

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G792	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/04/2024
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP COD 9285 W CR 950 N ELIZABETHTOWN, IN 47232
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey.</p> <p>Survey dates: 8/27/24, 8/28/24, 8/29/24, 8/30/24 and 9/4/24.</p> <p>Facility Number: 012528 Provider Number: 15G792 AIM Number: 201017060</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 and #27547 on 9/13/24.</p>	W 0000	.	
W 0140 Bldg. 00	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>Based on record review and interview for 1 of 2 sampled clients (#2) and 1 additional client (#4), the facility failed to ensure a full and complete accounting of clients #2 and #4's personal funds entrusted to the facility.</p> <p>Findings include:</p> <p>On 8/28/24 at 12:28 PM, a review of the clients' finances was conducted. The review indicated the following affecting clients #2 and #4:</p> <p>1) Client 2's financial ledger was dated June 2023. Client #2's financial ledger had one data entry dated 12/10/23. Client #2's financial ledger was over a year old and with a debit transaction on a future date. The balance of client #2's personal funds was indicated as \$30.44. Client #2's actual cash on hand balance was \$15.69. A total of</p>	W 0140	<p>All management and staff were retrained in managing and tracking client funds. This training will be documented on a record of training form. Accounting of the cash on hand will be monitored for compliance with auditing weekly. Verification of audit and accurate balances will be documented on a home visit form by a member of management weekly for 30 days. The home visit forms will be monitored by the Director to ensure compliance. Ongoing monitoring will occur monthly when client budget trackers are uploaded by the Financial Specialist to the Provide system which will be reviewed by the</p>	10/03/2024

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

TITLE

(X6) DATE

Alexandria Allender

Director

09/20/2024

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>\$14.75 of personal funds unaccounted for.</p> <p>2) Client #4 did not have a financial ledger available for review. Client #4's cash on hand balance was \$0.42.</p> <p>On 8/28/24 at 12:34 PM, Direct Support Professional (DSP #1) and DSP #7 were asked about client #4's financial ledgers and the accounting for personal funds. DSP #1 indicated the managers at the office had client #4's financial ledger and stated, "The manager has [client #4's] ledger. They did a spend down". DSP #1 was asked when client #4's spend down was conducted. The DSP #1 stated, "This receipt says February (2024)". DSP #7 stated in response to DSP #1, "No, it was June or July (2024)". At 12:35 PM, DSP #1 stated, "They should have her ledgers".</p> <p>On 8/28/24 at 2:34 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about clients #2 and #4's financial ledgers and the accounting of their personal funds. The QIDP stated, "Yeah, ok". The QIDP indicated more follow up was needed with the Program Manager.</p> <p>On 8/29/24 at 11:01 AM, the Program Manager (PM) was interviewed. The PM provided more information in regards to the accounting of clients #2 and #4's personal funds. The PM indicated he had found more receipts and was in process of reconciliation of clients #2 and #4's personal funds. The PM stated, "I wanted to show you how I came about the numbers. I did not want to cover anything up. They did not put the receipt on their (client #2's ledger)". The PM indicated client #2's accounting was missing the reconciliation of a 7/13/24 receipt for an</p>		Director.	

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W 0159 Bldg. 00	<p>expenditure. The PM was asked to describe the issue for both client #2 and #4's financial accounting. The PM stated, "They did not put the receipts on there". The PM was asked if a lack of accounting for clients #2 and #4's personal funds had occurred. The PM stated, "For sure. I need to get out there. [Client #2's] is not right. She has \$16.09". The PM was asked to confirm no accurate financial ledgers for the accounting of both client #2 and client #4 were available for review. The PM stated, "Nothing right now. It's being fixed". The PM indicated clients #2 and #4's personal funds entrusted to the facility should be accounted for and maintained accurately.</p> <p>On 8/29/24 at 1:56 PM, the QIDP was interviewed. The QIDP was asked about the financial accounting of clients #2 and #4's personal funds entrusted to the facility. The QIDP stated, "The people that have access are the team lead (DSP #1), the managers (PM), and myself. If someone wants to take someone on a trip to spend money, communicate, bring back the receipts and place in the lock box. A new ledger should be started monthly". The QIDP was asked if clients #2 and #4's personal funds should be accounted for and maintained accurately. The QIDP nodded her head yes.</p> <p>9-3-2(a) 483.430(a) QIDP</p> <p>Based on record review and interview for 1 additional client (#3), the Qualified Intellectual Disabilities Professional (QIDP) failed to integrate, coordinate and monitor client #3's program plans to ensure timely supports and services for her social security benefit and financial needs were</p>	W 0159	The QIDP was retrained on the duties of a QIDP to integrate, monitor and coordinate benefits for clients. Specific topics within the training were related to ensuring social security benefits are	10/03/2024			

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	<p>met.</p> <p>Findings include:</p> <p>On 8/28/24 at 12:28 PM, a review of the client's finances was conducted. The review indicated client #3 had no financial ledger and/or personal funds for review. Upon review with Direct Support Staff (DSP #1), DSP #1 indicated client #3 had no financial ledger and stated, "I don't think she receives anything. We don't have anything".</p> <p>On 8/28/24 at 2:34 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about DSP #1's statement and the review of the finances indicating client #3 was not receiving social security income and how long this had been occurring. The QIDP stated, "March of 2023". The QIDP was asked who was client #3's Representative Payee. The QIDP stated, "We are (Benchmark). We just got that this month. When she moved in, she was not getting SSI (Supplemental Security Income)". The QIDP indicated she had researched this with client #3's guardian and discovered she was not receiving social security income and had moved from an inpatient placement facility for juveniles and stated, "She was not on Medicaid. I received the confirmation last week and her ID (identification card) came in this week". The QIDP indicated she was able to take client #3's identification card and was in the process of setting up a banking account. The QIDP indicated client #3's award letter form Social Security could be provided for review.</p> <p>On 8/28/24 at 2:49 PM, a focused review of client #3's record was conducted. The review indicated:</p> <p>Social Security Administration letter dated</p>		<p>maintained and any issues are resolved in a timely manner. In order to monitor ongoing compliance with social security, benefits status, will be reviewed at monthly IDT meetings. This will be documented within IDT meeting minutes and monitored by the director to ensure ongoing compliance.</p>	

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	<p>8/22/24, indicated, "We have carefully reviewed the facts of your case and have approved the claim for Supplemental Security Income (SSI) benefits that you filed on 4/17/2024... As of April 2024, you met all the rules to be eligible for SSI based on being disabled... Your current monthly payment is \$30.00...Your back payments from May 2024 through August 2024... Monthly Payment Amount \$30.00... Total \$120.00... Your representative payee will receive a payment of \$120.00 by August 25, 2024. This payment covers May 2024 through August 2024..."</p> <p>Review of the State Form Community Residential Facility Worksheet indicated the provider listed client #3's date of admission to services as "4/18/2023".</p> <p>On 8/28/24 at 2:52 PM, the QIDP was interviewed. The QIDP was asked if client #3's \$120.00 back payment had been received 3 days prior to this interview. The QIDP stated, "It did. That's one of the checks we're going to use to start up her bank account". The QIDP was asked why it took so long before client #3 was assisted with filling for her SSI. The QIDP stated, "That was before my time. When her Medicaid lapsed, that's when I was notified and filed. I think I got a letter in the mail that said that". The QIDP was asked if a year of time had passed before client #3 had received support with filing for her SSI. The QIDP nodded her head yes.</p> <p>On 8/29/24 at 1:56 PM, the QIDP was interviewed. The QIDP was asked about the previous QIDP's process to assist client #3 with filing for her SSI to ensure she had an income. The QIDP indicated the previous QIDP should have initiated paperwork and stated, "Since she did move in, a Rep (representative) Payee should have been</p>			

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W 0192 Bldg. 00	<p>started with her guardian within in a month (5/2023). She would have gotten that payment back to then". The QIDP was asked how long client #3 went without SSI payments. The QIDP stated, "12 months". The QIDP indicated the previous QIDP should have coordinated and monitored client #3's program plans to assist her with filing for social security income to prevent the delay she had experienced.</p> <p>9-3-3(a)</p> <p>483.430(e)(2) STAFF TRAINING PROGRAM</p> <p>Based on observation, record review and interview for 1 of 2 sampled clients (#1), the facility failed to ensure staff competency with the administration and disposal of client #1's contaminated medications during her morning medication administration routine.</p> <p>Findings include:</p> <p>Observations were conducted on 8/28/24 from 6:45 AM to 8:52 AM and from 11:42 AM to 1:38 PM at the group home. At 7:02 AM, staff #2 entered the home and began his day shift routine and greeted client #1 in the dining room area. At 7:34 AM, staff #2 began gathering supplies for the morning medication routine. At 7:45 AM, staff #2 prepared client #1's morning medicines by popping the medication tablets into a gloved hand and placing them in a small plastic cup. At 7:51 AM, client #1's Marlissa (birth control) tablet went through staff #2's gloved hand and landed on the surface of the home's dryer. The dryer surface had not been sanitized prior to preparing for the morning medication routine. Staff #2 picked up client #1's birth control tablet and</p>	W 0192	W0192- All staff were retrained on the Benchmark Medication Administration Policy specifically related to medication destruction. Staff will complete a post-test to ensure understanding of the information. Medication passes will be monitored and staff will be asked to verbalize what they would do if they had a contaminated medication. Observations will be documented on a home visit form by a member of management three times weekly for 30 days. The home visit forms will be monitored by the Director to ensure compliance. Ongoing compliance will be monitored through routinely scheduled medication pass observations.	10/03/2024	

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	<p>placed it in the small plastic cup with the other medication tablets previously popped out inside the cup. At 7:53 AM, staff #2 obtained a second plastic cup and attempted to pour a one-a-day vitamin in gummy form into a second cup. Two of the one-a-day vitamins stuck together. One of the vitamins went into the plastic cup and the second landed on the surface of the home's dryer. Staff #2 picked up the vitamin from the surface of the dryer and placed it toward the top of the dryer. Client #1 was administered her morning medication at 7:53 AM but refused to take her one-a-day vitamin. Client #1 was administered the birth control tablet which had landed on the surface of the home's dryer. The two one-a-day vitamins remained on the dryer. At 7:57 AM, staff #2 was interviewed. Staff #2 was asked about client #1's refusal to take her vitamin and he nodded his head yes and stated, "I'm looking for the medication refusal (form)". Staff #2 searched through the medication cabinets for the form and at 8:02 AM staff #9 entered the medication administration room. When staff #9 entered the medication administration room, staff #2 left to continue his search for a refusal and indicated he was going to contact a Program Manager to report client #1's refusal and next steps for what to do with the vitamins. At this time the two vitamins were together inside a plastic cup on top of the dryer. At 8:05 AM, client #1 began her morning meal and staff #2 continued his morning medication administration routine and closed the door to the medication administration room. For the remainder of the observations the two vitamins were no longer observed on the dryer.</p> <p>On 8/28/24 at 1:24 PM, staff #2 was interviewed. Staff #2 was asked if he had received feedback from the Program Manager as to what he should do about client #1's refusal to take her vitamin.</p>			

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	<p>Staff #2 stated, "Yeah, she told me I could throw it away". Staff #2 was asked about the second vitamin that had landed on the surface of the dryer. Staff #2 stated, "She told me I could throw it away too. It was contaminated". Staff #2 was asked if he had disposed of the contaminated vitamin. Staff #2 nodded his head yes and was asked when this occurred. Staff #2 stated, "About 10 AM". Staff #2 indicated the vitamin client #1 did not take was in the medication cabinet and proceeded to open the cabinet and at 1:25 PM, threw client #1's vitamin into a trash can in the medication administration room. Staff #2 was asked about the routine for administering client medications and if it was always done on the surface of the home's dryer. Staff #2 stated, "Yeah, it's the flattest surface we have. Normally I put paper towels down. That's part of my routine". Staff #2 was asked if he recalled client #1's tablet for birth control hitting the surface of the dryer. Staff #2 stated, "Yeah". Staff #2 was asked about the vitamin that hit the surface of the dryer and placing it to the top side of the dryer. Staff #2 stated, "That's because two came out". Staff #2 was asked if medications that hit the surface of the dryer would be considered a contaminated medication. Staff #2 stated, "Yeah. Sometimes it does fall. Usually, I have the paper towels down. I make sure it's not on the surface of the dryer. I think a tray would be helpful...". Staff #2 was asked if he had been trained on the proper disposal of medications. Staff #2 stated, "Yeah". Staff #2 indicated he had been trained and talked about the use of a white bottle to place contaminated medications inside for the purpose of disposal and stated, "I think I could get a plastic bag and put it in there". Staff #2 went to the kitchen and obtained a plastic bag, found client #1's vitamin in the trash can, placed it within the plastic bag and then pitched the vitamin in the</p>			
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	<p>plastic bag back into the trash can. No white container and/or bottle for the purpose of destroying medications as indicated by staff #2 through interview was observed.</p> <p>On 8/29/24 at 11:17 AM, a review of client #1's record was conducted. The review indicated the following:</p> <p>Individual Support Plan (ISP) dated 9/21/23 indicated, "Outcome towards which this Individualized Support Plan will work... The increase of [client #1's] independence with medication administration... Current Status: [Client #1] needs verbal prompts with medication administration...".</p> <p>On 8/28/24 at 3:17 PM, the Nurse was interviewed. The Nurse was asked about client #1's medication routine and the administration of a contaminated medicine. The Nurse stated, "If the medicine is contaminated, it should be secured and disposed of properly". The Nurse was asked to confirm a contaminated medication should not be administered to client #1. The Nurse stated, "Correct". The Nurse was asked about the process for destroying contaminated medications. The Nurse stated, "The current process would be to secure it until someone is with you to discard it. Like, put the name on it (medication name on plastic bag) and in the cabinet. They would fill out the paperwork to be destroyed. They would use the Drug Buster, put in charcoal to discard and destroy the medication". The Nurse was asked to confirm client #1's one-a-day vitamin should not have been thrown into the trash can. The Nurse stated, "No. That is not the proper disposal method".</p> <p>On 8/29/24 at 7:52 AM, the Nurse provided a copy</p>			

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W 0323 Bldg. 00	<p>of the Medication Destruction Policy dated 12/3/23 for review.</p> <p>On 8/29/24 at 11:09 AM, a review of the 12/3/23 Medication Destruction Policy indicated, "A: Medications will be removed for destruction if:...</p> <p>2. A medication has been dropped on the floor or otherwise contaminated and cannot be given to the individual... H. Medications may be destroyed by crushing and placing in kitty litter then moistening and placing in the garbage or by placing in a product such as a 'Drug Buster' or 'RX (prescription) Destroyer' that is manufactured specifically for the safe destruction of medications".</p> <p>On 8/29/24 at 1:56 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client #1's medication routine and the administration of a contaminated medicine. The QIDP stated, "Any that touch a non-sanitized surface, land on the dryer, it needs destroyed". The QIDP was asked if client #1's one-a-day vitamin should have been discarded in the trash can. The QIDP stated, "No, absolutely not". The QIDP indicated staff should secure contaminated medication with the name of the medicine on a plastic bag and wait until a second person was present for proper destruction procedures to followed.</p> <p>9-3-3(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>Based on record review and interview for 2 of 2 sampled clients (#1 and #2), the facility failed to ensure: 1) client #1 had an annual evaluation of her hearing and 2) client #2 had an annual</p>	W 0323	W323: All files have been audited to ensure routine screenings and appointments have been completed. Client #1 PCP	10/03/2024	

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	<p>evaluation of her hearing and vision.</p> <p>Findings include:</p> <p>1) On 8/29/24 at 11:17 AM, a review of client #1's record was conducted. The review indicated the following:</p> <p>No evaluation of client #1's hearing was available for review.</p> <p>2) On 8/29/24 at 11:45 AM, a review of client #2's record was conducted. The review indicated the following:</p> <p>Annual Physical dated 12/21/23 indicated, "Intake: Chief Complaints:... eye - appt (appointment) - not this year, it was missed...".</p> <p>No evaluation of client #2's hearing was available for review.</p> <p>No evaluation of client #2's vision was available for review.</p> <p>On 8/29/24 at 1:22 PM, the Nurse was interviewed. The Nurse was asked about client #1's annual evaluation of her hearing, and the annual evaluations of client #2's hearing and vision. The Nurse stated, "I was having difficulty finding those (annual evaluations)". The Nurse was asked if no documentation for client #1's annual evaluation of her hearing could be provided for her. The Nurse stated, "Correct". The Nurse was asked about client #2's annual evaluations for her hearing and vision. The Nurse stated, "I've not got through her's (record review). I need to research it". The Nurse indicated no documentation could be provided for review for client #2's annual evaluations for hearing and</p>		<p>appointment to get a referral for a hearing evaluation has been scheduled for 09/24/2024. Client #2 annual hearing is scheduled for 12/26/2024 at her annual physical and vision was scheduled for 12/19/2024. She has also been placed on the call list for any earlier appointments that become available. An appointment tracker will be used to ensure that all routine appointments and evaluations have been completed as required. This will be implemented by the nurse and monitored by the Director to ensure compliance. In order to maintain ongoing compliance with medical recommendations, an appointment tracker will be used to ensure that all recommended follow up has been as required. This tracker will be reviewed at IDT meetings and monitored by the director to ensure ongoing compliance.</p>	

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W 0336 Bldg. 00	<p>vision. The Nurse indicated more follow-up with client #2's primary care physician and the interdisciplinary team was needed. The Nurse indicated based on the recommendation(s) from client #2's primary care physician more follow-up with the interdisciplinary team would occur to ensure client #2's annual evaluations for hearing and vision was conducted.</p> <p>On 8/29/24 at 1:56 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client #1's annual evaluation for her hearing. The QIDP stated, "I'll get with [Nurse] on that. That should have been done in her first month. I have a note to review with the physician (9/27/24) to get a referral if necessary". The QIDP was asked about client #2's annual evaluations of her hearing and vision. The QIDP stated, "I do have a hearing appointment set up for her, but they could not schedule it for a while. I can remember them saying we could not get her in for vision until December 2024". The QIDP was asked to clarify when client #2's review for her annual hearing was scheduled. The QIDP stated, "With the PCP (primary care physician) for a possible referral to Audiology (hearing test)". The QIDP was asked for the date of client #2's appointment with the PCP for hearing. The QIDP stated, "12/26/24". The QIDP was asked to clarify the appointment date for client #2's annual evaluation of her vision. The QIDP stated, "12/19/24".</p> <p>9-3-6(a) 483.460(c)(3)(iii) NURSING SERVICES</p> <p>Based on record review and interview for 2 of 2 sampled clients (#1 and #2), the facility's nursing</p>	W 0336	W336: All files have been audited to ensure quarterly nursing	10/03/2024

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W 0352 Bldg. 00	<p>services failed to maintain quarterly assessments to monitor the health status of clients #1 and #2.</p> <p>Findings include:</p> <p>1) On 8/29/24 at 11:17 AM, a review of client #1's record was conducted. The review indicated the following:</p> <p>-Nursing quarterly summaries were reviewed. No nursing quarterly summaries were available for the months of: January, February and March of 2024.</p> <p>2) On 8/29/24 at 11:45 AM, a review of client #2's record was conducted. The review indicated the following:</p> <p>-Nursing quarterly summaries were reviewed. No nursing quarterly summaries were available for the months of: January, February and March of 2024.</p> <p>On 8/29/24 at 1:22 PM, the Nurse was interviewed. The Nurse was asked about clients #1 and #2's missing quarterly summaries for review. The Nurse stated, "Yes, I could not find their assessments when I was there in July (2024)". The Nurse indicated clients #1 and #2's missing quarterly summaries were not available for review and she was unable to locate the previous nursing summaries when she started providing nursing oversight during the month of July 2024.</p> <p>9-3-6(a)</p> <p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE</p> <p>Based on record review and interview for 1 of 2 sampled clients (#2), the facility failed to ensure client #2's annual dental evaluation was</p>	W 0352	<p>assessments have been completed. It was noted that assessments were missing for the time period indicated in the survey. All assessments were completed in July 2024 when the error was identified. An appointment tracker will be used to ensure that all quarterly nursing assessments have are completed as required. This will be implemented by the nurse and monitored by the Director to ensure immediate compliance. The tracker will be updated and available for review. This tracker will be reviewed at IDT meetings to ensure ongoing compliance and that quarterly nursing assessments are up to date.</p> <p>W0352- Benchmark failed to ensure that an individual had their dental screening. Regarding the</p>	10/03/2024	

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	<p>conducted.</p> <p>Findings include:</p> <p>On 8/29/24 at 11:45 AM, a review of client #2's record was conducted. The review indicated the following:</p> <p>Annual Physical dated 12/21/23 indicated, "Intake: Chief Complaints:... Dentist - not this year... Past Surgical History: Reports hx (history) of dental surgery...".</p> <p>Medical Consult dated 6/20/23 indicated, "Nephrology (kidney care) and Hypertension (high blood pressure):... Progress Note:... In December 2012, she suffered a prolonged hospital course due to pneumonia after dental work. She suffered respiratory distress and sepsis (blood infection) resulting in acute kidney failure...".</p> <p>No dental consult(s) was available for review.</p> <p>On 8/29/24 at 1:22 PM, the Nurse was interviewed. The Nurse was asked about a current dental consult for the evaluation of client #2 dental needs for review. The Nurse stated, "I've not got through her's (record). I need to research it". The Nurse was asked if an annual evaluation of client #2's dental support needs and provide insight to the medical history of client #2's previous dental procedure not going well for her medically and a result of kidney damage. The Nurse indicated she would follow up and research client #2's dental needs further and communicate with the interdisciplinary team including client #2's guardian and her primary care physician. The Nurse indicated more follow-up was need due to the previous history of client #2 being sedated for dental evaluation and the procedure not going</p>		<p>dental, it was previously denied by the guardian due to historical aspiration. A meeting was scheduled with client #2's new guardian and they have agreed to having Client #2 see a dentist to obtain current recommendations. The IDT has reached out to IU School of Dentistry to inquire about their ability to see Client #2. An IDT meeting is being scheduled with the guardian to discuss historical issues and the risk plan will be updated post dental assessment if it is determined that the risk of sedation and aspiration outweigh the benefit. An appointment tracker will be used to ensure that all dental assessments are completed as required. This will be implemented by the nurse and monitored by the Director to ensure immediate compliance. The tracker will be updated and available for review. This tracker will be reviewed at monthly IDT meetings to ensure ongoing compliance and that dental appointments are up to date.</p>	

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W 0455 Bldg. 00	<p>well for her medically. The Nurse indicated more follow-up was needed beginning with a review of dental support needs with client #2's primary care physician and based on the recommendation(s), follow-up with the interdisciplinary team and guardian would be conducted.</p> <p>On 8/29/24 at 1:56 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client #2's lack of an annual dental evaluation and asked what the team's status was for client #2's level of dental support needs providing insight to her history of a procedure with sedation having not gone well medically for client #2 in the past. The QIDP stated, "I've reached out to her dental provider. I've not heard back. I'll talk with [Regional Director] and the Nurse to see if sedation would be a good idea". The QIDP indicated further follow-up was needed to determine client #2's level of supports for an annual dental evaluation.</p> <p>9-3-6(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>Based on observation and interview for 1 of 2 sampled clients (#1), the facility failed to ensure client #1 was not administered contaminated medicine during her morning medication administration routine.</p> <p>Findings include:</p> <p>Observations were conducted on 8/28/24 from 6:45 AM to 8:52 AM and from 11:42 AM to 1:38 PM at the group home. At 7:02 AM, staff #2 entered the home and began his day shift routine and greeted client #1 in the dining room area. At</p>	W 0455	W0455- All staff were retrained on the Benchmark Medication Administration Policy specifically related to medication destruction. Staff will complete a post-test to ensure understanding of the information. Medication passes will be monitored and staff will be asked to verbalize what they would do if they had a contaminated medication. Observations will be documented on a home visit form by a member	10/03/2024
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	<p>7:34 AM, staff #2 began gathering supplies for the morning medication routine. At 7:45 AM, staff #2 prepared client #1's morning medicines by popping the medication tablets into a gloved hand and placing them in a small plastic cup. At 7:51 AM, client #1's Marlissa (birth control) tablet went through staff #2's gloved hand and landed on the surface of the home's dryer. The dryer surface had not been sanitized prior to preparing for the morning medication routine. Staff #2 picked up client #1's birth control tablet and placed it in the small plastic cup with the other medication tablets previously popped out inside the cup. Client #1 was administered the birth control tablet which had landed on the surface of the home's dryer.</p> <p>On 8/28/24 at 1:24 PM, staff #2 was interviewed. Staff #2 was asked about the routine for administering client medications and if it was always done on the surface of the home's dryer. Staff #2 stated, "Yeah, it's the flattest surface we have. Normally I put paper towels down. That's part of my routine". Staff #2 was asked if he recalled client #1's tablet for birth control hitting the surface of the dryer. Staff #2 stated, "Yeah". Staff #2 was asked if medications that hit the surface of the dryer would be considered a contaminated medication. Staff #2 stated, "Yeah. Sometimes it does fall. Usually, I have the paper towels down. I make sure it's not on the surface of the dryer. I think a tray would be helpful..."</p> <p>On 8/28/24 at 3:17 PM, the Nurse was interviewed. The Nurse was asked about client #1's medication routine and the administration of a contaminated medicine. The Nurse stated, "If the medicine is contaminated, it should be secured and disposed of properly". The Nurse was asked to confirm a contaminated medication should not be</p>		of management three times weekly for 30 days. The home visit forms will be monitored by the Director to ensure compliance. Ongoing compliance will be monitored through routinely scheduled medication pass observations.	

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

PRINTED: 10/03/2024

FORM APPROVED

OMB NO. 0938-039

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	<p>administered to client #1. The Nurse stated, "Correct".</p> <p>On 8/29/24 at 1:56 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client #1's medication routine and the administration of a contaminated medicine. The QIDP stated, "Any that touch a non-sanitized surface, land on the dryer, it needs destroyed".</p> <p>9-3-7(a)</p>			