p>	

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	<p>There was no documentation client #2 spent her personal money since 3/12/15.</p> <p>On 7/14/15 at 8:43 AM, a review of client #2's record was conducted. Client #2's ISP, dated 3/25/15, indicated she had a program plan to increase her money management skills by handing the cashier the payment for her purchase. The plan indicated client #2 liked to shop and was able to communicate what she wanted to purchase. The plan indicated client #2 required staff assistance to shop in a store.</p> <p>-Client #3's Cash on Hand Ledger, dated December 2014, indicated the starting balance in his account was \$137.96. Client #3 spent money on 12/4/14 and 12/5/14 bringing the balance to \$43.31. From 12/5/15 to 7/13/15, there was no change in the balance of client #3's Cash on Hand balance. There was no documentation client #3 spent his personal money since 12/5/14.</p> <p>On 7/14/15 at 9:25 AM, a review of client #3's record was conducted. Client #3's ISP, dated 10/9/14, indicated client #3 would improve his money skills by verbally indicating what he wanted to purchase. The plan indicated client #3 liked to go shopping.</p>			

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	<p>-Client #4's Cash on Ledger, dated April 2015, indicated the starting balance in her account was \$147.81. On 4/11/15 and 4/12/15, client #4 spent her personal money bringing the balance to \$35.86. From 4/12/15 to 7/13/15, there was no change in the balance of client #4's Cash on Hand balance. There was no documentation client #4 spent her personal money since 4/12/15.</p> <p>On 7/14/15 at 1:37 PM, a review of client #4's ISP, dated 6/10/15, indicated client #4 had a program plan to improve her money skills. Client #4's plan indicated she was working on a goal to make eye contact with staff when offered choices of what to purchase. The plan indicated client #4 enjoyed shopping.</p> <p>On 7/13/15 at 4:19 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the clients should access and spend their personal funds at least one time per month. The QIDP indicated he could not provide a reason the clients had not been accessing their funds but they should access their funds. The QIDP indicated on 7/14/15 at 10:01 AM clients #3 and #4 had program plans to indicate their choices for making purchases. The QIDP indicated clients #1 and #2 had program plans to hand the payment to the cashier. The QIDP</p>			

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W 0440 Bldg. 00	<p>indicated the clients' plans should be implemented at least one time per month.</p> <p>On 7/15/15 at 11:07 AM, the Director indicated the clients' program plans should be implemented as written, usually one time a week for a money goal.</p> <p>9-3-4(a)</p> <p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 clients living in the group home (#1, #2, #3 and #4), the facility failed to conduct quarterly evacuation drills for each shift.</p> <p>Findings include:</p> <p>On 7/13/15 at 4:01 PM, a review of the facility's evacuation drills was conducted and indicated the following:</p> <p>During the evening shift (4:00 PM to 12:00 AM), there were no evacuation drills conducted from 10/17/14 to 2/4/15. This affected clients #1, #2, #3 and #4.</p> <p>On 7/13/15 at 4:07 PM, the Qualified Intellectual Disabilities Professional</p>	W 0440	The Residential Manager and QDDP will receive documented training regarding the requirement to follow the evacuation drill schedule that includes quarterly evacuation drills for each shift. The Residential Manager and QDDP will then ensure compliance with the evacuation drill schedule by monitoring that the scheduled drills are completed and documented, and will send the results to the Director to verify that they are completed.	08/15/2015

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W 0448 Bldg. 00	<p>(QIDP) indicated the group home staff should implement the evacuation drill schedule as written. The QIDP indicated if the drill schedule was implemented, there would be no quarters with a missing drill.</p> <p>On 7/15/15 at 11:07 AM, the Director indicated the facility should conduct quarterly drills for each shift.</p> <p>9-3-7(a)</p> <p>483.470(i)(2)(iv) EVACUATION DRILLS</p> <p>The facility must investigate all problems with evacuation drills, including accidents. Based on record review and interview for 4 of 4 clients living in the group home (#1, #2, #3 and #4), the facility failed to investigate issues noted during evacuation drills.</p> <p>Findings include:</p> <p>On 7/13/15 at 4:07 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the targeted time for conducting evacuation drills was three minutes. The QIDP indicated from 12:00 AM to 6:00 AM there was one staff at the group home. The QIDP stated, "I think three minutes (the targeted time) is too short for a medically fragile group home</p>	W 0448	<p>All staff at this group home will receive documented updated training regarding the appropriate method of implementing evacuation drills. The Residential Manager and QDDP will receive documented training regarding the requirement to follow the evacuation drill schedule that includes quarterly evacuation drills for each shift. The Residential Manager and QDDP will then ensure compliance with the evacuation drill schedule by monitoring that the scheduled drills are completed and documented, and will send the results to the Director to verify that they are completed. The Residential Manager and QDDP will observe</p>	08/15/2015			

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	<p>with 4 clients in wheelchairs." The QIDP indicated the company policy indicated the targeted time for conducting drills was three minutes. The QIDP indicated the evacuation drills were reviewed during the monthly meeting. The QIDP indicated there was no documentation the facility investigated issues noted with evacuation drills.</p> <p>On 7/13/15 at 4:01 PM, a review of the facility's evacuation drills was conducted and indicated the following:</p> <ol style="list-style-type: none"> <li>1. On 7/24/14 at 7:40 PM, a fire drill was conducted taking 5 minutes to complete. There was no documentation the facility investigated why the drill took over 3 minutes to complete. There was no documentation the QIDP reviewed the drill.</li> <li>2. On 8/21/14 at 5:00 AM, a fire drill was conducted taking 5 minutes and 30 seconds to complete. There was no documentation the facility investigated why the drill took over 3 minutes to complete. There was no documentation the QIDP reviewed the drill.</li> <li>3. On 8/30/14 at 1:30 AM, a fire drill was conducted taking 5 minutes to complete. There was no documentation the facility investigated why the drill took</li> </ol>		<p>the staff from each shift to ensure they are correctly administering evacuation drills. The Residential Manager and QDDP will review all evacuation drill documentation in order to recognize any issues noted. If any problems are indicated, they will investigate by interviewing the staff involved and will then monitor a follow up evacuation drill to observe directly whatever issues may be occurring. The Residential Manager and QDDP will document their investigation and report to the Director regarding issues identified and action taken regarding any noted issues during evacuation drills.</p>				

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	<p>over 3 minutes to complete. There was no documentation the QIDP reviewed the drill.</p> <p>4. On 11/12/14 at 3:00 AM, a fire drill was conducted taking 5 minutes to complete. There was no documentation the facility investigated why the drill took over 3 minutes to complete. There was no documentation the QIDP reviewed the drill.</p> <p>5. On 11/22/14 at 6:00 AM, a fire drill was conducted taking 5 minutes to complete. There was no documentation the facility investigated why the drill took over 3 minutes to complete. There was no documentation the QIDP reviewed the drill.</p> <p>6. On 12/18/14 at 7:00 AM, a fire drill was conducted taking 5 minutes to complete. There was no documentation the facility investigated why the drill took over 3 minutes to complete. There was no documentation the QIDP reviewed the drill.</p> <p>7. On 1/10/15 at 2:00 AM, a fire drill was conducted taking 5 minutes to complete. There was no documentation the facility investigated why the drill took over 3 minutes to complete. There was no documentation the QIDP reviewed the</p>			

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	<p>drill.</p> <p>8. On 1/20/15 at 6:00 AM, a fire drill was conducted taking 5 minutes to complete. There was no documentation the facility investigated why the drill took over 3 minutes to complete. There was no documentation the QIDP reviewed the drill.</p> <p>9. On 2/5/15 at 4:30 AM, a fire drill was conducted taking 5 minutes to complete. There was no documentation the facility investigated why the drill took over 3 minutes to complete. There was no documentation the QIDP reviewed the drill.</p> <p>10. On 2/5/15 at 5:00 PM, a fire drill was conducted taking 4 minutes to complete. There was no documentation the facility investigated why the drill took over 3 minutes to complete. There was no documentation the QIDP reviewed the drill.</p> <p>11. On 3/4/15 at 4:30 AM, a fire drill was conducted taking 5 minutes to complete. There was no documentation the facility investigated why the drill took over 3 minutes to complete. There was no documentation the QIDP reviewed the drill.</p>			

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	<p>12. On 3/13/15 at 3:30 AM, a fire drill was conducted taking 5 minutes to complete. There was no documentation the facility investigated why the drill took over 3 minutes to complete. There was no documentation the QIDP reviewed the drill.</p> <p>13. On 3/15/15 at 3:30 AM, a fire drill was conducted taking 5 minutes to complete. There was no documentation the facility investigated why the drill took over 3 minutes to complete. There was no documentation the QIDP reviewed the drill.</p> <p>14. On 4/4/15 at 11:30 AM, a fire drill was conducted taking 4 minutes and 30 seconds to complete. There was no documentation the facility investigated why the drill took over 3 minutes to complete. There was no documentation the QIDP reviewed the drill.</p> <p>15. On 4/9/15 at 7:00 AM, a fire drill was conducted taking 5 minutes and 20 seconds to complete. There was no documentation the facility investigated why the drill took over 3 minutes to complete. There was no documentation the QIDP reviewed the drill.</p> <p>16. On 5/4/15 at 6:00 PM, a fire drill was conducted taking 4 minutes to</p>			

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	<p>complete. There was no documentation the facility investigated why the drill took over 3 minutes to complete. There was no documentation the QIDP reviewed the drill.</p> <p>17. On 5/28/15 (no time indicated but the form indicated the clients were asleep), the fire drill took 4 minutes and 40 seconds to complete. There was no documentation the facility investigated why the drill took over 3 minutes to complete. There was no documentation the QIDP reviewed the drill.</p> <p>18. On 6/5/15 at 11:00 PM, a fire drill was conducted taking 4 minutes to complete. There was no documentation the facility investigated why the drill took over 3 minutes to complete. There was no documentation the QIDP reviewed the drill.</p> <p>19. On 7/2/15 at 4:30 AM, a fire drill was conducted taking 5 minutes to complete. There was no documentation the facility investigated why the drill took over 3 minutes to complete. There was no documentation the QIDP reviewed the drill.</p> <p>On 7/14/15 at 6:07 AM, staff #2 stated there was "no way to do drills in three minutes... Can't be done with one</p>			

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	<p>person." Staff #2 indicated prior to starting the drill, she got clients #1, #2, #3 and #4 out of their beds and into their wheelchairs. Staff #2 indicated if she did not get the clients out of bed prior to starting the drill, the drill would take 15-20 minutes to complete. Staff #2 indicated she had never measured to see if the clients' hospital beds would fit through the exit doors so the clients did not have to be transferred from their beds and into their wheelchairs during an evacuation drill. Staff #2 indicated she had brought up her concerns to management about the overnight evacuation drills. Staff #2 indicated two of the clients required a mechanical lift to transfer them from their beds to their wheelchairs.</p> <p>On 7/14/15 at 10:01 AM, the QIDP indicated he had not conducted an observation during the night shift during an evacuation drill. The QIDP indicated the group home needed to conduct drills during the overnight shift without staff removing the clients from their beds prior to starting the drill. The QIDP indicated he was not aware the overnight shift staff was transferring the clients from their beds and into their wheelchairs prior to starting an evacuation drill.</p> <p>On 7/15/15 at 11:07 AM, the Director</p>						

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W 0488 Bldg. 00	<p>indicated the policy indicated the targeted time for conducting drills was three minutes. The Director indicated drills taking over three minutes should be investigated to see why the drill took longer than three minutes to complete. The Director indicated the facility should conduct additional drills with administrative staff observing the drill to assess why the drills were taking longer than three minutes. The Director indicated he was not aware the overnight staff was getting the clients up and into their wheelchairs prior to conducting drills during the overnight shift. The Director indicated getting the clients up prior to starting the evacuation drills was not part of the process. The Director indicated the facility needed to conduct additional overnight evacuation drills with the administrative staff present.</p> <p>9-3-7(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview for 3 of 4 clients living in the group home (#1, #2 and #3), the facility failed to ensure the clients were involved in packing their lunches, serving themselves and</p>			W 0488	All staff at this home will receive training regarding the requirement to ensure the clients are involved in packing their lunches, serving themselves, and preparing breakfast. The Residential		08/15/2015

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	<p>preparing breakfast.</p> <p>Findings include:</p> <p>On 7/14/15 from 6:07 AM to 8:00 AM, an observation was conducted at the group home. At 6:07 AM, client #1, #2 and #3's lunchboxes were packed and on a chair in the dining room. At 6:48 AM, the lunchboxes were put on the back of client #1, #2 and #3's wheelchairs for them to take to the day program. At 6:56 AM, staff #2 took milk and orange juice to the table. Staff #2 poured client #3's coffee. Staff #2 poured client #1's milk. Staff #2 poured client #1's cereal and added sweetener to the cereal. Staff #2 poured client #3's cereal and added sweetener to the cereal. Staff #2 poured client #2's cereal and added sweetener. At 7:02 AM, staff #2 poured milk onto client #2's cereal. At 7:03 AM, staff #2 went into the kitchen to make toast. Clients #1, #2 and #3 were sitting at the table. At 7:05 AM, staff #2 put margarine on the toast. At 7:06 AM, staff #2 gave one piece of toast to clients #1 and #2. At 7:07 AM, staff #2 made another piece of toast and offered it to client #3. Client #3 did not want the toast. At 7:07 AM, staff #6 stated to client #2, "[Client #3] didn't want toast this morning?" Staff #2 stated, "I made it but he didn't want it." At 7:09 AM, staff</p>		<p>Manager and QDDP will then monitor staff at least 3 times a week to ensure that they are implementing appropriate client mealtime involvement. Documentation of this monitoring will be sent to the Director to verify it is occurring.</p>	

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	<p>#6 took client #1's empty bowl to the sink. Staff #2 took client #2's empty bowl to the sink. Staff #6 rinsed the bowls and placed them into the dishwasher. Staff #6 removed client #1 and #3's plates from the table, rinsed them and placed them into the dishwasher. At 7:11 AM, staff #6 removed client #2's dishes and silverware from the table, rinsed them off and placed them into the dishwasher.</p> <p>On 7/14/15 at 10:01 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the clients should serve themselves and pack their own lunches.</p> <p>On 7/15/15 at 11:07 AM, the Director indicated the clients should serve themselves and pack their own lunches.</p> <p>9-3-8(a)</p>			