

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 07/11/2022
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NAME OF PROVIDER OR SUPPLIER  BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 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: 6/22, 6/23, 6/24, 6/27, 7/6, and 7/11/22.</p> <p>Facility number: 012371 Provider number: 15G764 AIM number: 200986870</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #39778 on 7/28/22.</p>	W 0000		
W 0125  Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>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 on observation, record review and interview for 3 of 3 sampled clients (#1, #2, #3) plus 5 additional clients (#4, #5, #6, #7, and #8), the facility failed to advocate for client #2 in regard to his guardian violating his rights, ensure client #1 had access to his tablet, and clients #1, #2, #3, #4, #5, #6, #7, and #8 had access to the pantry.</p> <p>Findings include:</p>	W 0125	<p>1. The Pantry door in the kitchen was found to be locked. This door should not be locked and all the clients should have access to the food items in it. All staff received retraining on client rights. This includes if a client right needs to be restricted, the process it must go through with a team meeting, guardian and HRC approval and how that right can be regained. All</p>	08/11/2022

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 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>1. Observations were completed in the group home on 6/23/22 from 5:46 AM through 7:12 AM. From 5:46 AM through 6:24 AM, the door to the pantry was locked. At 6:24 AM, the Residential Manager (RM) entered the home and unlocked the pantry door.</p> <p>Client #7 was interviewed on 6/23/22 at 6:28 PM and stated the pantry door is "always" locked because client #1 steals food.</p> <p>Client #1's record was reviewed on 6/23/22 at 2:01 PM. Client #1's 6/1/22 ISP (Individual Support Plan) and BSP (Behavior Support Plan) did not indicate client #1 had an identified need for the pantry to be locked.</p> <p>The Residential Director (RD) and agency LPN (Licensed Practical Nurse) were interviewed on 7/6/22 at 12:00 PM. The RD indicated the pantry should not be locked and clients should have access to the pantry at all times.</p> <p>2. Observations were completed in the group home on 6/23/22 from 5:46 AM through 7:12 AM. At 5:50 AM, client #1's tablet was locked in the medication cabinet. Staff #8 was interviewed at 5:55 AM and stated client #1's tablet was locked in the cabinet at night and was "not sure why his tablet is locked up."</p> <p>Client #1's record was reviewed on 6/23/22 at 2:01 PM. Client #1's 6/1/22 ISP and BSP did not indicate client #1 had an identified need for his tablet to be locked in the medication cabinet at night.</p> <p>The Residential Director (RD) and agency LPN were interviewed on 7/6/22 at 12:00 PM. The RD</p>		<p>staff were retrained that the pantry door is not to be locked. To ensure that the training was effective, management will monitor to ensure that the pantry door remains unlocked. This monitoring will occur 3 times weekly for 1 month, 2 times weekly for 1 month and 1 times weekly for 1 month. This documentation will be turned into the Residential Director monthly to ensure compliance.</p> <p>2. The team for client #1 met to discuss his tablet and any restrictions related to his tablet. Client #1 does not have any current restrictions regarding the use of his tablet. Staff locked it in the medication room cabinet but did not know why or the reason for locking it. Client #1 can have his tablet at all times. All staff were retrained on client rights and the process and approval for restricting a client right. All staff were retrained on ensuring that client #1 has access to his tablet at all times and that it is not locked up. To ensure that the training was effective, management will monitor to ensure that client #1 has access to his tablet and that it is not locked up. This monitoring will occur 3 times weekly for 1 month, 2 times weekly for 1 month and 1 times weekly for 1 month. This documentation will be turned into the Residential Director monthly to</p>	

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	<p>indicated client #1 should have access to his tablet at all times.</p> <p>3. The Residential Manager (RM) was interviewed on 6/22/22 at 4:00 PM. The RM indicated client #2's guardian is also his representative payee. The RM indicated the guardian rarely sends client #2 money and her and the staff in the home often have to buy him things so he does not go without. The RM indicated she has to text client #2's guardian when his funds are getting low because she only sends money every few months, not on a monthly basis. The RM indicated other clients in the home have donated clothes to client #2. The RM indicated client #2's guardian received all of his stimulus money and his paychecks because she is the representative payee.</p> <p>Client #2 was interviewed on 6/24/22 at 10:00 AM. Client #2 stated his guardian sends him money every couple of months "about \$30-\$40." Client #2 stated his guardian does not send him enough money for the things he needs and "I need underwear and socks." Client #2 indicated his paychecks and his stimulus money went to his guardian and he does not get it. Client #2 indicated his guardian will not send him more money and will not listen to him.</p> <p>Client #2's guardian was interviewed on 6/24/22 at 3:56 PM. Client #2's guardian indicated she was client #2's representative payee and in charge of his funds. Client #2's guardian indicated she sends client #2 money monthly and whenever he requests more money. Client #2's guardian indicated his stimulus money and paychecks are deposited into a savings account which she controls and anything he wants comes out of the savings account.</p>		<p>ensure compliance.</p> <p>3. Benchmark is formally appealing this citation related to client #2. The current payee became Client #2's Social Security Representative Payee in 2007. Benchmark since that time has made multiple attempts to obtain payment for Patient Liabilities and also to obtain Client #2's personal spending money. Benchmark has ensured, throughout Client #2's time with Benchmark that he has been provided for and purchased personal items for Client #2. Benchmark has always ensured Client #2 had funds to participate in activities. Client #2 has never gone without his needs being met regardless of his Payee's potential failure to ensure her obligations. BDDS, APS and Social Security were all made aware of concerns with the Payee multiple times when this issue was identified. At no time did any of the government agencies use their authority to assist Benchmark in becoming Payee. Quinton's Payee is also his legal guardian. Additionally upon a Medicaid Redetermination, Benchmark discovered that Client #2 had a trust and Benchmark staff worked with Medicaid, Social Security and BDDS to attempt to have the Representative Payee account for those funds. Benchmark would not be privy to</p>				

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	<p>Client #2's financial record was reviewed on 6/23/22 at 1:00 PM. Client #2's financial record indicated for the months of May 2021- May 2022 client #2's guardian sent him \$332.</p> <p>The financial staff were interviewed on 6/24/22 at 11:30 AM. The financial staff indicated if the agency was representative payee they are required to give each client \$52 per month after the liability is paid. The financial staff stated "because [client #2] does not have a bank account, he has to pay a fee to cash the money order his guardian sends, which causes him to lose even more money." The financial staff stated client #2's guardian had bought him a couple of things like a tablet from his stimulus money, "but nothing that would amount to the amount of stimulus money she received for him."</p> <p>The undated Social Security Administration's "A Guide for Representative Payees" was reviewed on 6/24/22 at 4:00 PM and indicated the following " ...First, you must take care of the beneficiary's day-to-day needs for food and shelter. Then, you must use the money for the beneficiary's medical and dental care that's not covered by health insurance. You can also pay for the beneficiary's personal needs, such as clothing and recreation. You must save any money left after you pay for the beneficiary's needs, preferably in U.S. (United States) Savings Bonds or an interest-paying bank account. This must be insured under either federal or state law.</p> <p>If the beneficiary is in a nursing home or institution, use their benefits to pay the fees. In this case, you should set aside a minimum of \$30 each month to use for the beneficiary's personal needs. If the beneficiary is in an institution and</p>		<p>this information since it is not responsible for Client #2's benefit money. After 7 plus years of working with the Government agencies that could help resolve this potential situation, Benchmark worked to ensure payment of the liability through its accounting and legal departments. This issue has been the same at every survey at Client #2's homes with Benchmark since 2007. There is no way for Benchmark to audit the payee to see what she spends his Social Security on, prove that it is not going into an account or trust for Client #2 or supersede the reporting from a payee to Social Security. Benchmark has received \$332 over the last 12 months which would be \$2.33 per month short of the obligation for personal spending from the payee and Benchmark is unable to determine if the remainder has been placed into an account per Social Security Guidelines. There are no violations of Client #2's rights associated with this provider, no findings related to Client #2 not having all items he needs based on his inventory of items or a failure to protect Client #2's rights. That onus lies between the Payee and the Social Security Administration. Benchmark cannot be responsible without finding of Client #2 not having necessary items. Benchmark is not Representative Payee and will not</p>	

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	<p>gets Medicaid, or is a member of a family on Temporary Assistance for Needy Families (TANF), contact us. We can inform you about using benefits for the family. You may not take a fee from the beneficiary for your services as a representative payee. If you have questions about this, contact your local Social Security office.</p> <p>How to handle a large payment of past-due benefits: In certain instances, we will pay past-due benefits all at once in a lump sum, which may be a large amount. First, you must spend the money on the beneficiary's current needs such as rent and a security deposit, food, or furnishings. After paying these expenses, you may spend the money to improve the beneficiary's daily living conditions or for better medical care. Spend the money wisely. You should use the money in the beneficiary's best interests. Then, if there's money left over, you must save it, preferably in U.S. Savings Bonds or an interest-paying bank account, insured under either federal or state law. Improve daily living conditions After you've provided for the beneficiary's needs, you may spend the money to improve the beneficiary's daily living conditions or for better medical care. You may decide to use the beneficiary's funds for major health-related expenses, if they're not covered by the beneficiary's health insurance. Examples of these expenses are reconstructive dental care, a motorized wheelchair, rehabilitation expenses, or insurance premiums. You could use the money to arrange for the beneficiary to go to school or get special training. You may also spend some of the money for the beneficiary's recreation, such as movies, concerts, or magazine subscriptions ...".</p> <p>The undated "Indiana Health Coverage Program</p>		<p>have access to audit payee account information related to Client #2.</p> <p>Plan for Client #2 – Benchmark will submit a BDDS report regarding the guardian/payee potentially violating client #2 rights related to the use of his funds. Again, Benchmark has no access to financial information of the payee account of Client #2's funds. This BDDS report is sent to APS and the BDDS service coordinator to serve as notification. Benchmark will also notify Indiana Legal Services for assistance. Benchmark will again attempt to apply to be Representative Payee for #2's Social Security Benefit. If denied, Benchmark will continue to apply annually, submit a BDDS report annually until resolved. Benchmark continues ensures that all of client#2's needs are met. The residential director and residential manger are made aware when #2 has wants and needs. If the guardian has not provided money, then an attempt to reach the guardian is made. If the guardian does not provide the money then Benchmark will ensure his needs are met.</p>	

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	<p>Policy Manual" was reviewed on 6/24/22 at 4:15 PM and indicated " ...Supplemental Assistance for Personal Needs (SAPN) payments, established by Indiana PL 294- 2001, became effective July 1, 2002. With this enactment, eligible individuals residing in health care facilities can receive a supplemental payment from the state in an amount up to \$22 per month... SAPN ELIGIBILITY: To be eligible for Supplemental Assistance for Personal Needs payments, individuals must be receiving Medicaid, residing in a Medicaid-certified health care facility throughout the calendar month for which the benefit is issued, and receiving a \$30 reduced SSI (Supplemental Security Income) benefit ...</p> <p>BENEFIT CALCULATION SAPN: Payments are not countable income in the Medicaid determination. The payments are not counted in the eligibility step or in the post-eligibility calculation of the liability. The SAPN benefit can range from \$1.00 to \$22.00 and is based on the calculation of budgeted earned and unearned income subtracted from the \$52.00 Medicaid Personal Needs Allowance ...".</p> <p>The Residential Director (RD) and agency LPN were interviewed on 7/6/22 at 12:00 PM. The RD stated the facility had "about 6 years ago, we contacted Medicaid when we noticed his trust fund had decreased from about \$23,000 to about \$1-2,000. Medicaid did not further investigate it." The RD indicated APS (Adult Protective Services) had not been contacted. The RD indicated the facility ensures client #2 never goes without and the house manager will contact the guardian for client #2 if she notices he is low on funds. The RD stated client #2's stimulus check and paychecks from the workshop are direct deposited into an account owned by the guardian and "is not sure if</p>			

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W 0159 Bldg. 00	<p>it is in the guardian's name or [client #2's] name." The RD indicated clients should have a representative payee who follows the guidelines.</p> <p>9-3-2(a)</p> <p>483.430(a) QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who-</p> <p>Based on record review and interview for 2 of 3 sampled clients (#1 and #3), the QIDP (Qualified Intellectual Disability Professional) failed to update clients #1 and #3's BSPs (Behavior Support Plans) to reflect current psychotropic medications and discontinued psychotropic medications.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 6/23/22 at 2:01 PM. Client #1's 6/2022 Physician's Orders indicated client #1 took Abilify (for behavior) and Oxcarbazepine (for behavior). Client #1's 6/1/22 Behavior Support Plan (BSP) included a list of psychotropic medications client #1 was prescribed. Client #1's BSP did not include the use of Abilify and Oxcarbazepine.</p> <p>Client #3's record was reviewed on 6/27/22 at 11:21 AM. Client #3's record indicated client #3's psychiatrist had prescribed Vraylar (for behavior) on 3/15/22. Client #3's 11/1/22 BSP did not include the use of Vraylar.</p> <p>The Residential Director (RD) and agency LPN (Licensed Practical Nurse) were interviewed on</p>	W 0159	Client #1 and #3 BSP's were not updated by the QIDP to reflect current psychotropic medications and discontinued medications. The QIDP was retrained to ensure that all BSP's are updated when a medication change or discontinuation occurs. The QIDP updated client #1 and 3's BSP to reflect the current psychotropic medications and doses. An audit was completed on the other charts in this group home and they were found to be in compliance. The Residential Director will complete audits once a month on the BSP's in this group home to monitor for any changes to the clients BSP's related to changes in their psychotropic medications.	08/11/2022

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W 0227 Bldg. 00	<p>7/6/22 at 12:00 PM. The RD indicated the QIDP is the person responsible for updating each client's BSP to ensure it has the right medications listed.</p> <p>9-3-3(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, record review, and interview for 1 of 2 sampled clients (#1), the facility failed to develop a plan/goal to address client #1 knocking before entering a room with a closed door.</p> <p>Findings include:</p> <p>Observations were completed in the group home on 6/22/22 from 3:30 PM through 5:25 PM. At 4:30 PM, client #8 went into the bathroom to take a shower. At 4:34 PM, client #1 was prompted by the Residential Manager to wash his hands. Client #1 entered the bathroom client #8 was in. Client #8 yelled at client #1 and told him "I'm taking a shower and I'm naked, get out." The Residential Manager prompted client #1 to go to the kitchen sink to wash his hands.</p> <p>Observations were completed in the group home on 6/23/22 from 5:46 AM through 7:12 AM. At 6:00 AM, staff #8 was preparing to administer client #8's medications with her in the room. Client #1 opened the door and tried to enter the area without knocking. Client #8 told him to leave and closed the door. Staff #8 stated client #1 tries to</p>	W 0227	The team met and discussed client #1 current ISP goals and objectives. His current objectives do not include addressing client #1 not knocking on doors before entering room with a closed door. A formal goal was included in his ISP to address knocking on closed doors before entering. This will ensure that privacy for others is maintained. All staff were trained on this goal. The QIDP will monitor monthly the progress on his goal in the residential monthly. If no progress is made within 3 months, the team will meet to discuss how to revise the goal to ensure success. The manager will also monitor that staff are implementing and providing redirection and counseling regarding the objective weekly and document that on a monitoring form. This form will be turned into the residential director for compliance.	08/11/2022

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W 0331 Bldg. 00	<p>enter the medication area "all of the time, so sometimes I leave the door open, because I don't know what to do. He will start kicking the door trying to get in."</p> <p>Client #1's record was reviewed on 6/23/22 at 2:01 PM. Client #1's 6/1/22 ISP (Individual Support Plan) and BSP (Behavior Support Plan) did not indicate client #1 had a goal/plan to address client #1 entering rooms before knocking.</p> <p>The Residential Director (RD) and agency LPN (Licensed Practical Nurse) were interviewed on 7/6/22 at 12:00 PM. The RD indicated the group home should be tracking and the Qualified Intellectual Disability Professional (QIDP) should be implementing a plan/goal for client #1 if he is repeatedly going in rooms with closed doors and not knocking.</p> <p>9-3-4(a) 483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview for 2 of 3 sampled clients (#1 and #2), the facility's nursing services failed to develop Health Risk Plans to address ocular hypertension (elevated fluid pressure in the eye) and gingivitis (inflammation of the gums) for client #2 and failed to complete quarterly AIMS (Abnormal Involuntary Movement Scale) assessments for client #1.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 6/23/22 at 2:01 PM. Client #1's admission date into the</p>	W 0331	For client #1, an AIM assessment had not been completed. The nurse completed a current AIMS assessment. The nurse was retrained to ensure that an AIMS assessments completed quarterly. An audit was completed of the other charts in this group home and all the others were in compliance. The residential director will do random audits of the client charts to ensure that AIMS assessments are present quarterly for the clients on	08/11/2022

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W 0352 Bldg. 00	<p>facility was 4/17/2020. Client #1's 6/2022 Physician's Orders indicated client #1 was prescribed Abilify (for behavior), Bupropion (for behavior), Fluoxetine (for depression), Guanfacine (for behavior), Mirtazapine (for behavior), and Oxcarbazepine (for behavior). Client #1's record did not indicate AIMS assessments had been completed.</p> <p>The Residential Director (RD) and agency LPN (Licensed Practical Nurse) were interviewed on 7/6/22 at 12:00 PM. The agency LPN indicated AIMS assessments should be completed quarterly.</p> <p>2. Client #2's record was reviewed 6/27/22 at 12:26 PM. Client #2's record indicated client #2's diagnoses included, but were not limited to, ocular hypertension and gingivitis. Client #2's risk plans did not indicate he had risk plans for ocular hypertension and gingivitis.</p> <p>The RD and agency LPN were interviewed on 7/6/22 at 12:00 PM. The agency LPN indicated there should be risk plans for each diagnosis for client #2.</p> <p>9-3-6(a) 483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure client #1 had a dental exam completed annually.</p> <p>Findings include:</p>	W 0352	<p>psychotropic medications. For client # 2, their Risk Plan was not updated to include all diagnosis. Ocular Hypertension and gingivitis were added to client #2's Risk Plan by the QIDP. The QIDP and nurses were retrained to ensure that all diagnosis are listed on the Risk Plans. An audit was completed on the other clients in this group home and all Risk Plans are current with all diagnosis listed.</p> <p>Client #1 did not have an annual dental exam. Client #1 was scheduled timely for the dental exam however, the appointment was missed. Client #1 has now been evaluated by the Dentist</p>	08/11/2022

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-039

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  07/11/2022
NAME OF PROVIDER OR SUPPLIER  BENCHMARK HUMAN SERVICES			STREET ADDRESS, CITY, STATE, ZIP COD 1726 OLD LANTERN TR FORT WAYNE, IN 46845		
(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	
	<p>Client #1's record was reviewed on 6/23/22 at 2:01 PM. Client #1's record indicated he was admitted into the group home on 4/17/2020. The facility was unable to provide a dental exam during the survey.</p> <p>The Residential Director (RD) and agency LPN (Licensed Practical Nurse) were interviewed on 7/6/22 at 12:00 PM. The agency LPN indicated clients should have dental assessments completed annually or as recommended by a doctor.</p> <p>9-3-6(a)</p>		<p>7/26/22. The residential manager was retrained on the requirement for clients to be seen by a Dentist annually or as recommended by a doctor. A new tracking system is in place for medical appointments including dental appointments. This will help ensure that all dental appointments are scheduled and attended. An audit was completed at this group home and the other clients are in compliance with the required annual dental assessments.</p>		