

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

PRINTED: 07/20/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G792	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 06/29/2023
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
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: 06/29/23</p> <p>Facility Number: 012528 Provider Number: 15G792 AIM Number: 201017060</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 4 certified beds. All 4 beds are certified for Medicaid. At the time of the survey, the census was 4.</p> <p>Quality Review completed on 06/30/23</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: 06/29/23</p> <p>Facility Number: 012528 Provider Number: 15G792 AIM Number: 201017060</p> <p>At this Life Safety Code survey, Benchmark</p>	K 0000		

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

TITLE

(X6) DATE

Anne Titus

Vice President

07/19/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G792	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/29/2023
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 9285 W CR 950 N ELIZABETHTOWN, IN 47232
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K S100 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>This one-story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, bedrooms, and all living areas, as well as heat detection within the unused attic space. The facility has a capacity of 4 and had a census of 3 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 0.3.</p> <p>Quality Review completed on 06/30/23</p> <p>NFPA 101 General Requirements - Other General Requirements - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.1 or 33.2 General 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 4 of 4 fire extinguishers in the home were inspected. NFPA 10, Standard for Portable Fire Extinguishers, 7.2.1.2 requires that fire extinguishers shall be inspected either manually or by means of an electronic monitoring</p>	K S100	All managers and TL's will receive retraining on the monitoring of all Fire Extinguishers in the home, garage and van through the Health and Wellness monthly home assessment. Record of trainings	07/29/2023

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	<p>device / system at a minimum of 30-day intervals. Where monthly manual inspections are conducted, the date the manual inspection was performed and the initials of the person performing the inspection, shall be recorded. Where manual inspections are conducted, records for manual inspections shall be kept on a tag or label attached to the fire extinguisher, or on an inspection checklist maintained in a file, or by an electronic method. Records shall be kept to demonstrate that at least 12 monthly inspections have been performed. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observations made with the Residential Director on 06/29/23 at 11:45 a.m. and 1:55, none of the four fire extinguishers located throughout the facility had been checked monthly since they were placed into the home by thrie vendor in October of 2022. Based on interview at the time of observation, the Residential Director acknowledged the aforementioned fire extinguishers as all having undocumented monthly visual checks adding that she would have an in-service training to remind each staff member about the monthly visual inspections of the fire extinguishers.</p>		<p>will be completed and will be kept in the evidence binder for review. Managers will complete home assessments monthly to verify that fire extinguishers have been inspected monthly as scheduled. This will be documented on the monthly Health and Wellness Assessment. The Director will monitor the H and W Assessment at the end of every month to monitor compliance. H and W Fire Safety inspections will be included in the evidence binder for review.</p>		