STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING / B. WING	(X3) DATE SURVEY COMPLETED
	15G711	A. BUILDING 01 / B. WING	09/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENCHMARK HUMAN SERVICES	568 HILDEBRAND ST SOUTH BEND, IN 46614

(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
K 0000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 09/29/15 Facility Number: 003861 Provider Number: 15G711 AIM Number: 200460460 At this Life Safety Code Survey, AWS 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 32, New Residential Board and Care Occupancies. This one story facility was sprinklered. This facility has a fire alarm system with smoke detection in the corridors, common living areas and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 4 and had a census of 4 at the time of this survey. Calculation of the Evacuation Difficulty	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Score (E-Score) using NFPA 101 A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-score of 1.6. Quality Review completed 09/29/15 - DA			
K 0130 Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview, the facility failed to ensure 11 of 13 cylinders of nonflammable gases such as oxygen were properly chained or supported in a proper cylinder stand or cart. NFPA 99, Health Care Facilities, 8-3.1.11.2(h) requires cylinder or container restraint shall meet NFPA 99, 4-3.5.2.1(b)27 which requires freestanding cylinders be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect one client. Findings include: Based on observation with the Qualified Developmental Disability Professional on 09/29/15 at 12:27 p.m., eleven oxygen cylinders were standing or leaning in the corner of bedroom "Back Single: without support. Based on interview at the time of observation, the Qualified Developmental Disability Professional acknowledged the aforementioned condition.	K 0130	The oxygen supply vendor was contacted regarding storage ofoxygen cylinders. The empty oxygencylinders were picked up and an oxygen stand for additional cylinders has beenrequested with expected delivery on 10/16/15. The remaining cylinders are stored in cylinder stands. All staff are being trained on the Benchmark Human ServicesOxygen Administration Policy, including proper storage of oxygen cylinders instand or cart. The manager and QDDP will complete weekly checks of oxygenstorage to ensure the training was effective. These checks will be documented on an oxygen cylinder check sheet for 3months and then monthly thereafter. Theoxygen cylinder check sheet will be turned into the director to ensurecompliance.	10/29/2015

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