

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G766	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 08/13/2021
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 10036 CROWN POINT FORT WAYNE, IN 46804
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E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475. Survey Date: 08/13/21 Facility Number: 012402 Provider Number: 15G766 AIM Number: 200993410 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 The facility has 8 certified beds. At the time of the survey, the census was 8. Quality Review completed on 08/16/21	E 0000		
K 0000 Bldg. 02	A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 08/13/21 Facility Number: 012402 Provider Number: 15G766 AIM Number: 200993410 At this Life Safety Code survey, Benchmark Human Services was found not in compliance	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 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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K S300 Bldg. 02	<p>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>This one story building was not sprinklered. This facility has a fire alarm system with smoke detection in all common living areas, corridors and sleeping rooms. The facility has a capacity of 8 and a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.48.</p> <p>Quality Review completed on 08/16/21</p> <p>NFPA 101 Protection - Other Protection - Other 2012 EXISTING</p> <p>List in the REMARKS section any LSC Section 33.2.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 smoke barrier doors arranged to self-close or automatic close with fire alarm system activation were not prevented from closing. LSC 33. 1.1.3 states the provisions of Chapter 4, General, shall apply. LSC 4.6.12.3 requires existing LSC features obvious to the public to be either maintained or removed. This deficient practice could affect all</p>	K S300	The door with the self equipped holding device that releases with a fire alarm has been repaired and no door wedge is being used. All management staff have been retrained to ensure as soon as a door is broken it is priority to get it repaired immediately. The managers will do walk through	09/12/2021

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K S363 Bldg. 02	<p>clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Program Coordinator on 08/13/21 at 11:41 a.m., there was a smoke barrier door separating the sleeping rooms form the living area. The door was equipped with a hold open device that release with a fire alarm, but because part of the hold open device broke the door was held open with a door wedge. Based on interview at the time of the observation, the Program Coordinator agreed the door would not self-close or automatic close with fire alarm system activation with the wedge propping the door open.</p> <p>The finding was reviewed with the Program Coordinator during the exit conference.</p> <p>NFPA 101 Corridor - Doors Corridor - Doors Doors shall meet all of the following requirements:</p> <ol style="list-style-type: none"> Doors shall be provided with latches or other mechanisms suitable for keeping the door closed. No doors shall be arranged to prevent the occupant from closing the door. Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8 in buildings other than those protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5. <p>Door assemblies with leaves required to swing in the direction of egress travel are inspected and tested annually per 7.2.1.15. 33.2.3.6.4, 33.7.7</p>		<p>tests of each door three times a week to ensure all are functioning appropriately for three months then return to once a month documented on the CQA's.</p>	

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	<p>Based on observation and interview, the facility failed to ensure 2 of 5 clients sleeping rooms were provided with a door which would self-close and latch securely in the door frame in accordance with LSC 7.2.1.8. LSC 7.2.1.8.1 states a door leaf normally required to be kept closed shall not be secured in the open position at any time and shall be self-closing or automatic-closing in accordance with LSC 7.2.1.8.2 which states in any building of low or ordinary hazard contents, as defined in 6.2.2.2 and 6.2.2.3, or where approved by the authority having jurisdiction, door leaves shall be permitted to be automatic-closing, provided that all of the following criteria are met:</p> <p>(1) Upon release of the hold-open mechanism, the leaf becomes self-closing.</p> <p>(2) The release device is designed so that the leaf instantly releases manually and, upon release, becomes self-closing, or the leaf can be readily closed.</p> <p>(3) The automatic releasing mechanism or medium is activated by the operation of approved smoke detectors installed in accordance with the requirements for smoke detectors for door leaf release service in NFPA 72, National Fire Alarm and Signaling Code.</p> <p>(4) Upon loss of power to the hold-open device, the hold-open mechanism is released and the door leaf becomes self-closing.</p> <p>This deficient practice could affect 3 clients.</p> <p>Findings include:</p> <p>Based on observation with the Program Coordinator on 08/13/21 at 11:41 a.m., the following was observed:</p> <p>a). The center sleeping room door was held open by a dresser in front of the door.</p> <p>b). The rear sleeping room door was held open by</p>	K S363	The residential staff have been retrained to ensure that all sleeping doors are self closing and are not propped open with any type of furniture or wedge. The door for sleeping room #1 latch has been repaired so that the door automatically closes and latches. The managers will do walk through tests of each door three times a week to ensure all are functioning appropriately and no doors are propped open for three months then return to once a month documented on the CQA's.	09/12/2021

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	<p>a door wedge.</p> <p>c). Sleeping room #1 by the dining room did not latch into the frame because the latch was broken.</p> <p>Based on interview at the time of observation, the Program Coordinator agree two doors were held open by a device that did not release upon activation of the fire alarm and one door had a broken latch.</p> <p>The finding was reviewed with the Program Coordinator during the exit conference.</p>			