STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G764	A. BUILDING 00 B. WING	05/14/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENCHMARK HUMAN SERVICES	1726 OLD LANTERN TR FORT WAYNE, IN 46845

(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
W 0000 Bldg. 00	This visit was for a fundamental annual recertification and state licensure survey. Dates of survey: May 11, 12, 13 and 14, 2015. Facility number: 012371 Provider number: 15G764 AIM number: 200986870 The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.	W 0000		
W 0322 Bldg. 00	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #1) to implement a recommendation to refer client #1 to an ear, nose and throat specialist (ENT). Findings include: Client #1's record was reviewed on 5/13/15 at 9:33 AM. An audiological assessment dated 4/22/15 indicated a	W 0322	Client #1 was seen by the ENTSpecialist on 5/22/15 as recommended for excessive cerumen. The grouphome nurse was retrained on reviewing all doctors visits forms andensuring all recommendations are implemented from doctorsappointments. Also all residential management staff and allresidential nurses were also retrained on reviewing all doctorsvisits forms and ensuring all recommendations are	06/13/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	recommendation "Excessive cerumen...Rec (recommend) ENT appt (appointment) for removal...." There was no evidence in the record client #1 had been taken to see an ENT. The group home nurse was interviewed on 5/13/15 at 10:15 AM and indicated she was unaware of the recommendation and client #1 had not been taken to see an ENT. She indicated she normally reviews recommendations from medical appointments but had missed the recommendation to refer client #1 to an ENT. 9-3-6(a)		implemented fromdoctors appointments.	
W 0331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #1) and 1 additional client (client #5) to ensure medication labels matched physician's orders and the medication of administration record (MAR). Findings include:	W 0331	The MAR for Clients #1 and #5 werechanged to include a specific time (30 minutes) prior to meals. TheResidential Manager and Residential Nurse ensured that the physiciansorders, MAR's and medication labels all were consistent and matched. All staff received retraining on the medication administrationpolicies/procedures . This includes reading each and every instructionfor the	06/13/2015

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	Observations were completed in the group home on 5/12/15 from 6:30 AM until 7:50 AM. Client #5 completed her breakfast of scrambled eggs and biscuits prior to the administration of medication at 7:00 AM. At 7:05 AM, staff #1 gave client #5 omeprazole (antacid) DR (delayed release) 40 mg (milligrams). The label indicated client #5 was to receive omeprazole prior to meals. Client #1 ate his breakfast prior to the administration of his medication Lansoprazole (anti-acid) DR 30 mg at 7:15 AM. The medication label indicated client #1 was to receive the medication prior to meals. 1. Client #5's MAR for May, 2015 was reviewed on 5/12/15 at 7:05 AM and failed to indicate the timing of client #5's omeprazole in relation to meals. Staff #1 was interviewed on 5/12/15 at 7:05 AM. When asked about the label instructions to give client #5 the omeprazole prior to meals, she stated, "She likes to take it after she eats," and indicated client #5 consumed a light breakfast before taking the medication as it caused stomach upset to take the medication on an empty stomach. She indicated the nurse was aware of the discrepancy between the medication label and the MAR and client #5 had an		medication on the MAR's to ensure all special instructionsfrom the physician are implemented as prescribed. Also to match themedication label to the physicians orders and MAR. The manager andnurse will also review all new MAR'S to ensure all instructions areimplemented as prescribed by the physician and are consistent.Managers and nurses will complete weekly checks on an ongoing basison the medication administration tracking form. This form is turnedinto the Director monthly and monitored for compliance and to monitorthat the training was effective.	

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	upcoming appointment (date not specified) with the doctor. Staff #1 stated "Well talk to the doctor (about the timing of client #5's omeprazole)." Client #5's May, 2015 physician's orders were reviewed on 5/12/15 at 12:15 PM and failed to indicate the timing of client #5's omeprazole in relation to meals. 2. Client #1's May, 2015 MAR was reviewed on 5/12/15 at 7:25 AM and failed to indicate the timing of client #1's Lansoprazole in relation to meals. Staff #1 was interviewed on 5/12/15 at 7:25 AM and indicated the timing of client #1's Lansoprazole would be clarified. Client #1's May, 2015 physician's orders were reviewed on 5/12/15 at 12:15 PM and failed to indicate the timing of client #1's medication in relation to meals. The Residential Director was interviewed on 5/12/15 at 12:15 PM and indicated the physician's orders should match the MAR and the medication label. The group home nurse was interviewed on 5/13/15 at 10:15 AM and indicated the medication labels should match clients' physician's orders and the MAR.			

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	9-3-6(a)			
W 0369 Bldg. 00	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #1) to ensure medications were administered without error. Findings include: Medication administration for client #1 was observed at the group home on 5/12/15 at 7:15 AM. Client #1 administered 1 spray of Flonase (allergies) 50 mcg (micrograms) to each nostril. The medication label indicated client #1 was to administer 2 sprays to each nostril. Staff #1 was interviewed on 5/12/15 at 7:25 AM and indicated client #1 was to spray 2 sprays of Flonase into his nostril. She indicated she should be watching client #1 administer his medication to ensure he received the proper dosage.	W 0369	The staff person was retrained on theBenchMark Medication Administration Policy prior to administeringmedications to clients. The Residential manager will complete 2observations a week for this staff person for a month, and then 1observation a week for 2 months to ensure compliance with themedication administration policy and to ensure medication are passedwithout error. Managers and nurses will complete weekly checks on anongoing basis on the medication administration tracking form. Thisform is turned into the Director monthly and monitored forcompliance.	06/13/2015

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	The group home nurse was interviewed on 5/13/15 at 10:15 AM and indicated client #1 should have administered 2 sprays to each nostril. 9-3-6(a)			