

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G711	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/08/2015
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 568 HILDEBRAND ST SOUTH BEND, IN 46614
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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: August 31, and September 1, 2, 3, 4, and 8, 2015.</p> <p>Facility number: 003861 Provider number: 15G711 AIM number: 2000460460</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report was completed by #09182 on 9/08/2015.</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 and interview, the facility's governing body failed to exercise general operating direction over the facility by failing to ensure the environment of the facility was clean and in good repair for 2 of 2 sampled clients (clients #1 and #2), and 2 of 2 additional clients (clients #3 and #4).</p>	W 0104	A maintenance work order was completed for required maintenance to the carpet, walls, exhaust fan and light fixtures. The managers complete a home maintenance walk through monthly, but should be attending to immediate needs on a more regular basis. The management staff received training by the director on maintaining the cleanliness and good repair of the	10/08/2015

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>Findings include:</p> <p>The group home where clients #1, #2, #3, and #4 resided was inspected during the 9/1/15 observation period from 2:30 P.M. until 4:30 P.M. Dead insects were noted in the overhead lighting fixtures in the kitchen area and the laundry and medication areas of the facility. Ceiling exhaust fans in the dining room were covered with grease and dust. A partition wall in the living room hallway area was scraped with drywall missing. The carpeting in clients #2 and #4's bedroom was stained. These aforementioned areas of the facility were utilized by clients #1, #2, #3, and #4.</p> <p>Residential Director #1 was interviewed on 9/2/15 at 9:45 A.M. Residential Director #1 stated, "Staff (direct care staff) are to keep the house (facility) clean and to report any major issues to the maintenance man so areas are clean and in good repair."</p> <p>9-3-1(a)</p>		<p>home. The management staff will be completing weekly walkthroughs of the home in addition to their monthly reviews and will report any issues to the maintenance company immediately. The walkthrough reports will be monitored by the director to ensure compliance and the director will ensure that the maintenance issues are addressed within a timely manner by the maintenance company or assigned to another contractor as needed.</p>		

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W 0268 Bldg. 00	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview, the facility failed to assure 1 of 2 additional clients (client #4), did not have excessive saliva dripping from her chin and throat.</p> <p>Findings include:</p> <p>Client #4 was observed at the group home on 9/1/15 from 2:30 P.M. until 4:00 P.M., and on 9/2/15 from 6:45 A.M. until 8:00 A.M. During both observation periods, client #4 had excessive saliva constantly dripping from her mouth and dripping off of her chin and throat area. Direct care staff #2 wiped client #4's chin once at 7:25 A.M. on 9/2/15. However, Direct care staff #1, #2, #3, #4, #5, and #6 did not assist or prompt client #4 in wiping the constant dripping of excess saliva from client #4's chin or throat area.</p> <p>Residential Director #1 was interviewed on 9/2/15 at 9:45 A.M. Residential Director #1 stated, "Staff (direct care staff) should have prompted or assisted her (client #4) in wiping off the excessive saliva. She (client #4) used to have a goal for that (wiping her chin of excessive saliva) but it was discontinued."</p>	W 0268	<p>Ct#4's ISP has been updated to include a daily goal for assisting her in wiping her mouth as needed. All staff have been trained on the revision to her ISP including wiping her face as needed throughout the day and additional training on promoting dignity for all individuals living in the home. The residential manager and QDDP will complete weekly observations to ensure effectiveness of training and progression goal. These observations will be documented on the ISP data sheet and will be turned in monthly to the director to ensure compliance.</p>	10/08/2015

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W 0455 Bldg. 00	<p>9-3-5(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. Based on observation and interview, the facility failed to maintain, in an aseptic manner, the feeding pump stand for 1 of 1 client utilizing a feeding pump (client #3.)</p> <p>Findings include:</p> <p>Client #3 was observed receiving nourishment from a food pump during the group home observation periods on 9/1/15 from 2:30 P.M. until 4:00 P.M., and on 9/2/15 from 6:45 A.M. until 8:00 A.M. During both observation periods client #3's feeding pump stand was noted to have dried food residue on the base and upright section of the stand. Direct care staff #1, #2, #3, #4, #5, and #6 did not clean the food residue off, and sanitize, client #3's food pump stand.</p>	W 0455	Ct #3's feeding pump pole was cleaned and sanitized. The Treatment Administration Records (TAR) for Ct #3 were revised to include cleaning and sanitizing instructions. These cleaning measures are to be implemented each shift and documented on the TAR. All staff have been trained on the cleaning procedures. The QDDP, Residential Manager or nurse will complete spot checks for one month to ensure that the cleaning procedures are being followed. These unannounced spot checks will be completed three times on first shift, three times on second shift, three times on third shift. Thereafter, weekly spot checks will be completed. Observations will be documented on a Medication Administration Tracking form and turned into the director	10/08/2015	

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	Residential Director #1 was interviewed on 9/2/15 at 9:45 A.M. Residential Director #1 stated, "Staff (direct care staff) should make sure [client #3's] feeding pump, and the stand, are kept clean of any food residue." 9-3-7(a)		monthly so compliance can be monitored.		