

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G764	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/17/2023
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NAME OF PROVIDER OR SUPPLIER  BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP COD 1726 OLD LANTERN TR FORT WAYNE, IN 46845
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W 0000  Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: 11/15/23, 11/16/23, and 11/17/23</p> <p>Facility Number: 012371 Provider Number: 15G764 AIMS Number: 200986870</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/4/23.</p>	W 0000		
W 0249  Bldg. 00	<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 observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 3 additional clients (#4, #5, and #6), the facility failed to ensure clients #1, #2, #3, #4, #5, and #6's Behavior Support Plans (BSPs) were implemented regarding locked knives/sharps and cleaning supplies.</p> <p>Findings include:</p> <p>During the observation periods at the home on 11/15/23 from 3:30 PM until 6:00 PM and on 11/16/23 from 5:45 AM until 7:45 AM, cleaning</p>	W 0249	<p>W 249 - Program Implementation (BSP's/locked knives/sharps/cleaning supplies)</p> <p>All of the individuals BSP's in this home were reviewed regarding restrictions. All of the individuals BSP's indicate that chemicals and knives/sharps will be locked when not being utilized and under staff supervision. These restrictions remain appropriate for all of the individuals in the home. All staff</p>	12/16/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Robert Eldridge

Residential Director

12/22/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>supplies were on the countertop in the kitchen and under the sink, and scissors were in the drawer next to the stove. The knives and other sharps were on the floor of the kitchen pantry in a box that was unlocked. The cleaning supplies contained liquid and aerosol cleaning agents including bleach and toilet cleaner. This affected clients #1, #2, #3, #4, #5, and #6.</p> <p>Client #1's BSP dated 11/1/23 was reviewed on 11/16/23 at 9:15 AM and indicated all items that contain a sharpened metal or plastic edge and all items that contain any potentially harmful chemicals will be kept out of free direct access.</p> <p>Client #2's BSP dated 11/1/23 was reviewed on 11/16/23 at 9:30 AM and indicated all items that contain a sharpened metal or plastic edge and all items that contain any potentially harmful chemicals will be kept out of free direct access.</p> <p>Client #3's BSP dated 11/1/23 was reviewed on 11/16/23 at 10:55 AM and indicated all items that contain a sharpened metal or plastic edge and all items that contain any potentially harmful chemicals will be kept out of free direct access.</p> <p>Client #4's BSP dated 10/1/23 was reviewed on 11/16/23 at 10:25 AM and indicated all items that contain a sharpened metal or plastic edge and all items that contain any potentially harmful chemicals will be kept out of free direct access.</p> <p>Client #5's BSP dated 5/1/23 was reviewed on 11/16/23 at 11:00 AM and indicated all items that contain a sharpened metal or plastic edge and all items that contain any potentially harmful chemicals will be kept out of free direct access.</p> <p>Client #6's BSP dated 9/1/23 was reviewed on</p>		<p>including the QIDP and managers will be retrained on the individuals' restrictions. This includes that all items that contain a sharpened metal or plastic edge and all items that contain any potentially harmful chemicals will be kept locked and out of free direct access. These items can be out and utilized under direct staff supervision but must be secured after. To ensure that the training was effective, management staff will complete monitoring in the home 3 times weekly for 1 month and then 2 times weekly for 1 month. The management staff will document their observation indicating if the chemicals/sharps/knives were locked if not in use, or if being utilized - it is under staff supervision. These monitoring forms will be turned into the Residential Director to ensure compliance.</p>	

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W 0259 Bldg. 00	<p>11/16/23 at 9:45 AM and indicated all items that contain a sharpened metal or plastic edge and all items that contain any potentially harmful chemicals will be kept out of free direct access.</p> <p>On 11/15/23 at 4:30 PM, the Qualified Developmental Disabilities Professional (QIDP) was interviewed regarding locked cleaning supplies and sharps/knives. The QIDP indicated knives and sharps should be locked in a lock box in the pantry. The QIDP took the scissors that were in the drawer by the stove and put them in the lock box in the closet. The lock box was on the pantry floor open and unlocked. The QIDP indicated he did not know cleaning supplies should be kept locked in this home. The QIDP locked the box after putting the scissors inside.</p> <p>On 11/16/23 at 6:30 AM, the Resident Manager (RM) was interviewed regarding the unlocked knives and sharps. The RM indicated she did not know knives and sharps and chemicals should be kept locked. She believed the restriction was for a former client no longer in the home.</p> <p>9-3-4(a) 483.440(f)(2) PROGRAM MONITORING &amp; CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure clients #1, #2, and #3 had a comprehensive functional assessment (CFA) completed annually by the interdisciplinary team.</p> <p>Findings include:</p>	W 0259	<p>W259 Program monitoring and change</p> <p>For 3 of the individuals in the home, CFA's (Comprehensive Functional Assessments) were not completed. Benchmark refers</p>	12/16/2023

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W 0323 Bldg. 00	<p>Client #1's record was reviewed on 11/16/23 at 9:15 AM. Client #1's CFA was last updated October 2021. There was no documentation client #1's CFA was revised at least annually since October 2021.</p> <p>Client #2's record was reviewed on 11/16/23 at 9:30 AM. Client #2's CFA was last updated October 2021. There was no documentation client #2's CFA was revised at least annually since October 2021.</p> <p>Client #3's record was reviewed on 11/16/23 at 10:55 AM. Client #3's CFA was last updated October 2021. There was no documentation client #3's CFA was revised at least annually since October 2021.</p> <p>On 11/16/23 at 12:10 PM, the Residential Director (RD) was interviewed regarding updating CFAs. The RD indicated the CFAs should be updated annually.</p> <p>9-3-4(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure client #1 had an evaluation of his vision completed annually.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 11/16/23 at 9:15</p>	W 0323	<p>to these as the ISP Assessment. These assessments were completed by the QIDP on the 3 individuals and placed in their chart. The QIDP was retrained on the requirement to complete or update CFA's/ISP Assessment annually prior to their ISP. The residential Director did an audit of other individuals charts to ensure that CFA's/ISP Assessments were completed timely, and they were all in compliance.</p> <p>W 323 Physicians Services</p> <p>Client #1 did not have a documented annual vision exam. His last one was 9/22 with a recommendation to recheck in one year. Client #1 did have a vision exam on 12/6/23. All of the other</p>	12/16/2023

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	<p>AM. Client #1's medical record indicated no documentation client #1 had an annual vision exam. The last documented eye exam was completed in September 2022 with a recommendation to re-check in one year.</p> <p>The Registered Nurse (RN) was interviewed on 11/17/23 at 2:40 PM. The RN indicated client #1 should at minimum have a eye exam conducted yearly.</p> <p>9-3-6(a)</p>		<p>individuals at this house charts were reviewed to ensure that they had current vision exams and that all recommendations were followed as ordered and completed. Managment staff and nursing staff will be retrained to ensure that all of the individuals' medical appointments are scheduled and completed timely per the regulation. The residential director will do random file audits of other group homes to ensure that medical appointments are scheduled and completed timely, and all recommendations followed.</p>		