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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G708 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>00</u><br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>04/21/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>BENCHMARK HUMAN SERVICES | STREET ADDRESS, CITY, STATE, ZIP CODE<br>25565 FAST FOX TR<br>SOUTH BEND, IN 46628 |
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| W 000<br><br>Bldg. 00 | <p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: April 9, 10, 14, and 21, 2015.</p> <p>Facility number: 003834<br/>Provider number: 15G708<br/>AIM number: 200453440</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>   | W 000         |  |                      |
| W 331<br><br>Bldg. 00 | <p>483.460(c)<br/>NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, interview, and record review, the facility nurse failed to ensure food and fluids were prepared to the consistency specified in the physician's order in regards to puree diets for 2 of 2 sampled clients (#1, #2) and 1 additional client (#4) and honey thickened liquids for 1 of 2 sampled</p> | W 331         | All staff including the QDDP and Residential Manager have been retrained on dining plans, preparing modified diets and following physician ordered food and fluid texture. This training also included how to modify prepared foods if the texture did not meet consistency guidelines. All staff have completed a | 05/21/2015           |

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>clients (#1).</p> <p>Findings include:</p> <p>On 4/9/15 between 4:40 PM and 6:30 PM, group home observation was conducted. At 4:40 PM, staff were assisting clients with dinner. The puree pasta salad was thick in texture. The puree pasta salad retained the shape of the scoop on the plate from staff scooping it onto their plates for clients #1, #2, and #4. Client #3 ate a mechanical soft diet. At 5:18 PM, Client #4 coughed 3 times after taking bites of food. Client #1 coughed 2 times after taking bites of food. DSP (Direct Support Professional) #2 assisted Client #1 with juice. Client #1 was assisted using a "nosey" cup. Between 5:18 PM and 5:55 PM, DSP #2 assisted Client #1 with 3 cups of regular thin liquid orange juice. At 5:35 PM, Client #1 coughed 5 times after drinking juice. At 5:41 PM, Client #1 coughed 2 times.</p> <p>On 4/9/15 at 5:55 PM during an interview, the QIDP (Qualified Intellectual Disabilities Professional) indicated Client #1 had an physician order for thickened liquids. DSP #2 indicated Client #1's first cup of juice was thickened but she "forgot" to thicken any of the other cups of juice. The</p> |               | <p>returndemonstration with the nurse to ensure knowledge of pureed diet and thickenedfluid textures. The QDDP, ResidentialManager and Nurse will monitor meals to ensure the training has beeneffective. For 30 days, unannounced mealobservations will be completed three times at breakfast, three times at lunch,and three times at dinner. Once competency is ensured throughthose checks, Benchmark management staff will conduct weekly checks of mealswhich will be documented on the dining service checklist and turned into thedirector monthly so compliance can be monitored.</p> |                      |

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|                    | <p>Residential Manager indicated the staff had pureed the pasta salad but indicated the overnight staff cook the meals and maybe the pasta had lost some of its moisture making it thicker and textured more than a puree consistency.</p> <p>On 4/14/15 at 2:47 PM, record review indicated Client #1's diagnoses included, but were not limited by, profound intellectual disabilities, congenital quadriplegia (paralysis), pyloric stenosis (a narrowing from the opening of the stomach to the small intestine) and osteoporosis. Client #1's physician order dated 3/15 indicated Client #1 was prescribed a "puree diet with honey thickened liquids - offer with spoon...".</p> <p>On 4/14/15 at 3:55 PM, record review indicated Client #2 and Client #4 had puree diet orders.</p> <p>On 4/14/15 at 3:35 PM during an interview, the QIDP indicated staff usually assist Client #1 with her fluids in a "nosey" cup. The QIDP indicated staff offer her fluids by spoon if she refuses to drink.</p> <p>On 4/14/15 at 4:11 PM, the facility policy on "Food and Fluid Textures" was reviewed. The policy indicated a puree diet should "have a smooth, pudding-like</p> |               |   |                      |

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| W 369<br>Bldg. 00  | <p>consistency." The policy indicated honey thickened liquids should be the consistency of "room temperature honey" and should be thickened "to smooth, pourable viscosity."</p> <p>On 4/21/15 at 4:25 PM during an interview, the Administrator indicated staff should prepare and serve foods and fluids as indicated by physician orders.</p> <p>9-3-6(a)</p> <p>483.460(k)(2)<br/>DRUG ADMINISTRATION<br/>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview, the facility failed to ensure medication was administered without error for 1 of 2 sampled clients (#1).</p> <p>Findings include:</p> <p>On 4/9/15 between 4:40 PM and 6:30 PM, group home observation was conducted. At 4:40 PM, staff were assisting clients with dinner. At 4:50 PM,</p> | W 369         | All staff have been retrained on the MedicationAdministration policy including the private location for administering meds andfollowing physician's orders to ensure that all of the medication wasconsumed. All staff will bemonitored by the QDDP, residential manager, or nurse to ensure the training hasbeen effective. For 30 days, unannounced medication observations will becompleted three times on first shift, three times on second shift | 05/21/2015           |

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|                    | <p>Client #1 sat in her wheelchair and her divided plate had pureed fruit with a white pill in one section of the plate. DSP (Direct Support Professional) #1 sat with Client #1 assisting her eat. At 5:18 PM, DSP (Direct Support Professional) #2 assisted Client #1 with a second portion of fruit. Client #1's medication was still in the remaining fruit prior to getting a second portion of fruit. At 5:41 PM, DSP #1 took Client #1's plate to the sink and rinsed the remaining food into the disposal. During an interview at 5:41 PM, DSP #2 indicated she thought Client #1's tablet was gone when she gave her the second portion of fruit. The Residential Manager indicated Client #1 gets her crushed medication in a "food medium." DSP #1 stated "if you give it to her in the med room, she won't eat her dinner." DSP #1 stated the pill was "just her vitamin."</p> <p>On 4/14/15 at 2:47 PM, record review indicated Client #1's diagnoses included, but were not limited by, profound intellectual disabilities, congenital quadriplegia (paralysis), pyloric stenosis (a narrowing from the opening of the stomach to the small intestine), and osteoporosis. Client #1's physician order dated 3/15 indicated Client #1 was prescribed Calcitrate (calcium) with Vitamin D two times daily (7:30 AM and</p> |               | <p>and threetimes on third shift. Once competency is ensured through those checks, Benchmark management staff will conduct weekly checks of medication administration. These will be documented on the medication administration tracking form which will be turned into the director monthly so compliance can be monitored.</p> |                      |

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| W 460<br>Bldg. 00  | <p>6:00 PM) with meals.</p> <p>On 4/21/15 at 4:25 PM during an interview, the Administrator indicated staff should not have given Client #1 her medication at the table. The Administrator indicated Client #1 should have received her medication as prescribed by the physician.</p> <p>9-3-6(a)</p> <p>483.480(a)(1)<br/>FOOD AND NUTRITION SERVICES<br/>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.<br/>Based on observation, interview, and record review, the facility failed to ensure food was prepared to the consistency specified in the physician's order in regards to puree diets for 2 of 2 sampled clients (#1, #2) and 1 additional client (#4).</p> | W 460   | All staff including the QDDP and Residential Manager have been retrained on dining plans, preparing modified diets and following physician ordered food and fluid texture. This training also included how to modify prepared foods if the textured did not meet consistency guidelines. All staff have | 05/21/2015   |  |   |  |

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|                    | <p>Based on observation, record review, and interview, the facility failed to ensure beverages were prepared and served to the consistency specified in the physician's order in regards to honey thickened liquids for 1 of 2 sampled clients (#1).</p> <p>Findings include:</p> <p>1) On 4/9/15 between 4:40 PM and 6:30 PM, group home observation was conducted. At 4:40 PM, staff were assisting clients with dinner. The puree pasta salad was thick in texture. The puree pasta salad retained the shape of the scoop on the plate from staff scooping it onto their plates for clients #1, #2, and #4. Client #3 ate a mechanical soft diet. At 5:18 PM, Client #4 coughed 3 times after taking bites of food. Client #1 coughed 2 times after taking bites of food. DSP (Direct Support Professional) #2 assisted Client #1 with juice. Client #1 was assisted using a "nosey" cup. Between 5:18 PM and 5:55 PM, DSP #2 assisted Client #1 with 3 cups of thin liquid orange juice. At 5:35 PM, Client #1 coughed 5 times after drinking juice. At 5:41 PM, Client #1 coughed 2 times.</p> <p>On 4/9/15 at 5:55 PM during an interview, the QIDP (Qualified</p> |               | <p>completed a return demonstration with the nurse to ensure knowledge of pureed diet and thickened fluid textures. The QDDP, Residential Manager and Nurse will monitor meals to ensure the training has been effective. For 30 days, unannounced meal observations will be completed three times at breakfast, three times at lunch, and three times at dinner. Once competency is ensured through those checks, Benchmark management staff will conduct weekly checks of meals which will be documented on the dining service checklist and turned into the director monthly so compliance can be monitored.</p> |                      |

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|  | <p>Intellectual Disabilities Professional) indicated Client #1 had a physician's order for thickened liquids. DSP #2 indicated Client #1's first cup of juice was thickened but she "forgot" to thicken any of the other cups of juice. The Residential Manager indicated the staff had pureed the pasta salad but indicated the overnight staff cook the meals and maybe the pasta had lost some of its moisture making it thicker and textured more than a puree consistency.</p> <p>On 4/14/15 at 2:47 PM, record review indicated Client #1's diagnoses included, but were not limited by, profound intellectual disabilities, congenital quadriplegia (paralysis), pyloric stenosis (narrowing from the opening of the stomach to the small intestine), and osteoporosis. Client #1's physician's order dated 3/15 indicated Client #1 was prescribed a "puree diet with honey thickened liquids - offer with spoon...".</p> <p>On 4/14/15 at 3:55 PM, record review indicated Client #2 and Client #4 had puree diet orders.</p> <p>On 4/14/15 at 3:35 PM during an interview, the QIDP indicated staff usually assist Client #1 with her fluids in a "nosey" cup. The QIDP indicated staff offer her fluids by spoon if she refuses to</p> |  |  |  |
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|  | <p>drink.</p> <p>On 4/14/15 at 4:11 PM, the facility policy on "Food and Fluid Textures" was reviewed. The policy indicated a puree diet should "have a smooth, pudding-like consistency." The policy indicated honey thickened liquids should be the consistency of "room temperature honey" and should be thickened "to smooth, pourable viscosity."</p> <p>On 4/21/15 at 4:25 PM during an interview, the Administrator indicated staff should prepare and serve foods and fluids as indicated by physician's orders.</p> <p>9-3-8(a)</p> |  |  |  |
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