

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G734	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/26/2016
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NAME OF PROVIDER OR SUPPLIER  BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 9726 CINNABAR PL FORT WAYNE, IN 46804
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W 0000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 25 and 26, 2016.</p> <p>Facility number: 005567 Provider number: 15G734 AIM number: 200851580</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/27/16.</p>	W 0000		
W 0125  Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based upon record review and interview, the facility failed to obtain a legally sanctioned representative for 1 of 2</p>	W 0125	A referral has been made to the Mental Health Association guardianship program and the Volunteer Advocates for Seniors or Incapacitated Adults program.	02/25/2016

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>sampled clients (client #2) assessed as being in need of assistance to assure their protection of rights as a citizen of the United States.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 1/26/16 at 10:30 AM. The record indicated client #2's family member had obtained guardianship in July, 1986. A Behavior Support Plan (BSP) dated 2/1/15 indicated targeted behaviors of physical aggression, inappropriate sexual behavior, self injurious behavior, refusal, placing self at risk (attempting to walk without staff assistance) and inappropriate social behavior (screaming). The plan included the use of oxcarbazepine (mood stabilizer) 900 mg (milligrams), seroquel (antipsychotic/antidepressant), 300 mg once daily, clonazepam (seizures/panic disorder) 1 mg in the morning and 2 mg in the evening and Risperidone (anti-psychotic) .5 mg twice daily. Client #2's informed consent assessment dated 1/26/15 indicated he was in need of assistance to make decisions about financial affairs and medical treatment. There was no evidence of informed consent from client #2's guardian.</p> <p>The Residential Director was interviewed</p>		<p>Client #2 has been placed on their waiting list. There are no family members or friends that Benchmark is aware of that are available or willing to assume this responsibility for Client #2. All other consumer's abilities have been reviewed through an audit of their assessments by the director and have representation as needed.</p>	

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W 0249 Bldg. 00	<p>on 1/26/16 at 12:33 PM and indicated client #2's guardian could not be located to provide informed consent. The RD indicated client #2 was in need of a guardian to assist him in making decisions.</p> <p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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 upon observation, record review and interview, the facility failed to ensure 2 of 2 sampled clients' objectives (clients #1 and #2) were implemented.</p> <p>Findings include:</p> <p>Observations were completed at the</p>	W 0249	All staff have been retrained on the clients ISP goals, Meaningful Day Schedule, and Active Treatment. The staff will be monitored by the QIDP and by the Residential Manager and their observations will be documented on the Meaningful Day Tracking Form which will be submitted to the director so compliance can be monitored. The monitoring will occur three times a week for	02/25/2016

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	<p>group home on 1/25/16 from 5:26 PM until 6:35 PM. During medication administration, staff #2 punched out client #1's medications of xifaxan (antibiotic) and warfarin (anticoagulant) and gave the medication to client #1 without encouraging client #1 to punch out the pills.</p> <p>Observations were completed on 1/26/16 from 6:28 AM until 7:14 AM at the group home. After breakfast, clients #1 and #2 sat without activity with their coats on in the kitchen area of the home from 6:50 AM until 7:14 AM. Staff #3 wiped clients #1 and #2's hands and face without encouraging client #2 to wipe his hands and face. The house manager (HM) cleared client #1 and #2's dishes, utensils and cups from the table without encouraging client #2 to take his plate to the sink. The HM shaved client #2 as he sat in the kitchen area with his coat on without encouraging client #2 to assist. Staff #3 wiped off the table when the clients were finished eating.</p> <p>The HM was interviewed on 1/26/16 at 6:45 AM and indicated client #2 would throw his plate, and client #1 was capable of clearing his place setting. She indicated the clients worked on their goals to wipe their hands and face in the evening.</p>		<p>three months. Monitoring after the 3 months will revert to the ongoing monitoring in place which includes monthly observations by Residential Manager and QIDP and on site supervision from the QIDP and Residential Manager. The Home Visit Reports will be submitted to the director on a monthly basis to monitor compliance.</p>	

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	<p>Clients #1, #2 and #3 got on the van on 1/26/16 beginning at 7:14 AM and arrived at day services at 7:35 AM. Clients #1, #2 and #3 sat on the van outside the day services door without activity until 8:02 AM. On 1/26/16 while bringing client #2 out to the van at 7:14 AM, the HM indicated the clients had to sit on the van in a certain order to prevent client #2 from being able to become physically aggressive to clients #1 and #3.</p> <p>Staff #1 was interviewed on 1/26/16 at 7:39 AM and indicated the door to the day services was not unlocked until 8:00 AM. She indicated normally another client would be transported to another day service first before arriving at the Benchmark day services. Staff #1 indicated she wanted to be first in line to drop off the clients as she had other work to do after she dropped the clients off. When asked what the clients did while waiting for day services to open, she stated, "Nothing. There isn't anything to do."</p> <p>Client #1's record was reviewed on 1/26/16 at 9:50 AM. An ISP (Individual Support Plan) dated 3/27/15 indicated objectives to punch out pills from the pill pack with hand over hand assistance,</p>			

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	<p>brush teeth top and bottom, wash body part (unspecified), take plate to sink, recognize a quarter, sign more (if needed) once daily, put shoes on right feet, wash hair and wipe table.</p> <p>Client #2's record was reviewed on 1/26/16 at 10:30 AM. Client #2's ISP dated 1/27/15 indicated he was to pour water for medication, brush teeth, wash left arm, take out money for purchases, brush hair with 2 strokes, hold food processor button for 5 seconds, sit on toilet and push arms through sleeves. A BSP (behavior support plan) dated 2/1/15 indicated client #2 had a history of becoming physically aggressive by hitting, kicking, slapping, pushing, scratching or grabbing others. Interventions indicated "adhere to [client #2's] schedule as closely as possible." Staff were to place themselves between client #2 and other clients to prevent physical aggression.</p> <p>The Residential Director was interviewed on 1/26/16 at 10:00 AM and indicated clients were to be encouraged to complete their ISP goals.</p> <p>9-3-4(a)</p>			

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W 0263  Bldg. 00	<p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; CHANGE</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed for 1 of 2 sampled clients (client #2) to ensure informed consent of his guardian had been obtained prior to review and approval of the facility's Human Rights Committee.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 1/26/16 at 10:30 AM. The record indicated client #2's family member had obtained guardianship in July, 1986. A Behavior Support Plan (BSP) dated 2/1/15 indicated targeted behaviors of physical aggression, inappropriate sexual behavior, self injurious behavior, refusal, placing self at risk (attempting to walk without staff assistance) and inappropriate social behavior (screaming). The plan included the use of oxcarbazepine (mood stabilizer) 900 mg</p>	W 0263	A referral has been made to the Mental Health Association guardianship program and the Volunteer Advocates for Seniors or Incapacitated Adults program. Client #2 has been placed on their waiting list. There are no family members or friends that Benchmark is aware of that are available or willing to assume this responsibility for Client #2. All other consumer's abilities have been reviewed through an audit of their assessments by the director and have representation as needed.	02/25/2016

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W 0455  Bldg. 00	<p>(milligrams), seroquel (antipsychotic/antidepressant), 300 mg once daily, clonazepam (seizures/panic disorder) 1 mg in the morning and 2 mg in the evening and Risperidone (anti-psychotic) .5 mg twice daily. Client #2's informed consent assessment dated 1/26/15 indicated he was in need of assistance to make decisions about financial affairs and medical treatment. There was no evidence of informed consent from client #2's guardian.</p> <p>The Residential Director was interviewed on 1/26/16 at 12:33 PM and indicated client #2's guardian could not be located to provide informed consent. The RD indicated client #2 was in need of a guardian to assist him in making decisions.</p> <p>9-3-4(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation, record review and interview for 2 of 2 sampled clients</p>	W 0455	All staff have been retrained on Infection Control and Standard Precautions policies. Staff will ensure that contaminated items	02/25/2016

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	<p>(clients #1 and #2) and 1 additional client (client #3), the facility failed to ensure infection control procedures were implemented to prevent contamination.</p> <p>Findings include:</p> <p>Observations were completed in the group home on 1/26/16 from 6:28 AM until 7:14 AM. Staff #3 inadvertently knocked a container of napkins off the table used by clients #1, #2 and #3 as she swept the floor. After the floor was swept, the same napkins were placed on the table without replacing them.</p> <p>Staff #3 was interviewed on 1/26/15 at 7:00 AM and indicated the napkins that fell on the floor were now on the table and indicated she would replace them. Staff #3 then threw the napkins away.</p> <p>The Residential Director was interviewed on 1/26/16 at 10:22 AM and indicated the napkins should have been thrown away when they fell on the floor.</p> <p>9-3-7(a)</p>		<p>are discarded properly. The manager and QIDP will complete spot checks to ensure that staff have implemented their training. These checks will be documented on the Dining Skills Checklist and will be turned into the director for review and to monitor compliance. The monitoring will occur on a weekly basis for three months. Monitoring after the 3 months will revert to the ongoing monitoring in place which includes weekly meal observations by the manager and on site supervision from the QIDP and Residential Manager. The dining checklists will be submitted to the director on a monthly basis to monitor compliance.</p>	

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W 0460  Bldg. 00	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based upon record review and interview, the facility failed to provide the recommended diet for 1 of 2 sampled clients (client #2).</p> <p>Findings include:</p> <p>Observations were completed at the group home on 1/26/16 from 6:28 AM until 7:14 AM. Client #2 ate ground ham with texture and scrambled eggs with lumps.</p> <p>Client #2's record was reviewed on 1/26/16 at 10:30 AM and indicated he was to receive a pureed textured diet.</p> <p>The group home nurse was interviewed on 1/26/16 at 10:22 AM and indicated pureed foods should be smooth and without lumps.</p> <p>Preparing Pureed/Mechanically Soft Food dated 12/06 was reviewed on 1/26/16 at 1:11 PM and indicated "Pureed food should be mashed potato consistency, not liquid...Puree the food until it is the consistency of mashed potatoes or pudding....."</p>	W 0460	<p>All staff have received retraining on the diet plan for client #2. Staff have completed post-tests of demonstration to ensure that the training has been effective. The manager and QIDP will complete spot checks to ensure that staff have implemented their training. These checks will be documented on the Dining Skills Checklist and will be turned into the director for review and to monitor compliance. The monitoring will occur on a weekly basis for three months. Monitoring after the 3 months will revert to the ongoing monitoring in place which includes weekly meal observations by the manager and on site supervision from the QIDP and Residential Manager. The dining checklists will be submitted to the director on a monthly basis to monitor compliance.</p>	02/25/2016

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W 0488 Bldg. 00	<p>9-3-8(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.</p> <p>Based upon observation, record review and interview, the facility failed to ensure 2 of 2 sampled clients (clients #1 and #2) and 1 additional client (client #3) were encouraged to participate in meal preparation.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 1/26/16 from 6:28 AM until 7:14 AM. The house manager (HM) cleared clients #1, #2 and #3's dishes, utensils and cups from the table after breakfast without encouraging the clients to stack or take their dishes to the sink. Staff #3 wiped the table at the conclusion of the meal and got the clients' lunch boxes out of the refrigerator.</p> <p>The HM was interviewed on 1/26/16 at</p>	W 0488	<p>All staff have received retraining on appropriate dining and services. Staff will actively encourage clients to participate in meal preparation to the extent possible and in accordance with their assessed abilities. Additionally the manager is completing meal observations which include verifying that the complete dining services offered according to the developmental needs of the clients. The dining checklists will be submitted to the director to monitor compliance. The monitoring will occur three times a week for three months. Monitoring after the 3 months will revert to the ongoing monitoring in place which includes weekly meal observations by the manager and on site supervision from the QIDP and Residential Manager. The dining checklists will be submitted to the director on a monthly basis to monitor compliance.</p>	02/25/2016

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	<p>6:45 AM and indicated clients #2 and #3 were not capable of carrying their dishes to the sink, but client #1 was capable of doing so.</p> <p>Staff #3 was interviewed on 1/26/16 at 7:02 AM and indicated she had packed the lunches the night before.</p> <p>The HM was interviewed again on 1/26/16 at 7:02 AM and indicated the clients do not normally pack their lunches.</p> <p>The Residential Director was interviewed on 1/26/16 at 10:22 AM and indicated clients were capable of packing their own lunches with staff assistance.</p> <p>9-3-8(a)</p>			