

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G119	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/15/2013
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NAME OF PROVIDER OR SUPPLIER PEAK COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1234 S 50 E WINAMAC, IN 46996
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 10/21, 10/22, 10/29, 10/30/13 and 11/15/13</p> <p>Facility Number: 000656 Provider Number: 15G119 AIMS Number: 100234050</p> <p>Surveyor: Amber Bloss, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/26/13 by Ruth Shackelford, QIDP.</p>	W000000		

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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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6, and #7) who resided in the home, the governing body failed to exercise operating direction over the group home to ensure maintenance was completed for the interior of the home in regards to stained carpet, seat cushions in disrepair, a phone outlet cover missing, incomplete painting of kitchen window frame, and a couch with a strong odor.</p> <p>Findings include:</p> <p>During group home observations on 10/21/13 between 4:30 PM and 6:55 PM and on 10/22/13 between 6:31 AM and 8:47 AM, the interior of the group home where clients #1, #2, #3, #4, #5, #6, and #7 reside was observed. The carpet in the front living room had large dark stains around the activity table in the corner. The couch in the front living room opposite the activity table smelled of urine. The two chairs in the front living room had their seat cushion covered with Christmas themed blankets. The chair closest to the group home entry had the blanket disheveled and black plastic could</p>	W000104	<p>W104 – Governing BodyPeak Community Services is committed to ensuring the individuals served that the residence is well maintained. The items in the home noted in the survey as needing repair have been repaired or replaced as required to meet the standards of an ICF/DD residence. Specifically the stained carpet, the seat cushions in disrepair, the phone outlet cover that was missing, the incomplete painting of the kitchen window frame and the couch with a strong odor have been remediated by either their elimination from the house or repair. The residence coordinator will be retrained in the use of the facility maintenance log to ensure that items in need of repair are documented to notify maintenance staff. Peak Community Services QDDP will observe for items in disrepair or other maintenance items once per month during an observation at the home during the time period of 12.15.13 to 05.31.14Persons Responsible: Michel Thompson, Residential Coordinator; Sandra Beckett, QDDP, Jan Adair, Residential Manager.</p>	12/13/2013			

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	<p>be seen to cover the seat cushion. An area rug was rolled up and in the corner of the front living room. The wood frame around the kitchen window was primed but not painted. The phone outlet in the kitchen had no cover. The carpet around the computer desk and chair in the back living room had darkened stained areas.</p> <p>On 10/22/13 at 8:27 AM during an interview, the House Coordinator (HC) indicated the only outstanding maintenance work orders were for new doors. The HC indicated staff call maintenance if the issue is a safety issue. The HC stated the carpets were cleaned "once or twice a year." The HC indicated she believed the home had the approval to get new furniture pieces but was unable to locate documentation. The HC indicated the carpet did look worn and stained in several places and there were some maintenance issues with the home that could be addressed.</p> <p>9-3-1(a)</p>				

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W000111	<p>483.410(c)(1) CLIENT RECORDS</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>Based on record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3, and #4), to develop/maintain a record keeping system to document medical information in the client's record.</p> <p>Findings include:</p> <p>1. On 10/29/13 at 3:00 PM, record review indicated Client #1's diagnoses included, but were not limited to, severe intellectual disabilities with behaviors, autism, acne, insomnia, mild scoliosis, epilepsy, GERD (gastroesophageal reflux disease), and constipation.</p> <p>Record review indicated Client #1's nursing quarterly dated 6/29/13 was the most recent nursing quarterly review in Client #1's record.</p> <p>During an interview on 11/15/13 at 12:10 PM, the QIDP (Qualified Intellectual Disabilities Professional) indicated the nurse completed Client #1's current quarterly on 9/15/13. The QIDP indicated the current nursing quarterlies had not been filed and were not available when Client #1's records were reviewed.</p> <p>2. On 10/29/13 at 1:50 PM, record review indicated Client #2's diagnoses included, but were not limited to, severe intellectual disabilities, headaches, anxiety, and gastritis. Record review indicated the last documented nurses quarterly was dated 6/29/13.</p>	W000111	<p>W111 – Client Records Peak Community Services through the IDT will ensure that the facility has developed and maintained a record keeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. Client's 1, 2, 3 and 4 Nursing 09.30.13 quarterly reviews are in the files and available to staff for review as required by regulation.</p> <p>Systematically the QDPPs will inspect client files to ensure that other clients are not affected by this situation. Monitoring and verification to ensure this situation does not reoccur will be done by the Director of Support and Quality Assurance. The Director will verify that the Nursing assessments are in the files as required during the time frame of 12.15.13 to 05.31.14 for clients in the Main Street SGL Residence. The Peak Community Services SGL system's other five homes will be monitored by the QDDP assigned to that home during the time frame of 12.15.13 to 05.31.14 Persons Responsible: Sandra Beckett, QDDP Connie English, Director of Quality and Support</p>	12/13/2013
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	<p>During an interview on 11/15/13 at 12:10 PM, the QIDP (Qualified Intellectual Disabilities Professional) indicated the nurse completed Client #2's current quarterly on 9/15/13. The QIDP indicated the current nursing quarterlies had not been filed and were not available when Client #2's records were reviewed.</p> <p>3. On 10/29/13 at 2:16 PM, record review indicated Client #3's diagnoses included, but were not limited to, cerebral palsy, seizures, autism, intellectual disabilities, aggressive behaviors, sleep disturbance, and diabetes. Record review indicated the last documented nurses quarterly to be dated 6/29/13.</p> <p>During an interview on 11/15/13 at 12:10 PM, the QIDP (Qualified Intellectual Disabilities Professional) indicated the nurse completed Client #3's current quarterly on 9/15/13. The QIDP indicated the current nursing quarterlies had not been filed and were not available when Client #3's records were reviewed.</p> <p>4. On 10/29/13 at 1:04 PM, record review indicated Client #4's diagnoses included, but were not limited to, intellectual disabilities, seizure disorder, overactive bladder, sinus allergy, hysterectomy, constipation, and peripheral edema. Record review indicated the most recent nurses quarterly to be dated 6/29/13.</p> <p>During an interview on 11/15/13 at 12:10 PM, the QIDP (Qualified Intellectual Disabilities Professional) indicated the nurse completed Client #4's current quarterly on 9/15/13. The QIDP indicated the current nursing quarterlies had not been filed and were not available when Client #4's records were reviewed.</p>			

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W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, interview, and record review for 1 of 4 sampled clients (Client #1), the facility failed to ensure the client's Individual Support Plan (ISP) included occupational recommendations in regards to the use of a therapy weighted vest.</p> <p>Findings include:</p> <p>During group home observations on 10/21/13 between 4:30 PM and 6:55 PM and on 10/22/13 between 6:31 AM and 8:47 AM, Client #1 was not observed to wear the weighted vest nor were staff observed to offer a weighted vest to Client #1.</p> <p>On 10/29/13 at 3:00 PM, record review indicated Client #1's diagnoses included, but were not limited to, autism, severe intellectual disabilities with behaviors, acne, insomnia, mild scoliosis, epilepsy, GERD (gastroesophageal reflux disease), constipation, and Pica (a pattern of eating non-food items).</p> <p>Record review indicated Client #1 had an OT (occupational therapy) appointment on 11/23/12. The "Health Visit Report" indicated the "OT recommends wearing weighted vest, 3 x 1wk (3 times per week) for 2 hrs (hours), with 8 wts (weights), increase time worn and amount of weight as clients tolerance allows."</p> <p>Record review indicated Client #1 had a primary care physician (PCP) appointment on 1/16/13 for</p>	W000227	W227 – Individual Program Plan Peak Community Services through the IDT will ensure that each client's Individual Program Plan states specific objectives as necessary to meet the client's needs as identified in by the comprehensive assessment. Client #1 has an updated ISP that includes the recommendations as issued by an occupational therapist in regards to the use of her weighted vest. Client #1 has an updated BSP that addresses the use of a weighted vest as a behavioral strategy. SGL staff at the 50 East Residence have been trained in the need for and the use of a weighted vest as indicated in the ISP and the BSP. System wide the SGL QDDP team will assess the ISP's of SGL clients to assure that Occupational Therapy recommendations are being followed as issued. Monitoring of this will be by the Residential Manager and the Residential Coordinator through the monitoring of Medical Visit forms during the time period of 12/15/13 to 05.31.14 as well as the use of the vest by client # 1 during monthly observations during the	12/13/2013			

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	<p>"urinary frequency." The "Health Visit Report" indicated Client #1's PCP recommended "staff needs to be trained regarding use of vest NOW(<u>underlined</u>) (sic)! So PT (patient) can use."</p> <p>Record review indicated Client #1 had a BSP (Behavior Support Plan) dated 09/13. Client #1's BSP indicated target behavior of "repetitive behaviors" defined as "behaviors that [Client #1] tends to display repetitively are twirling a sock, tapping her feet, continually moving hands/clapping, etc, pacing back and forth, and verbal vocalizations." The "replacement behavior" for Client #1's behavior is "providing [Client #1] with items/activities that assist with her sensory needs." Client #1's BSP also indicated "non-compliance/refusal" as a target behavior. Client #1's BSP indicated the "replacement behavior" of ..."will further be maintained by meeting [Client #1]'s sensory needs to assist her in being able to focus on task." Client #1's BSP indicated the last target behavior as "physical aggression." Record review indicated Client #1's BSP did not specifically address use of OT weighted vest.</p> <p>Record review indicated Client #1's ISP (Individual Support Program) dated 1/24/13 did not address informal or formal use of the weighted vest.</p> <p>During an interview on 11/15/13 at 12:10 PM, the QIDP (Qualified Intellectual Disabilities Professional) indicated Client #1's ISP did not address Client #1's use of the weighted therapy vest as recommended by OT.</p> <p>9-3-4(a)</p>		<p>same time frame. Persons Responsible: Sandra Beckett, QDDPJan Adair, Residential ManagerMichel Thompson, Residential Coordinator</p>				

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W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#3), the facility nursing services failed to specifically address/develop a risk plan for the client's constipation and IBS (irritable bowel syndrome).</p> <p>Findings include:</p> <p>On 10/29/13 at 12:52 PM, the facility's BDDS (Bureau of Developmental Disabilities Services) reports and internal Incident/Accident (I/A) reports and "Health Concern Case Notes" from 10/21/12 to 10/29/13 were reviewed. The facility's reports indicated the following:</p> <p>-10/25/12 health report indicated Client #3 "had three loose BM's (bowel movements) in less than two hours after lunch. During one of the BM's (bowel movements) [Client #3] was crying while using the restroom."</p> <p>-01/17/13 health report indicated Client #3 "has been in the bathroom a few times this morning with loose stool...".</p> <p>-4/4/13 health report indicated Client #3 "made several trips to the bathroom with diarrhea...".</p> <p>-7/2/13 health report indicated Client #3 "is continuing to try and do a BM (bowel movement). Straining so hard he is turning red and tears running down his cheek."</p> <p>-7/3/13 health report indicated Client #3 "was using the restroom and had a straining BM (bowel movement). Staff assisted with him wiping and</p>	W000331	331 - NURSING SERVICES Peak Community Service through the IDT will ensure the provision of nursing services in accordance with client needs. Client #3 was seen by his Primary Care Physician on October 30, 2013. His PCP addressed the issue and a bowel movement management plan was developed with comments from the results of this appointment. Client # 3 has a risk plan in place for his constipation and irritable bowel syndrome which the staff has been trained. The facility nurse had input into this plan as required. System wide the need for bowel movement risk plans will be assessed by the QDDP's reviewing the clients files and if found necessary the individual client in need of one will have one developed by the QDDP with the nursing staff input as necessary. Monitoring of this infraction will be done by client file audits performed by the Director of Support and Quality Assurance or their designee on a quarterly basis once the initial review of client files is done by the individual QDDP. This monitoring will be done from 12.15.13 to 05.31.13. Persons Responsible: Connie English, Director of Support and Quality Assurance Sandra Beckett,	12/13/2013			

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	<p>saw blood in toilet and on toilet paper." A "Nurse's Note" dated 7/3/13 indicated staff returned call "stating client [#3] has had a bowel movement c (with) 0 (no) issues, 0 (no) blood in stool, 0 (no) straining occurred." A "Nurse's Note" dated 7/9/13 indicated "after an emer (emergency) meeting, staff house coordinator called to discuss some meds. (medications), specifically Miralax. We discussed if maybe switching to daily or leaving it the same. Dr. (doctor) probably won't do a PRN (given as needed) order since there is a mild of mag (magnesium) PRN in place. We are not going to ask for a change in the order now. We are going to see if the other things we discussed at meeting help with the bathroom situation. If it doesn't, we will look into it at a later date."</p> <p>-8/27/13 health report indicated Client #3 "had a tear running down his face during group and rocking holding his belly and he had put his head down. He just seemed to be under the weather..."</p> <p>On 10/29/13 at 2:16 PM, record review indicated Client #3's diagnoses included, but were not limited to, cerebral palsy, seizures, autism, intellectual disabilities, aggressive behaviors, sleep disturbance, diabetes, and Irritable Bowel Syndrome.</p> <p>During an interview on 10/30/13 on 11:45 AM, the QIDP (Qualified Intellectual Disabilities Professional) indicated the facility nurse did not develop specific risk plans to address Client #3's history of constipation or diagnosis of Irritable Bowel Syndrome (IBS). The QIDP indicated the facility should have followed up with Client #3's PCP (primary care physician) to verify Client #3's diagnosis and to develop specific risk plans based on recommendations.</p>		QDDPALison Harris, LPN				

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	<p>During an interview on 11/15/13 at 1:45 PM, the facility nurse indicated she is used on a consultation and assessment basis only. The nurse indicated usually the QIDP writes the specific risk plans according to doctor recommendation. The nurse indicated Client #3 did not have specific risk plans to address his diagnosis of IBS or his history of constipation.</p> <p>9-3-6(a)</p>				

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W000488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview, for 6 of 7 clients (clients #1, #2, #3, #4, #6, and #7) who lived in the group home, the facility failed to teach and include clients in cutting their food with a knife.</p> <p>Findings include:</p> <p>During group home observations on 10/21/13 between 4:30 PM and 6:55 PM, group home observations were conducted. Between 6:23 PM and 6:55 PM, clients ate dinner.</p> <p>At 6:49 PM, the House Coordinator (HC) cut Client #1's chicken on her plate at the table without assistance from Client #1.</p> <p>At 6:42 PM, the HC cut Client #2's bread and butter with scissors on her plate at the table without assistance from Client #2. At 6:45 PM, DSP (Direct Support Professional) #1 cut Client #2's chicken with scissors.</p> <p>At 6:52 PM, DSP #1 cut Client #3's chicken with scissors. At 6:55 PM, DSP #1 cut Client #3's noodles with scissors. Client #3 did not participate in cutting his own food.</p> <p>At 6:46 PM, the HC cut Client #4's bread and butter with scissors. Client #4 did not participate in cutting her own food.</p> <p>At 6:47 PM, the HC cut Client #6's bread and butter with scissors.</p>	W000488	W488 – Dining Services Peak Community Services through the IDT is committed to ensuring that each client eats in a manner consistent with their developmental level. Peak Community Services QDDP staff will review client's # 1, 2, 3, 4, 6 and 7's Comprehensive Functional Analysis document to ascertain the client's level of cutlery usage, specifically a knife to cut food items. A dining goal with specific knife usage objectives will be implemented for those clients who do not have the skills to use a knife specifically to cut food items SGL staff, have be retrained on client's # 1, 2,3,4 , 6 and 7's need to use a knife as to enable each client to reach their maximum independence level when it comes to their abilities at meal time. To monitor the corrective action Peak Community Services, Residential Coordinator, QMRP staff and the Residential Manager will monitor the use of cutlery usage and staff prompting in their routine residence observations that are conducted at random times during the month. This monitoring will continue on a permanent basis. Systematically the need for staff to monitor the clients therefore ensuring that each	12/13/2013			

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NAME OF PROVIDER OR SUPPLIER PEAK COMMUNITY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1234 S 50 E WINAMAC, IN 46996			
(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			
	<p>At 6:44 PM, DSP #3 cut Client #7's bread with scissors. At 6:48 PM, DSP #3 cut Client #7's chicken with scissors. At 6:56 PM, DSP #4 cut Client #7's noodles with scissors using hand over hand assistance.</p> <p>On 10/22/13 between 6:31 AM and 8:47 AM, group home observations were conducted. Between 6:50 AM and 7:28 AM, the clients ate breakfast.</p> <p>At 7:09 AM, DSP #5 cut Client #7's raisin toast with scissors with her assistance.</p> <p>At 7:13 AM, DSP #5 cut Client #3's toast with scissors in front of him without his assistance.</p> <p>At 7:28 AM, DSP #5 cut Client #1's toast with scissors at the table without her assistance.</p> <p>During an interview on 10/22/13 at 8:27 AM, the HC indicated Client #1, Client #2, and Client #7 needed their food cut to a size of 1 inch by 1 inch, Client #3 needed his food cut to the size 1 1/2 inch by 1 1/2 inch. The HC indicated Client #4 doesn't require a certain bite size but they still ask her if she'd like them to cut her food. The HC indicated Client #6 had just started requiring her food cut up. The HC indicated the use of scissors to cut food was not in any of the clients ISP (Individual Support Plan) but they've always used scissors instead of a knives to cut client food.</p> <p>During an interview on 11/15/13 at 12:10 PM, the QIDP (Qualified Intellectual Disabilities Professional) indicated she thought the staff might use scissors to cut client food as it's easier for clients to hold than a knife. The QIDP indicated it is not in clients (#1,#2,#3,#4,#6, and #7) ISPs to use scissors instead of a knife to cut their food. The QIDP indicated clients should be offered to</p>		<p>client eats in a manner consistent with their developmental level in SGL residences will be addressed at SGL monthly staff meetings from 12.15.13 to 05.31.14Person Responsible:Sandra Beckett, QDDPMichel Thompson, Residential CoordinatorJan Adair, Residential Manager</p>				

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	cut with a knife and should be participating in cutting their own food with training and teaching from staff. 9-3-8(a)			