

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

PRINTED: 08/16/2022

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 -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 07/26/2022
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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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(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
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 07/26/22</p> <p>Facility Number: 012371 Provider Number: 15G764 AIM Number: 200986870</p> <p>At this Emergency Preparedness survey, Benchmark Human Services was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475</p> <p>The facility has 8 certified beds. All 8 beds are certified for Medicaid. At the time of the survey, the census was 8.</p> <p>Quality Review completed on 07/29/22</p>	E 0000		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 07/26/22</p> <p>Facility Number: 012371 Provider Number: 15G764 AIM Number: 200986870</p> <p>At this Life Safety Code survey, Benchmark</p>	K 0000		

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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K S253 Bldg. 01	<p>Human Services was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>The one story facility was not sprinklered. The facility has a fire alarm system with smoke detection in the corridors, sleeping rooms and common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.8.</p> <p>Quality Review completed on 07/29/22</p> <p>NFPA 101 Number of Exits - Patient Sleeping and Non-SI Number of Exits - Patient Sleeping and Non-Sleeping Rooms 2012 EXISTING (Prompt) Every sleeping room and living area shall have access to a primary means of escape located to provide a safe path of travel to the outside. Where sleeping rooms or living areas are above or below the level of exit discharge, the primary means of escape shall be an interior stair in accordance with 33.2.2.4, an exterior stair, a horizontal exit, or a fire escape stair. In addition to the primary route, each sleeping room shall have a second means of escape that consists of one of the following:</p>			

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	<p>1. It shall be a door, stairway, passage, or hall providing a way of unobstructed travel to the outside of the dwelling at street or ground level that is independent of and remotely located from the primary means of escape.</p> <p>2. It shall be a passage through an adjacent nonlockable space, independent of and remotely located from the primary means of escape, to approved means of escape.</p> <p>3. It shall be an outside window or door operable from the inside without the use of tools, keys, or special effort that provides a clear opening of not less than 5.7 square feet. The width shall be not less than 20 inches. The height shall be not less than 24 inches. The bottom of the opening shall be not more than 44 inches above the floor. Such means of escape shall be acceptable where one of the following criteria are met:</p> <p>a. The window shall be within 20 feet of finished ground level.</p> <p>b. The window shall be directly accessible to fire department rescue apparatus as approved by the authority having jurisdiction.</p> <p>c. The window or door shall open onto an exterior balcony.</p> <p>4. Windows having a sill height below the adjacent finished ground level are that provided with a window well meet the following criteria:</p> <p>a. The window well allows the window to be fully openable.</p> <p>b. The window is not less than 9 square feet with a length and width of not less than 36 inches.</p> <p>c. Window well deeper than 43 inches has an approved, permanently affixed ladder or steps complying with the following:</p> <p>1. The ladder or steps do not extend</p>			

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	<p>more than 6 inches into the well.</p> <p>2. The ladder or steps are not obstructed by the window.</p> <p>5. If the sleeping room has a door leading directly to the outside of the building with access to finished ground level or to a stairway that meets the requirements of exterior stairs in 33.2.2.2, that means of escape shall be considered as meeting all the escape requirements for the sleeping room.</p> <p>a. A second means of escape from each sleeping room shall not be required where the facility is protected throughout by approved automatic sprinkler system in accordance with 33.2.3.5.</p> <p>b. Existing approved means of escape shall be permitted to continue to be used. 33.2.2.1, 33.2.2.2, 33.2.2.3.1 through 33.2.2.3.4</p> <p>Based on observation and interview, the facility failed to ensure 3 of 5 client sleeping rooms were provided with a secondary means of escape in accordance with 33.2.2.3. LSC 33.2.2.3 requires a secondary egress from each sleeping room with multiple provisions. This deficient practice could affect 5 clients.</p> <p>Findings include:</p> <p>Based on observation with the Residential Manager (RM) on 07/26/22 at 1:20 p.m., the secondary means of escape for sleeping rooms #1, #3, and #4 was a window, but either the window nor storm window would not fully open when tested. Based on interview at the time of observation, RM agreed the windows in the three rooms were the secondary means of escape and would not fully open.</p>	K S253	In addition to a primary means of egress, every sleeping room has to have a second means of escape. It was noted that 3 of the bedrooms #1, #3 and #4 had windows that neither the window or the storm window would not fully open when tested. Talon Construction (Benchmarks maintenance contractor) was contacted to assess the windows to ensure that all windows were able to function and open to allow for a clear exit/escape route. The windows in #1, #3 and #4 required handles to be installed (there were not handles previously to aid in opening the windows). This allowed all of the windows to be able to be fully opened and allow	08/12/2022

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K S345 Bldg. 01	<p>The findings were review with the RM and Residential Coordinator during the exit conference.</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance 2012 EXISTING (Prompt) A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was continuously in proper operating condition. NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition, Section 14.2.1.2.2 states system defects and malfunctions shall be corrected. This deficient practice could affect all clients.</p> <p>Findings include:</p>	K S345	<p>exit. All the other windows in the house were checked and opened to allow exit. To ensure that the windows remain in good working condition, the manager will ensure monthly, while doing CQA's that the windows are all tested. The testing will include that all windows area able to open and allow exit. This will be documented on the CQA and turned in monthly to the residential director for compliance.</p> <p>It was noted after the fire system was tested at a pull station, that the yellow trouble light stayed illuminated when the system was reset after the system actuated the audible alarm. Priority 1 was called immediately and came out and fixed the system and tested it to ensure that it is operating correctly. To ensure this does not</p>	08/12/2022

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	<p>Based on observation with the Residential Manager (RM) on 07/26/22 at 1:10 p.m., there were three yellow trouble lights illuminated on the fire alarm control panel. The fire alarm system was tested with a pull station and the fire alarm system actuated the audible alarm, however, the yellow trouble light stayed illuminated when the system was reset. During an interview at the time of observation and testing, the RM agreed there were trouble lights on the panel and stated they will call to get it fixed.</p> <p>The findings were review with the RM and Residential Coordinator during the exit conference.</p>		<p>happen again, the manager will test monthly the Fire System and ensure that the yellow trouble light is not on for any reason. This will be documented on the CQA and turned into the residential director for compliance. This will ensure that the Fire System is in continuously operating condition. All staff will also be retrained that if there is any trouble lighting indicated on the Fire System that they will immediately call their supervisor and the supervisor will immediately notify Priority One and start 15 minutes checks to ensure safety if the system is not functioning.</p>		