

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G790	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/11/2019
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP COD 7137 ROSE ANN PKWY FORT WAYNE, IN 46804
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W 0000 Bldg. 00	<p>This visit was for a focused fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 6/3, 6/4, 6/5, 6/6, 6/7, 6/10, and 6/11/19.</p> <p>Facility number: 012524 Provider number: 15G790 AIM number: 201014800</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 6/20/19.</p>	W 0000		
W 0331 Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review, and interview for 1 of 3 sampled clients (#3), the facility's nursing services failed to ensure client #3's plan indicated when he should wear his CPAP (Continuous Positive Airway Pressure) machine (for obstructive sleep apnea).</p> <p>Findings include:</p> <p>Observations were completed in the group home on 6/3/19 from 3:37 PM through 5:35 PM. From 3:37 PM through 4:50 PM, client #3 was sleeping in his bedroom with his door open. The QIDP (Qualified Intellectual Disability Professional) was interviewed at 4:25 PM and indicated client #3 does take naps often and he wears a CPAP at nighttime. The QIDP indicated he does not wear it when he takes a nap.</p>	W 0331	<p>Client's #3 MAR has been changed to reflect he will wear his CPAP at anytime that he is asleep. All staff have been retrained on this expectation. Client #3 was also informed of this expectation. The management staff will complete random checks to ensure that Client #3 is wearing his CPAP at both bedtime and when he takes naps. At first these checks will be conducted three times a week for three months then completed once a week for six months. The checks will be documented on an observation form indicating that CPAP was being worn. These forms will be</p>	07/11/2019

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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W 0369 Bldg. 00	<p>Client #3's record was reviewed on 6/6/19 at 9:04 AM. Client #3's record indicated a medical appointment in 4/25/19 for a sleep study follow up. The 4/25/19 medical appointment indicated a new diagnosis of severe obstructive sleep apnea. The 4/25/19 appointment indicated "Recommendations: Bi-pap (Bilevel positive airway pressure) 17/13 cm (centimeters) of water. Client #3's 6/2019 Medication Administration Record indicated "Wear CPAP nightly during sleeping hours."</p> <p>Interview was conducted with the agency RN on 6/10/19 at 10:19 AM. The agency RN indicated client #3's plan should indicate client #3 should wear his CPAP machine whenever he is taking a nap or sleeping at night.</p> <p>9-3-6(a) 483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview for 1 additional client (#8), the facility failed to ensure medications were administered according to physician's orders.</p> <p>Findings include:</p> <p>Observations were completed in the group home on 6/4/19 from 5:43 AM through 7:35 AM. At 6:19 AM, staff #1 administered 1 capsule Esomeprazole Mag (magnesium) DR (delayed release) 40 mg (milligrams) (for gastroesophageal reflux disease). The medication card indicated "take at least 1</p>	W 0369	<p>turned into the residential director to ensure compliance.</p> <p>All staff were immediately retrained on the Medication Administration Policy to ensure that all medication are passed per physician orders/instructions. Management staff will completed Medication Administration Tracking Forms when observing medication passes to ensure staff are following the medication policy/procedures. The initial monitoring will occur by management staff two times a</p>	07/11/2019

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W 0383 Bldg. 00	<p>hour before meal." At 6:50 AM, client #8 sat at the dining room table and began eating his breakfast.</p> <p>Client #8's record was reviewed on 6/6/19 at 11:00 AM. Client #8's 6/2019 Physician's Orders indicated client #8 took 1 capsule Esomeprazole Mag DR 40 mg daily at 6:00 AM for GERD (gastroesophageal reflux disease).</p> <p>Interview was conducted with the agency RN on 6/10/19 at 10:19 AM. The agency RN indicated if the medication card said to take 1 hour before meals then the staff should follow those directions unless the doctor has indicated otherwise. The agency RN indicated she was not sure if the doctor had indicated if the client could eat before 1 hour after taking the medication.</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area. Based on observation, record review, and interview for 3 of 3 sampled clients (#1, #2, and #3), plus 5 additional clients (#4, #5, #6, #7, and #8), the facility failed to secure the medication keys at the group home.</p> <p>Findings include:</p> <p>Observations were completed in the group home for clients #1, #2, #3, #4, #5, #6, #7 and #8 on 6/3/19 from 3:37 PM through 5:35 PM. At 4:50 PM, the Qualified Intellectual Disability Professional (QIDP) set the medication keys on the kitchen table and walked away to help client #1 with his gait belt. Client #5 picked the keys up and held onto them. The QIDP came back out to the kitchen</p>	W 0383	<p>week for three months in order to ensure that retraining has been effective. Monitoring then will return to weekly monitoring which is ongoing. The forms will be turned into the residential director to ensure compliance.</p> <p>All staff have been retrained on the Medication Administration Policy to ensure that only authorized persons may have access to the keys to the drug storage area. Management staff will completed Medication Administration Tracking Forms when observing medication passes to ensure staff are following the medication policy/procedures. The initial monitoring will occur by management staff two times a week for three months in order to ensure that retraining has been effective. Monitoring then will</p>	07/11/2019

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W 0388 Bldg. 00	<p>and client #5 gave the keys back to the QIDP. The QIDP indicated the keys were the medication keys client #5 was holding and they should not have been left on the table for him to pick up.</p> <p>Interview was conducted with the Residential Director on 6/10/19 at 10:19 AM. The RD indicated the medication keys should be secure at all times and should not have been left on the table for the client to pick up.</p> <p>9-3-6(a)</p> <p>483.460(m)(1)(i) DRUG LABELING</p> <p>Labeling for drugs and biologicals must be based on currently accepted professional principles and practices.</p> <p>Based on observation, record review, and interview for 1 additional client (#8), the facility failed to have a prescribed over the counter medication labeled with client #8's name and directions for use.</p> <p>Findings include:</p> <p>Observations were completed in the group home on 6/3/19 from 3:37 PM through 5:35 PM. At 4:15 PM, the QIDP had client #8 come to the medication room to administer medications. The QIDP indicated client #8 had multiple open sores on his arms. The QIDP indicated client #8 will pick at his arms sometimes. The QIDP got out a tube of Bacitracin (for wound care) for his open wounds. The tube did not have a label on it to indicate whose medicine it was or what is was used for. The QIDP indicated the tube of medicine should have a label on it.</p> <p>Client #8's record was reviewed on 6/6/19 at 11:00</p>	W 0388	<p>return to weekly monitoring which is ongoing. The forms will be turned into the residential director to ensure compliance.</p> <p>A label was immediately placed on the medication for client #8 which included name and directions for use. All staff have been retrained on the Medication Administration Policy to ensure that all drugs and biologicals have appropriate labels on them that are currently accepted professional principles and practices. Medication Administration Tracking Forms when observing medication passes to ensure staff are following the medication policy/procedures. The initial monitoring will occur by management staff two times a week for three months in order to ensure that retraining has been effective. Monitoring then will return to weekly monitoring which</p>	07/11/2019

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

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	<p>AM. Client #8's 6/2019 Medication Administration Record (MAR) indicated Bacitracin 500 unit/GM (grams) ointment "apply topically to minor skin breaks 2 times a day as needed."</p> <p>Interview was conducted with the agency RN on 6/10/19 at 10:19 AM. The agency RN indicated all prescribed medications should have a label with the client's name and directions for use.</p> <p>9-3-6(a)</p>		is ongoing. The forms will be turned into the residential director to ensure compliance.		