

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G620	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/29/2011
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NAME OF PROVIDER OR SUPPLIER PEAK COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1625 HIGH ST LOGANSPOORT, IN46947
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W0000	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: September 27, 28, and 29, 2011.</p> <p>Facility number: 001168 Provider number: 15G620 AIM number: 100235360</p> <p>Surveyor: Tim Shebel, Medical Surveyor III-Team Leader</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/11/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0263	<p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to secure written consent prior to implementing a restrictive behavior program for 1 of 3 sampled clients (client #1) with restrictive behavior programs.</p>	W0263	<p>W263 Peak Community Services is committed to ensuring that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Approval has been obtained from client #1's guardians for</p>	10/29/2011

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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	<p>Findings include:</p> <p>Client #1's records were reviewed on 9/28/11 at 8:44 A.M.. The review indicated client #1 utilized the services of a co-guardianship (mother and father) to provide informed consent. Review of the client's 9/1/11 Behavior Support Plan indicated the client was receiving Luvox (Medication for obsessive compulsive disorder) for Obsessive compulsive disorder. Further review of the client's 9/1/11 Behavior Support Plan indicated the client's guardian had written on the plan "We (co-guardians) are not going to sign on for (approve the use of) this behavior support plan."</p> <p>QDDP (Qualified Developmental Disabilities Professional) #1 was interviewed on 9/28/11 at 10:20 A.M.. QDDP #1 indicated client #1's guardians disproved of the 9/1/11 behavior support plan and did not provide written consent for its use. QDDP #1 further indicated client #1's plan had been implemented and the facility did not have written consent from client #1's guardians prior to the plan being implemented.</p> <p>9-3-4(a)</p>		<p>administering the medication, Luvox, which is prescribed for Obsessive Compulsive Disorder. A new Behavior Support Plan is in process that will be presented to the guardians before implementation. Peak Community Services will not implement any restrictive behavior program without written consent of the client or legal guardian. The QDDP will check other files to assure there is a client/ guardian signature of approval for all Behavior Support Plans and restrictive programming. Person Responsible: Jan Adair, QDDP Kris Myers, Community Services Manager</p>		

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W0295	<p>The facility may employ physical restraint only as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied.</p> <p>Based on record review and interview, the facility failed to define behavioral restraints/techniques to be utilized, from least to most restrictive, in the Behavior Support Plan of 1 of 1 sampled client (client #3) with a Behavior Support Plan which included the use of restraints.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 9/28/11 at 9:46 A.M. A review of client #3's 2/28/11 Behavior Support Plan indicated direct care staff "should redirect [client #3] from her agitation and physical aggression using approved CPI (Crisis Intervention Institute physical restraint techniques.)" Further review of client #3's 2/28/11 Behavior Support Plan failed to indicate the specific behavioral restraints, from least to most restrictive, to be utilized in the management of client #3's behaviors.</p> <p>QDDP (Qualified Developmental Disabilities Professional) #1 was interviewed on 9/28/11 at 10:20 A.M.. QDDP #1 indicated specific restraint</p>	W0295	<p>Peak Community Services is committed to utilizing physical restraint only as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied. The QDDP will assure that the Behavior Support Plan for client #3 will be revised to include specific restraint techniques, using the least restrictive methods when possible. Peak Community Services staff are trained upon hire and annually thereafter in CPI (Crisis Prevention Institute, Inc.) which is based upon positive interactions, preventive techniques and verbal redirectives to avoid physical confrontations. Staff are further trained in CPI to always use the least restrictive restraint techniques possible for any situation. These levels will be described in the revised Behavior Support Plan stating these specifics.</p> <p>Other clients' Behavior Support Plans will be revised to describe CPI techniques starting from least to most restrictive, rather than assuming the level of techniques to use as staff learned in the training. New Behavior Support</p>	10/29/2011
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W0323	<p>techniques were not identified within client #3's 2/28/11 behavior support plan. 9-3-5(a)</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed to have 1 of 3 sampled client's (client #2's) vision screened within one calendar year.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 9/28/11 at 9:26 A.M.. The review indicated client #2's last vision screening was conducted on 4/16/10.</p> <p>QDDP (Qualified Developmental Disabilities Professional) #1 was interviewed on 9/28/11 at 10:20 A.M.. QDDP #1 indicated client #3's most current vision screening was conducted on 4/16/10. 9-3-6(a)</p>	W0323	<p>Plans will be required to specifically describe the CPI techniques used in the Behavior Support Plan. Person Responsible: Jan Adair, QDDP Kris Myers, Community Services Manager</p> <p>Peak Community Services is committed to clients receiving required medical care providing or obtaining annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. To that end, vision will be screened annually, either as part of an annual physical or as a separate vision exam as required by state regulations. To prevent reoccurrence the Community Services Manager and Residential Coordinator will develop a tracking system to assure physicals, vision, and hearing examinations are obtained annually. Person Responsible: Krystal Mullett, Residential Coordinator Jan Adair, QDDP Kris Myers, Community Services Manager</p>	10/29/2011	

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W0336	<p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>Based on record review and interview, the facility failed to assure quarterly nursing exams were conducted at least quarterly (every three months) for 6 of 6 clients living in the group home (clients #1, #2, #3, #4, #5, and #6.)</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 9/28/11 at 8:44 A.M.. A review of the client's quarterly nursing assessments from 9/1/10 to 9/28/11 indicated quarterly nursing assessments were completed on 4/26/11 and 1/5/11. The review failed to indicate the client's quarterly nursing assessments were completed at least quarterly (every three months.)</p> <p>Client #2's records were reviewed on 9/28/11 at 9:26 A.M.. A review of the client's quarterly nursing assessments from 9/1/10 to 9/28/11 indicated a quarterly nursing assessment was completed on 4/26/11. The review failed to indicate the client's quarterly nursing assessments were completed at least quarterly (every three months.)</p>	W0336	<p>Peak Community Services is committed to ensuring that clients not needing a medical care plan have a review of their health status quarterly or more frequently depending on their need by a licensed nurse. The QDDP and Residential Coordinator will monitor dates of nursing assessments to ensure that assessments are completed at least quarterly. To prevent reoccurrence, the Community Services Manager and Residential Coordinator will develop and follow a tracking system on a monthly basis to assure the assessments are getting scheduled and completed. Person Responsible: Jan Adair, QDDP Krystal Mullett, Residential Coordinator Kris Myers, Community Services Manager</p>	10/29/2011

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	<p>Client #3's records were reviewed on 9/28/11 at 9:46 A.M.. A review of the client's quarterly nursing assessments from 9/1/10 to 9/28/11 indicated quarterly nursing assessments were completed on 1/5/11 and 4/26/11. The review failed to indicate the client's quarterly nursing assessments were completed at least quarterly (every three months.)</p> <p>Client #4's records were reviewed on 9/28/11 at 10:18 A.M.. A review of the client's quarterly nursing assessments from 9/1/10 to 9/28/11 indicated quarterly nursing assessments were completed on 1/5/11 and 4/26/11. The review failed to indicate the client's quarterly nursing assessments were completed at least quarterly (every three months.)</p> <p>Client #5's records were reviewed on 9/28/11 at 9:54 A.M.. A review of the client's quarterly nursing assessments from 9/1/10 to 9/28/11 indicated quarterly nursing assessments were completed on 1/5/11 and 4/26/11. The review failed to indicate the client's quarterly nursing assessments were completed at least quarterly (every three months.)</p> <p>Client #6's records were reviewed on 9/28/11 at 10:11 A.M.. A review of the client's quarterly nursing assessments</p>				

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W0346	<p>from 9/1/10 to 9/28/11 indicated a quarterly nursing assessment was completed on 1/5/11. The review failed to indicate the client's quarterly nursing assessments were completed at least quarterly (every three months.)</p> <p>QDDP (Qualified Developmental Disabilities Professional) #1 was interviewed on 9/28/11 at 10:20 A.M.. QDDP #1 indicated the facility was working on having quarterly nursing assessments completed in a timely manner for clients #1, #2, #3, #4, #5, and #6. 9-3-6(a)</p> <p>If the facility utilizes only licensed practical or vocational nurses to provide health services, it must have a formal arrangement with a registered nurse to be available for verbal or onsite consultation to the licensed practical or vocational nurse.</p> <p>Based on record review and interview, the facility failed to provide consultation services of a registered nurse for the facility's licensed practical nurse who provided nursing services for 6 of 6 clients living in the group home (clients #1, #2, #3, #4, #5, and #6.)</p>	W0346	<p>Peak Community Services is committed to ensuring that if we utilize only licensed practical or vocational nurses to provide health services, it must have a formal arrangement with a registered nurse to be available for verbal or onsite consultation to the licensed practical or vocational nurse. Peak Community Services CEO</p>	10/29/2011	

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	<p>Findings include:</p> <p>Client #1's records were reviewed on 9/28/11 at 8:44 A.M.. A review of the client's quarterly nursing assessments from 9/1/10 to 9/28/11 indicate quarterly nursing assessments were completed on 4/26/11 and 1/5/11. The review failed to indicated the client's quarterly nursing assessments were completed at least quarterly (every three months.)</p> <p>Client #2's records were reviewed on 9/28/11 at 9:26 A.M.. A review of the client's quarterly nursing assessments from 9/1/10 to 9/28/11 indicated a quarterly nursing assessment was completed on 4/26/11. Further review of client #2's record indicated client #2's current annual physical was conducted on 4/22/10. Additional review of the client's record indicated client #2's last vision screening was conducted on 4/16/10. The review failed to indicate the client's quarterly nursing assessments were completed at least quarterly (every three months), the client's annual physical was completed at least annually, and the client's annual vision screening was conducted at least annually.</p> <p>Client #3's records were reviewed on 9/28/11 at 9:46 A.M.. A review of the client's quarterly nursing assessments</p>		<p>is actively recruiting for a registered nurse to be available for verbal or onsite consultation to the LPN. Director of Operations is actively recruiting for a registered nurse, having made several inquiries in the area. Several contacts have been made and meetings have been held with potential individuals and companies to contract with. The new Director of Operations will continue to assist with this recruitment effort. When hired the registered nurse will consult with the LPN for timely completion of quarterly nursing assessments, annual physicals, annual vision exams, and other required and needed medical events for clients #1, 2, 3, 4, 5 and 6.</p> <p>Person Responsible: Kathleen Thompson, Director of Operations Don Weikle, CEO</p>				

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	<p>from 9/1/10 to 9/28/11 indicated quarterly nursing assessments were completed on 1/5/11 and 4/26/11. The review failed to indicate the client's quarterly nursing assessments were completed at least quarterly (every three months.)</p> <p>Client #4's records were reviewed on 9/28/11 at 10:18 A.M.. A review of the client's quarterly nursing assessments from 9/1/10 to 9/28/11 indicated quarterly nursing assessments were completed on 1/5/11 and 4/26/11. The review failed to indicate the client's quarterly nursing assessments were completed at least quarterly (every three months.)</p> <p>Client #5's records were reviewed on 9/28/11 at 9:54 A.M.. A review of the client's quarterly nursing assessments from 9/1/10 to 9/28/11 indicated quarterly nursing assessments were completed on 1/5/11 and 4/26/11. The review failed to indicate the client's quarterly nursing assessments were completed at least quarterly (every three months.)</p> <p>Client #6's records were reviewed on 9/28/11 at 10:11 A.M.. A review of the client's quarterly nursing assessments from 9/1/10 to 9/28/11 indicated a quarterly nursing assessment was completed on 1/5/11. The review failed to indicate the client's quarterly nursing</p>			

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W0455	<p>assessments were completed at least quarterly (every three months.)</p> <p>QDDP (Qualified Developmental Disabilities Professional) #1 was interviewed on 9/28/11 at 10:20 A.M.. QDDP #1 indicated the facility did not have a registered nurse available for the facility's licensed practical nurse for consultation in regard to the timely care of clients #1, #2, #3, #4, #5, and #6. 9-3-6(a)</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed to assure 3 of 3 sampled clients preparing lunches (clients #1, #2, and #3) washed their hands prior to handling food items.</p> <p>Findings include:</p> <p>Clients #1, #2, and #3 were observed during the 9/27/11 observation period from 3:14 P.M. until 5:30 P.M.. Upon entering the group home from the</p>	W0455	<p>Peak Community Services is committed to providing an active program for the prevention, control and investigation of infection and communicable diseases.</p> <p>Staff have been retrained on basic infection control and food preparation cleanliness.</p> <p>Staff will receive training on hand washing required for infection control during food preparation.</p> <p>To prevent reoccurrence, the QDDP will monitor during food preparation during her regular group home observations at least</p>	10/29/2011	

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	<p>workshop, direct care staff #1 prompted clients #1, #2, and #3 in preparing sandwiches for the next day's lunch. Direct care staff #1 assisted the clients as they handled bread, lunch meats, cheese, and condiments in the preparing of their sandwiches. Clients #1, #2, and #3 were not observed to wash their hands upon entering the facility or before handling food items in the preparation of sandwiches. Direct care staff #1 was not observed to prompt or assist clients #1, #2, and #3 in washing their hands prior to handling food items.</p> <p>QDDP (Qualified Developmental Disabilities Professional) #1 was interviewed on 9/28/11 at 10:20 A.M.. QDDP #1 indicated direct care staff #1 should have prompted and assisted clients #1, #2, and #3 in washing their hands prior to handling food items.</p> <p>9-3-7(a)</p>		<p>one time in the next two months. If she notes improper procedures, she'll redirect staff to follow proper hand-washing procedures prior to food preparations. She will also note this on her observation report and submit to the Community Services Manager and Residential Coordinator who will retrain staff once more. To further prevent reoccurrence, the Residential Coordinator will spot check for proper food handling safety measures over the next three months.</p> <p>Person Responsible: Krystal Mullett, Residential Coordinator Kris Myers, Community Services Manager</p>		