

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G626	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/29/2014
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NAME OF PROVIDER OR SUPPLIER  PEAK COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1141 19TH ST LOGANSPORT, IN 46947
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W000000	<p>This visit was for an extended annual recertification and state licensure survey.</p> <p>Survey Dates: October 20, 21, 22, 23, 27, 28 and 29, 2014.</p> <p>Facility number: 001188 Provider number: 15G626 AIM number: 100235380</p> <p>Surveyors: Kathy Wanner, QIDP-TC Susan Reichert, QIDP Paula Eastmond, QIDP (October 22, 23, and 29, 2014.)</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/6/14 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 The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview, the governing body failed to exercise general policy and operating direction over the group home for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 of 3 additional clients (clients #4, #5, and #6), by failing to give a full and complete accounting of the clients' finances and by failing to establish a sufficient auditing system to catch financial issues in a timely manner; and for 1 of 3 additional clients (client #5), the governing body failed to ensure staff followed the client's behavior support plan using least restrictive interventions as outlined in his behavior support plan which resulted in the police being called repeatedly and client #5 being arrested twice.</p> <p>Findings include:</p> <p>1. An interview was conducted with the Director of Residential Services (DRS) on 10/20/14 at 3:20 P.M. When asked what the policy for reporting abuse and neglect was, the DRS stated "Staff are to immediately report, get the alleged perpetrator out of the house and investigate."</p>	W000104	<p><b>Tag 104</b> – Exercise general policy, budget, and operating direction over the facility. Peak Community Services is committed through the IDT to ensure that it exercises general policy, budget and operating direction over the 19th St. SGL facility.</p> <p>1. Client #5 will have added to his behavior support plan, the use of less restrictive measures and only when all utilized measures have been unsuccessful will police be called (This goes to the Human Rights Committee for Approval on 11/19/14).</p> <p>2. New SGL investigative protocol will be put into place in all group homes and the SGL Manager will complete a thorough investigation for any situation with police involvement.</p> <p>3. A new internal auditing system with a new internal auditor of the checkbooks/petty cash/reconciliations monthly will be put in place.</p> <p>4. CFO has already reconciled all client accounts in this home and all clients have already been reimbursed any money unable to be directly accounted for or any expenditure related to medical or dental care.</p> <p>5. Test and sufficiently pass Site Coordinators regarding balancing</p>	11/28/2014			

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	A facility internal form written by the CFO (chief financial officer) dated 10/22/14 was reviewed on 10/22/14 at 4:28 P.M. The form indicated the following: "It was discovered during an internal review of client financial records that some receipts were missing to support client purchases. The CFO completed a review of the financial records of the clients living at the 19th street group home from May 2013 to present. Records that were reviewed include bank statements, bank reconciliation, check registers, petty cash logs and receipts. During the review of client records, it was discovered that money was removed from petty cash, but the cash left over from the client's purchase was not always added back to the petty cash log. While we believe that in many cases the client kept the leftover change and received benefit from it at a later time, we erred on the side of caution and repaid clients for any funds for which expenditures were not substantiated. The CFO also noted that some clients paid for their own medical/dental care and medications. The Agency reimbursed all clients for expenditures related to medical/dental care and medications with the exception of payments made by one client to [name of psychiatric facility]. In this instance, the client incurred the charges at [name of psychiatric facility]		and reconciliation of checkbooks. 1. An external auditor will provide a quarterly audit on a sample of clients. If any issues are discovered then the sample search will be widened. 2. Client #3 was reimbursed \$242.27 on 10/22/14 for discrepancies discovered in an audit completed by the CFO. While the agency believes the client cashed these paychecks and used them to purchase items of his choice, it was unproven and he was reimbursed this amount. 3. The Site Coordinator involved in all of the police reports no longer works at Peak. <u>Systemically (Financially) Corrected Plan for financial issues:</u> An internal monitoring system of client financial records has been developed. Each month, Site Coordinators will submit all client financial records for the month, including bank statements, bank reconciliations, check registers, petty cash logs, and receipts to the internal auditor for review by the 15th of the following month. The internal auditor will review the records for completeness and accuracy within 10 business days of the receipt of the information. Any discrepancies will be reported to the CFO and Director of Residential Services immediately upon discovery. The Site Coordinator will be counseled if any discrepancies are found and				

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	<p>before he moved into the Peak Community Services group home, and was making payments as he could to satisfy this bill. One client (client #3) who moved into the group home in May did not obtain a checking account until July. Between May and July, there were two paychecks that were not logged into the petty cash log. While the agency believes the client cashed these paychecks and used them to purchase items of his choice, we are unable to prove that assumption. The Agency reimbursed the client for these funds as well. The review of the financial records was completed on 10/20/14 and reimbursement checks were cut the same day after office hours. The CEO (chief executive officer) was unavailable to sign checks on 10/21/14, so they were signed on 10/22/14 when he returned to the office. The amounts reimbursed to clients are as follows:</p> <p>[Name of client #4] \$77.52 [Name of client #3] \$242.27 [Name of client #5] \$140.18 (Of this amount, \$14.52 were expenditures on medical care that were reimbursed). [Name of client #1] \$1,429.83 (Of this amount, \$1,149.91 were expenditures on medical care that were reimbursed). [Name of client #2] \$195.95 [Name of client #6] \$163.65 (Of this amount, \$20.91 were expenditures on</p>		<p>restitution will be made to the affected client(s) within 10 business days. An external auditor will review a sampling of the client records on a quarterly basis and will report his/her findings to the CFO and Director of Residential Services. If a discrepancy is found, the sample will be expanded to include all of the client financial records maintained by that Site Coordinator for the review period. The Site Coordinator will be counseled if any discrepancies are found and restitution will be made to the affected client(s) within 10 business days. Site coordinators will be required to take a test for bank balancing and bank reconciliation. <u>Systemically (regarding behavior plans)</u> – New SGL investigative protocol will be put in place in all group homes. The SGL Manager will complete the investigation for any situation in which there is police involvement at the Logansport group homes. The Director of Residential and Day services in Winamac will complete such investigations for the Winamac group homes. <u>Person Responsible:</u> <b>Timm Reno, Site Coordinator Heather Warrnick-DeWitt, SGL Manager Michelle Hays, Internal Auditor Jan Adair, Director of Residential Services Stephanie Hoffman, Director of Residential and Day Services, Winamac Nicki Gunter, CFO</b></p>				

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	<p>medical care that were reimbursed)."</p> <p>An interview was conducted with the Director of Residential Services (DRS) on 10/22/14 at 4:45 P.M. When asked why clients paid for medical expenses, the DRS stated, "The prior director (DRS) told the Supported Group Living Coordinator (SGLC) to pay them with the clients money because the clients were over resources, but you can not do that. He (prior DRS) no longer works here." When asked what the first date of knowledge was about the financial issue, the DRS and the Director of Quality Assurance (DQA) indicated it was since Columbus Day (10/13/14). They stated, "As near as we can recollect it was on Tuesday (10/14/14). Yes, the staff was suspended on that day." The DQA stated, "The checks were deposited today 10/22/14."</p> <p>An interview with the DRS was conducted again on 10/22/14 at 5:16 P.M. When asked about a system for internal routine auditing of the client's personal funds, the DRS stated, "We have routine audits, the guy who does it is apparently getting behind. They are hiring someone new to help. They are to be done monthly here at the office. The clients had access to money all the time for the past week. All three other</p>		<b>Date for Completion: 11/28/14</b>	

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	<p>coordinators can sign out money. They (clients) had their petty cash daily."</p> <p>2. Facility records were reviewed on 10/21/14 at 12:47 P.M. including the Bureau Of Developmental Disabilities Services (BDDS) reports. The BDDS reports indicated the following:</p> <ul style="list-style-type: none"> <li>- A BDDS report dated 8/21/14 for an incident on 8/20/14 at 3:15 P.M. indicated "Upon arriving at his home [client #5] began attacking [name of Supported Group Living Coordinator] (SGLC). [Client #5] threw his book at her before approaching and hitting her. [Client #5] was not able to be verbally redirected and continued to attempt to hit and grab [SGLC]. [Name of city] Police Department was contacted and arrived shortly after. [Client #5] was handcuffed and escorted to [Psychiatric Center] for evaluation. He was released and returned home approximately 45 minutes after the incident."</li> <li>- A BDDS report dated 7/17/14 for an incident on 7/16/14 at 5:35 P.M. indicated "[Client #5] came up to [SGLC] from behind and forcefully hit her on the back with an open hand. [SGLC] contacted [Name of Residential Coordinator] (RC), and then contacted [name of city] Police Department. Police</li> </ul>			

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	<p>Officers arrived at the home , arrested [client #5] and escorted him to [name of county] Jail. [Client #5] remained in jail until the following the day at approximately 1:30 P.M. at that time he was released and returned to the workshop at Peak Community Services."</p> <p>-A BDDS report dated 5/29/14 for an incident on 5/28/14 at 4:45 P.M. indicated "The incident began when [client #5] came out of his room and reported to staff that he felt like hitting someone. When staff (SGLC) attempted to redirect [client #5], per his behavior support plan, he became angry and threw a chair before cussing at staff. [Client #5] then entered his room where he stayed for approximately ten minutes before coming back out in the dining room and throwing another chair while threatening to hit staff. Staff attempted to talk to [client #5] about what was bothering him but [client #5] did not respond and instead poured a glass of milk which he threw at staff. [Client #5] continued to cuss at and threaten staff. [Name of RC], was contacted and arrived shortly after. She attempted to talk to [client #5] but [client #5] continued to threaten to hit staff police were contacted, arriving shortly after. Police officers talked to [client #5] for some time before leaving once [client #5] appeared calm. No further incidents."</p>			

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	<p>-A BDDS report dated 2/10/14 for an incident on 2/10/14 at 5:20 P.M. indicated "It was reported by [name of SGLC], that [client #5] began threatening staff and another consumer [client #2]. [Client #5] swung and slapped [client #2] in the back of the neck causing a red area and swung and slapped [SGLC] on the arm. He continued to threaten staff and stated [client #2] got in his way that is why he hit him. He continued to tell [SGLC] he was going to hit her. The police were called and came to assist in the situation. Police arrived, arrested and and (sic) handcuffed [client #5] to calm him down. Police took [client #5] to jail."</p> <p>Client #5's record was reviewed on 10/22/14 at 12:15 P.M. Client #5's Physician's Orders dated for 9/2014 indicated client #5's diagnoses included, but were not limited to, Mild mental functioning, schizophrenia paranoid type, cognitive dysfunction, dysthymic disorder, impulse control disorder, intermittent explosive disorder, anxiety, hypothyroidism, hypertensive renal disease, secondary parkinsonian, seizure disorder, and high blood pressure. Client #5's Behavior Support Plan (BSP) dated 6/3/14 indicated he had the targeted behaviors of physical aggression, verbal aggression, and refusing hygiene tasks.</p>			

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	<p>Reactive approaches in client #5's BSP included letting him know behavior is not appropriate, clearly stating what he needs to do, safely removing his hand from your arm or hair if he is grabbing or pulling, ask him to verbally express what he needs or wants, praise him for communicating in a non-violent manner if he does, if targeting a specific individual or staff separate him from the person he is targeting if possible, if he continues to be physically aggressive and requires intervention to keep himself or others out of danger, and all proactive strategies and less reactive strategies have been utilized, utilize the nonviolent physical crisis intervention techniques (CPI) starting with the least restrictive technique first (blocks, releases for wrist grab, hair pull, chokes, and bites). If the above CPI techniques have been utilized and he continues to be physically aggressive towards another individual presenting an unsafe situation staff may utilize more restrictive CPI techniques, (CPI team control position, CPI transport position, CPI interim control position). Non-violent physical crisis intervention is used only as a last resort when a person is a danger to self or others. Client #5's BSP did not include the intervention of calling the police.</p> <p>An Interdisciplinary Team (IDT) meeting</p>			

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	<p>dated 7/17/14 indicated "discussed incident on 7/16/14 leading to police involvement and [client #5's] arrest. BSP updated in June addresses physical aggression."</p> <p>A police report dated 7/16/14 at 17:35:00 (5:35 P.M.) indicated client #5 was arrested for Battery. "Upon arrival I spoke to the complainant/victim who identified herself as [Name of SGLC]. [SGLC] advised officer that she was in charge of the group home staff. [SGLC] advised officer she was pouring a drink for another client in the residence, that [client #5] had struck her in her back. [SGLC] advised that [client #5] struck her with an open hand, making a red mark on her left side of her back causing pain. This officer notes [SGLC] refused medical treatment at this time and did not show officers her mark on her back. [SGLC] advised this officer that she was making contact with her boss, and later advised that [client #5] could not go to the [psychiatric center]. [SGLC] advised this officer that she requested to fill out a battery affidavit and have [client #5] arrested...[Client #5] was placed into my police vehicle and transported to the [name of county] Jail reference battery."</p> <p>An interview was conducted with direct care staff (DCS #1) on 10/21/14 at 7:25</p>			

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	<p>A.M. "I have a different approach. I can de-escalate him by staying calm... A lot of the guys are routine oriented. If they are out of their routine, it doesn't work. [Client #5] has auditory hallucinations and schizophrenia. I have only heard of him throwing things and slapping, but I don't have an issue (with client #5) personally. He doesn't like to be pushed. I offer 'If we have this, we can do this'."</p> <p>An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 10/22/14 at 1:22 P.M. The QIDP stated, "No, we didn't actually do an investigation about the incident with [client #5] going to jail. We have team meetings after each incident. Staff are retrained, have been trained on CPI. No his behavior support plan does not include calling the police. I train staff they can call the police if they or other clients are in eminent danger, then they can call the police. I know other facilities don't call the police. I had begun to notice a pattern with the SGLC, but never really talked directly to her about it." The QIDP indicated he was not sure each incident had warranted a call to the police.</p> <p>9-3-1(a)</p>				

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W000122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, interview and record review, the Condition of Participation of Client Protections was not met by the facility failing to follow their policies, by neglecting to give a full and complete accounting of the finances for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 of 3 additional clients (clients #4, #5, and #6) to thoroughly investigate the missing money, to report the missing money to the clients,</p>	W000122	<p><b>W 122</b> – Client Protection Peak Community Services is committed through the IDT to ensure client protection to all consumers. The staff person responsible for submission of late reporting regarding client finances has been counseled for this neglect and retrained on BDDS Incident Reporting on 11/14/14. All clients in the home and their legal representatives have been informed of the financial mismanagement and what was</p>	11/28/2014

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	<p>families, guardians and/or legal representatives and to the Bureau of Developmental Disabilities Services (BDDS); and for 1 of 3 additional clients (client #5) the facility neglected to follow his behavior support plan using least restrictive interventions which resulted in client #5 having the police called on him repeatedly and being arrested twice; the facility also neglected to identify the pattern of one staff repeatedly calling the police, to complete corrective actions with her, and neglected to investigate the incidents.</p> <p>Findings include:</p> <p>Please refer to W140: The facility failed to establish and maintain an auditing system that assured a full and complete accounting of the finances for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 of 3 additional clients (clients #4, #5, and #6).</p> <p>Please refer to W148: The facility failed to report the missing money to the clients, families, guardians and/or legal representatives for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 of 3 additional clients (clients #4, #5, and #6).</p> <p>Please refer to W149: The facility neglected to follow their policies, by</p>		<p>completed to resolve the situation. During quarterly house meeting (this will be documented in the house meeting minutes); House Coordinator /Manager of SGL will present training on keeping clients and families informed of any conditions of participation of client protections. To further maintain client protection:</p> <ol style="list-style-type: none"> <li>1.Client #5 will have added to his behavior support plan, the use of less restrictive measures and only when all utilized measures have been unsuccessful will police be called. The Coordinator involved in all of the police reports no longer works at Peak.</li> <li>2.New SGL investigative protocol will be put into place in all group homes and the SGL Manager will complete a thorough investigation for any situation with police involvement.</li> <li>3.A new internal auditing system with a new internal auditor of the checkbooks/petty cash/reconciliations monthly will be put in place.</li> <li>4.CFO has already reconciled all client accounts in this home and all clients have already been reimbursed any money unable to be directly accounted for or any expenditure related to medical or dental care.</li> <li>5.Test and sufficiently pass all Site Coordinators regarding balancing and reconciliation of checkbooks. <b><u>Corrected Plan for financial issues:</u></b> An internal</li> </ol>				

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	<p>neglecting to give a full and complete accounting of the finances for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 of 3 additional clients (clients #4, #5, and #6); and for 1 of 3 additional clients (client #5) the facility neglected to follow his behavior support plan using least restrictive interventions which resulted in client #5 having the police called on him repeatedly and being arrested twice.</p> <p>Please refer to W153: The facility failed to report the incident of missing money for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 of 3 additional clients (clients #4, #5, and #6) to the administrator and the Bureau of Developmental Disabilities Services (BDDS).</p> <p>Please refer to W154: The facility failed to thoroughly investigate an incident of missing client personal funds for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 of 3 additional clients (clients #4, #5, and #6); and for 1 of 3 additional clients (client #5) the facility failed to thoroughly investigate a pattern of one staff failing to follow client #5's behavior support plan using least restrictive interventions which resulted in client #5 having the police called on him repeatedly and being arrested twice.</p>		<p>monitoring system of client financial records has been developed. Each month, Site Coordinators will submit all client financial records for the month, including bank statements, bank reconciliations, check registers, petty cash logs, and receipts to the internal auditor for review by the 15th of the following month. The internal auditor will review the records for completeness and accuracy within 10 business days of the receipt of the information. Any discrepancies will be reported to the CFO and Director of Residential Services immediately upon discovery. The Site Coordinator will be counseled if any discrepancies are found and restitution will be made to the affected client(s) within 10 business days. An external auditor will review a sampling of the client records on a quarterly basis and will report his/her findings to the CFO and Director of Residential Services. If a discrepancy is found, the sample will be expanded to include all of the client financial records maintained by that Site Coordinator for the review period. The Site Coordinator will be counseled if any discrepancies are found and restitution will be made to the affected client(s) within 10 business days.</p> <p>1. An external auditor will provide a quarterly audit on a sample of clients. If any issues are discovered then the sample</p>				

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W000137	<p>Please refer to W156: The facility to report the results of an investigation of an incident of missing client personal funds for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 of 3 additional clients (clients #4, #5, and #6) to the administrator and the Bureau of Developmental Disabilities Services (BDDS) within five working days.</p> <p>9-3-2(a)</p> <p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p>		<p>search will be widened.</p> <p>2.Client #3 was reimbursed \$242.27 on 10/22/14 for discrepancies discovered in an audit completed by the CFO. While the agency believes the client cashed these paychecks and used them to purchase items of his choice, it was unproven and he was reimbursed this amount.</p> <p>3.The Site Coordinator involved in all of the police reports no longer works at Peak.</p> <p><b>Person Responsible: Timm Reno: Site Coordinator Heather DeWitt/SGL Manager Jan Adair/Director of Residential Services Stephanie Hoffman, Director of Residential and Day Services, Winamac Nicki Gunter/CFO Date of Completion: 11/28/14</b></p>	

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	<p>Based on observation and interview, the facility failed to ensure the right of 1 of 3 additional clients (client #5) to wear well fitting clothing.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/20/14 from 4:25 P.M. through 6:20 P.M. Client #5 was wearing jeans that were gathered at the waist by a belt and suspenders. There were several extra inches of material around the waist of his jeans. The legs of his jeans hung down and went under his feet 4 inches. Client #5 wore the ill fitting jeans until after he took his evening shower. At 6:18 P.M. client #5 came out of his room wearing pajama pants and a tee shirt.</p> <p>An interview was conducted with client #5 on 10/20/14 at 5:18 P.M. Client #5 stated, "Yes, they are my jeans, they are alright."</p> <p>An interview was conducted with direct care staff (DCS) #1 on 10/20/14 at 5:10 P.M. DCS #1 indicated client #5's jeans were a bit too big for him.</p> <p>9-3-2(a)</p>	W000137	<p><b>W-137</b> Peak Community Services will ensure that clients have the right to retain and use appropriate personal possessions and clothing enhancing their appearance. Staff will take Client #5 shopping by 11/22/14 to purchase properly fitting clothing. Clients will be monitored regularly by QDDP, SGL Manager, and Coordinator to assure client's appearance is appropriate; Systemically, Coordinators, SGL Manager, and QDDP's will address client appearances to assure properly fitting clothes appropriate for the season on a regular basis. <b>Person Responsible:</b> Courtney Glasson, QDDP <b>Timm Reno, Coordinator Heather DeWitt, SGL Manager</b> <b>Date of Completion: 11/28/14</b></p>			11/28/2014	

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W000140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview, the facility failed to establish and maintain an auditing system that assured a full and complete accounting of the finances for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 of 3 additional clients (clients #4, #5, and #6).</p> <p>Findings include:</p> <p>A facility internal form written by the CFO (chief financial officer) dated 10/22/14 was reviewed on 10/22/14 at 4:28 P.M. The form indicated the following: "It was discovered during an internal review of client financial records that some receipts were missing to support client purchases. The CFO completed a review of the financial records of the clients living at the 19th street group home from May 2013 to present. Records that were reviewed include bank statements, bank reconciliation, check registers, petty cash logs and receipts. During the review of client records, it was discovered that money was removed from petty cash, but the cash left over from the client's purchase was not always added back to</p>	W000140	<p><b>W-140</b> Peak Community Services will assure a full and complete accounting of clients' personal funds entrusted to the facility on behalf of the client through:</p> <ol style="list-style-type: none"> <li>1. New SGL investigative protocol will be put into place in all group homes and the SGL Manager will complete a thorough investigation for any situation with police involvement.</li> <li>2. A new internal auditing system with a new internal auditor of the checkbooks/petty cash/reconciliations monthly will be put in place.</li> <li>3. CFO has already reconciled all client accounts in this home and all clients have already been reimbursed any money unable to be directly accounted for or any expenditure related to medical or dental care.</li> <li>4. Test and sufficiently pass all new Coordinators regarding balancing and reconciliation of checkbooks. <b>Corrected Plan for financial issues:</b> An internal monitoring system of client financial records has been developed. Each month, Site Coordinators will submit all client financial records for the month, including bank statements, bank reconciliations, check registers,</li> </ol>	11/28/2014			

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	<p>the petty cash log. While we believe that in many cases the client kept the leftover change and received benefit from it at a later time, we erred on the side of caution and repaid clients for any funds for which expenditures were not substantiated. The CFO also noted that some clients paid for their own medical/dental care and medications. The Agency reimbursed all clients for expenditures related to medical/dental care and medications with the exception of payments made by one client to [name of psychiatric facility]. In this instance, the client incurred the charges at [name of psychiatric facility] before he moved into the Peak Community Services group home, and was making payments as he could to satisfy this bill. One client (client #3) who moved into the group home in May did not obtain a checking account until July. Between May and July, there were two paychecks that were not logged into the petty cash log. While the agency believes the client cashed these paychecks and used them to purchase items of his choice, we are unable to prove that assumption. The Agency reimbursed the client for these funds as well. The review of the financial records was completed on 10/20/14 and reimbursement checks were cut the same day after office hours. The CEO (chief executive officer) was unavailable to sign</p>		<p>petty cash logs, and receipts to the internal auditor for review by the 15th of the following month. The internal auditor will review the records for completeness and accuracy within 10 business days of the receipt of the information. Any discrepancies will be reported to the CFO and Director of Residential Services immediately upon discovery. The Site Coordinator will be counseled if any discrepancies are found and restitution will be made to the affected client(s) within 10 business days. An external auditor will review a sampling of the client records on a quarterly basis and will report his/her findings to the CFO and Director of Residential Services. If a discrepancy is found, the sample will be expanded to include all of the client financial records maintained by that Site Coordinator for the review period. The Site Coordinator will be counseled if any discrepancies are found and restitution will be made to the affected client(s) within 10 business days. <b>Person Responsible: Timm Reno, Coordinator Heather DeWitt, SGL Manager Jan Adair, Director of Residential Services Stephanie Hoffman, Director of Residential and Day Services, Winamac Nicki Gunter, CFO Date of Completion: 11/28/14</b></p>		

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	<p>checks on 10/21/14, so they were signed on 10/22/14 when he returned to the office. The amounts reimbursed to clients are as follows:</p> <p>[Name of client #4] \$77.52 [Name of client #3] \$242.27 [Name of client #5] \$140.18 (Of this amount, \$14.52 were expenditures on medical care that were reimbursed). [Name of client #1] \$1,429.83 (Of this amount, \$1,149.91 were expenditures on medical care that were reimbursed). [Name of client #2] \$195.95 [Name of client #6] \$163.65 (Of this amount, \$20.91 were expenditures on medical care that were reimbursed)."</p> <p>An interview was conducted with the Director of Residential Services (DRS) on 10/22/14 at 4:45 P.M. "When asked why clients paid for medical expenses, the DRS stated, "The prior director (DRS) told the Support Group Living Coordinator (SGLC) to pay them with the client's money because the clients were over resources, but you can not do that. He (prior DRS) no longer works here." When asked what the first date of knowledge was about the financial issue the DRS and the Director of Quality Assurance (DQA) indicated it was since Columbus Day (10/13/14). They stated, "As near as we can recollect it was on Tuesday (10/14/14)." The DQA stated,</p>			

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	<p>"The checks were deposited today 10/22/14."</p> <p>The DRS was again interviewed on 10/22/14 at 5:10 P.M. The DRS stated, "The investigation is finished, things were messed up back to March/May. The rest of the process needs done, contacting guardians, letting the guys know about staff not coming back."</p> <p>An interview with the DRS was conducted again on 10/22/14 at 5:16 P.M. When asked about a system for internal routine auditing of the clients personal funds, the DRS stated, "We have routine audits, the guy who does it is apparently getting behind. They are hiring someone new to help. They are to be done monthly here at the office. The clients had access to money all the time for the past week. All three other coordinators can sign out money. They (clients) had their petty cash daily."</p> <p>The facility policy on Management of Client's Financial Resources (undated) was reviewed on 10/22/14 at 4:36 P.M. and indicated the following: "...Peak Community Services shall provide monthly account balances and records of transactions to the client and/or the client's legal representative. Peak Community Services shall inform the</p>						

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	<p>individual or their legal representative that Peak Community Services is required by law to spend the client's funds only for the needs of the individual. Client finances should be reconciled a minimum of the (sic) twice a week to ensure full knowledge of the disbursement of client funds...Each client must have a petty cash log that is reconciled at least 2 times weekly by the Site Coordinator...These logs must be turned in with the receipts each month with the monthly paperwork. Any discrepancies will be the responsibility of the Site Coordinator to research and resolve. Any discrepancies that are found in the reconciliation of finances process are to be immediately reported to the Manager of Community Living or the Director of Community Services."</p> <p>9-3-2(a)</p>				

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W000148	<p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &amp;</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>Based on record review and interview, the facility failed to report the missing money to the clients, families, guardians and/or legal representatives for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 of 3 additional clients (clients #4, #5, and #6).</p> <p>Findings include:</p> <p>A facility internal form written by the CFO (chief financial officer) dated 10/22/14 was reviewed on 10/22/14 at 4:28 P.M. The form indicated the following: "It was discovered during an internal review of client financial records that some receipts were missing to support client purchases. The CFO completed a review of the financial records of the clients living at the 19th street group home from May 2013 to present. Records that were reviewed include bank statements, bank reconciliation, check registers, petty cash</p>	W000148	<p><b>W-148</b> - Peak Community Services will promptly notify the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. The staff person responsible for submission of late reporting regarding client finances has been counseled for this neglect and retrained on BDDS Incident Reporting on 11/14/14. All clients in the home and their legal representatives have been informed of the financial mismanagement what was completed to resolve the situation. During quarterly house meeting; the House Coordinator /Manager of SGL will present training on keeping clients and families informed of any conditions of participation of client protections. <u>Person Responsible:</u> Timm Reno, Coordinator Courtney Glasson, QDDP Heather Warnick-DeWitt, SGL Manager</p>	11/28/2014
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	<p>well. The review of the financial records was completed on 10/20/14 and reimbursement checks were cut the same day after office hours. The CEO (chief executive officer) was unavailable to sign checks on 10/21/14, so they were signed on 10/22/14 when he returned to the office. The amounts reimbursed to clients are as follows:</p> <p>[Name of client #4] \$77.52 [Name of client #3] \$242.27 [Name of client #5] \$140.18 (Of this amount, \$14.52 were expenditures on medical care that were reimbursed). [Name of client #1] \$1,429.83 (Of this amount, \$1,149.91 were expenditures on medical care that were reimbursed). [Name of client #2] \$195.95 [Name of client #6] \$163.65 (Of this amount, \$20.91 were expenditures on medical care that were reimbursed)."</p> <p>An interview was conducted with the Director of Residential Services (DRS) on 10/22/14 at 4:45 P.M. The DRS stated, "No we have not notified the clients. I am going over there tonight to tell them and to tell them the Supported Group Living Coordinator (SGLC) will not be coming back to work. No, we have not notified the guardians or families at this time. We wanted to get it all investigated first." When asked what the first date of knowledge was about the</p>			

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W000149	<p>financial issue the DRS and the Director of Quality Assurance (DQA) indicated it was since Columbus Day (10/13/14). They stated, "As near as we can recollect it was on Tuesday (10/14/14)." The DQA stated, "The checks were deposited today 10/22/14."</p> <p>The DRS was again interviewed on 10/22/14 at 5:10 P.M. The DRS stated, "The investigation is finished, things were messed up back to March/May. The rest of the process needs done contacting guardians, letting the guys know about staff not coming back."</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility neglected to follow their policies, by neglecting to give a full and complete accounting of the finances for 3</p>	W000149	<b>W-149</b> – Peak Community Services facility will develop and implement written policies and procedures that prohibit	11/28/2014			

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	<p>of 3 sampled clients (clients #1, #2, and #3) and 3 of 3 additional clients (clients #4, #5, and #6) to thoroughly investigate the incident of missing money, to report the missing money to the clients, families, guardians and/or legal representatives and to the Bureau of Developmental Disabilities Services (BDDS); and for 1 of 3 additional clients (client #5) the facility neglected to follow his behavior support plan using least restrictive interventions which resulted in client #5 having the police called on him repeatedly and being arrested twice; the facility also neglected to identify the pattern of one staff being the one repeatedly calling the police, and to complete corrective actions with her and the facility neglected to investigate the incidents.</p> <p>Findings include:</p> <p>1. An interview was conducted with the Director of Residential Services (DRS) on 10/20/14 at 3:20 P.M. When asked what the policy for reporting abuse and neglect was, the DRS stated "Staff are to immediately report, get the alleged perpetrator out of the house and investigate."</p> <p>A facility internal form written by the CFO (chief financial officer) dated</p>		<p>mistreatment, neglect or abuse of all clients. The staff person responsible for submission of late reporting regarding client finances has been counseled for this neglect and retrained on BDDS Incident Reporting on 11/14/14. All clients in the home and their legal representatives have been informed of the financial mismanagement what was completed to resolve the situation. During quarterly house meetings; the House Coordinator /Manager of SGL will present training on keeping clients and families informed of any conditions of participation of client protections. This will be documented in the house meeting minutes. Client #5 will have added to his behavior support plan, the use of less restrictive measures and only when all utilized measures have been unsuccessful will police be called. The Coordinator involved in all of the police reports no longer works at Peak.</p> <p><b>Responsible Person: Timm Reno, Coordinator Courtney Glasson, QDDP Heather Warnick-DeWitt, SGL Manager Jan Adair, Director of Residential Services Stephanie Hoffman, Director of Residential and Day Services, Winamac Date of Completion: 11/28/14</b></p>				

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	10/22/14 was reviewed on 10/22/14 at 4:28 P.M. The form indicated the following: "It was discovered during an internal review of client financial records that some receipts were missing to support client purchases. The CFO completed a review of the financial records of the clients living at the 19th street group home from May 2013 to present. Records that were reviewed include bank statements, bank reconciliation, check registers, petty cash logs and receipts. During the review of client records, it was discovered that money was removed from petty cash, but the cash left over from the client's purchase was not always added back to the petty cash log. While we believe that in many cases the client kept the leftover change and received benefit from it at a later time, we erred on the side of caution and repaid clients for any funds for which expenditures were not substantiated. The CFO also noted that some clients paid for their own medical/dental care and medications. The Agency reimbursed all clients for expenditures related to medical/dental care and medications with the exception of payments made by one client to [name of psychiatric facility]. In this instance, the client incurred the charges at [name of psychiatric facility] before he moved into the Peak Community Services group home, and						

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	<p>was making payments as he could to satisfy this bill. One client (client #3) who moved into the group home in May did not obtain a checking account until July. Between May and July, there were two paychecks that were not logged into the petty cash log. While the agency believes the client cashed these paychecks and used them to purchase items of his choice, we are unable to prove that assumption. The Agency reimbursed the client for these funds as well. The review of the financial records was completed on 10/20/14 and reimbursement checks were cut the same day after office hours. The CEO (chief executive officer) was unavailable to sign checks on 10/21/14, so they were signed on 10/22/14 when he returned to the office. The amounts reimbursed to clients are as follows:</p> <p>[Name of client #4] \$77.52 [Name of client #3] \$242.27 [Name of client #5] \$140.18 (Of this amount, \$14.52 were expenditures on medical care that were reimbursed). [Name of client #1] \$1,429.83 (Of this amount, \$1,149.91 were expenditures on medical care that were reimbursed). [Name of client #2] \$195.95 [Name of client #6] \$163.65 (Of this amount, \$20.91 were expenditures on medical care that were reimbursed)."</p>			

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	<p>There were no BDDS reports or any other investigative documentation available for review for the financial mishandling of the clients' funds.</p> <p>An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 10/22/14 at 4:10 P.M. When asked about the current investigation involving the client finances and the Supported Group Living Coordinator (SGLC) being on suspension, the QIDP stated, "I have been kept in the dark about that. No, I was not aware of any issues with client money in the home. I was not interviewed. The clients were not interviewed that I know of."</p> <p>An interview was conducted with the Director of Residential Services (DRS) on 10/22/14 at 1:37 P.M. When asked about the issue with the client finances being reported, the DRS stated, "It has been a few days. I know we are late in reporting it to BDDS."</p> <p>Another interview was conducted with the Director of Residential Services (DRS) on 10/22/14 at 4:45 P.M. The DRS stated, "No we have not notified the clients. I am going over there tonight to tell them and to tell them the SGLC will not be coming back to work. No, we have</p>			

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	<p>not notified the guardians or families at this time. We wanted to get it all investigated first." When asked why clients paid for medical expenses, the DRS stated, "The prior director (DRS) told the SGLC to pay them with the clients money because the clients were over resources, but you can not do that. He (prior DRS) no longer works here." When asked what the first date of knowledge was about the financial issue the DRS and the Director of Quality Assurance (DQA) indicated it was since Columbus Day (10/13/14). They stated, "As near as we can recollect it was on Tuesday (10/14/14). Yes, the staff was suspended on that day." The DQA stated, "The checks were deposited today 10/22/14."</p> <p>The DRS was again interviewed on 10/22/14 at 5:10 P.M. When asked who all she interviewed during the investigation and who all was involved the DRS stated, "[name of SGLC], [name of QIDP], [name of client #1] , the CFO, HR (human resource staff), internal auditors [names of three staff given]. The DRS stated, "I talked with the QIDP and kept him abreast about how much money and how the investigation was going." The DRS stated, "The investigation is finished, things were messed up back to March/May. The rest of the process needs</p>			

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	<p>done, contacting guardians, letting the guys know about staff not coming back."</p> <p>An interview with the DRS was conducted again on 10/22/14 at 5:16 P.M. When asked about a system for internal routine auditing of the clients personal funds, the DRS stated, "We have routine audits, the guy who does it is apparently getting behind. They are hiring someone new to help. They are to be done monthly here at the office. The clients had access to money all the time for the past week. All three other coordinators can sign out money. They (clients) had their petty cash daily."</p> <p>The facility policy on Management of Client's Financial Resources (undated) was reviewed on 10/22/14 at 4:36 P.M. and indicated the following: "...Peak Community Services shall provide monthly account balances and records of transactions to the client and/or the client's legal representative. Peak Community Services shall inform the individual or their legal representative that Peak Community Services is required by law to spend the client's funds only for the needs of the individual. Client finances should be reconciled a minimum of the (sic) twice a week to ensure full knowledge of the disbursement of client funds...Each client</p>			

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	<p>must have a petty cash log that is reconciled at least 2 times weekly by the Site Coordinator...These logs must be turned in with the receipts each month with the monthly paperwork. Any discrepancies will be the responsibility of the Site Coordinator to research and resolve. Any discrepancies that are found in the reconciliation of finances process are to be immediately reported to the Manager of Community Living or the Director of Community Services."</p> <p>2. Facility records were reviewed on 10/21/14 at 12:47 P.M. including the Bureau Of Developmental Disabilities Services (BDDS) reports. The BDDS reports indicated the following:</p> <p>- A BDDS report dated 8/21/14 for an incident on 8/20/14 at 3:15 P.M. indicated "Upon arriving at his home [client #5] began attacking [name of Supported Group Living Coordinator] (SGLC). [Client #5] threw his book at her before approaching and hitting her. [Client #5] was not able to be verbally redirected and continued to attempt to hit and grab [SGCL]. [Name of city] Police Department was contacted and arrived shortly after. [Client #5] was handcuffed and escorted to [Psychiatric Center] for evaluation. He was released and returned home approximately 45 minutes after the</p>			

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	<p>incident."</p> <p>- A BDDS report dated 7/17/14 for an incident on 7/16/14 at 5:35 P.M. indicated "[Client #5] came up to [SGLC] from behind and forcefully hit her on the back with an open hand. [SGLC] contacted [Name of Residential Coordinator] (RC), and then contacted [name of city] Police Department. Police Officers arrived at the home , arrested [client #5] and escorted him to [name of county] Jail. [Client #5] remained in jail until the following day at approximately 1:30 P.M. at that time he was released and returned to the workshop at Peak Community Services."</p> <p>-A BDDS report dated 5/29/14 for an incident on 5/28/14 at 4:45 P.M. indicated "The incident began when [client #5] came out of his room and reported to staff that he felt like hitting someone. When staff (SGLC) attempted to redirect [client #5], per his behavior support plan, he became angry and threw a chair before cussing at staff. [Client #5] then entered his room where he stayed for approximately ten minutes before coming back out in the dining room and throwing another chair while threatening to hit staff. Staff attempted to talk to [client #5] about what was bothering him but [client #5] did not respond and instead poured a</p>			

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	<p>glass of milk which he threw at staff. [Client #5] continued to cuss at and threaten staff. [Name of RC], was contacted and arrived shortly after. She attempted to talk to [client #5] but [client #5] continued to threaten to hit staff police were contacted, arriving shortly after. Police officers talked to [client #5] for some time before leaving once [client #5] appeared calm. No further incidents."</p> <p>-A BDDS report dated 2/10/14 for an incident on 2/10/14 at 5:20 P.M. indicated "It was reported by [name of SGLC], that [client #5] began threatening staff and another consumer [client #2]. [Client #5] swung and slapped [client #2] in the back of the neck causing a red area and swung and slapped [SGLC] on the arm. He continued to threaten staff and stated [client #2] got in his way that is why he hit him. He continued to tell [SGLC] he was going to hit her. The police were called and came to assist in the situation. Police arrived, arrested and and (sic) handcuffed [client #5] to calm him down. Police took [client #5] to jail."</p> <p>Client #5's record was reviewed on 10/22/14 at 12:15 P.M. Client #5's Physician's Orders dated for 9/2014 indicated client #5's diagnoses included, but were not limited to, Mild mental functioning, schizophrenia paranoid type,</p>						

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	cognitive dysfunction, dysthymic disorder, impulse control disorder, intermittent explosive disorder, anxiety, hypothyroidism, hypertensive renal disease, secondary parkinsonian, seizure disorder, and high blood pressure. Client #5's Behavior Support Plan (BSP) dated 6/3/14 indicated he had the targeted behaviors of, physical aggression, verbal aggression, and refusing hygiene tasks. Reactive approaches in client #5's BSP included letting him know behavior is not appropriate, clearly stating what he needs to do, safely removing his hand from your arm or hair if he is grabbing or pulling, ask him to verbally express what he needs or wants, praise him for communicating in a non-violent manner if he does, if targeting a specific individual or staff separate him from the person he is targeting if possible, if he continues to be physically aggressive and requires intervention to keep himself or others out of danger, and all proactive strategies and less reactive strategies have been utilized, utilize the nonviolent physical crisis intervention techniques (CPI) starting with the least restrictive technique first (blocks, releases for wrist grab, hair pull, chokes, and bites). If the above CPI techniques have been utilized and he continues to be physically aggressive towards another individual presenting an unsafe situation staff may			

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	<p>utilize more restrictive CPI techniques, (CPI team control position, CPI transport position, CPI interim control position). Non-violent physical crisis intervention is used only as a last resort when a person is a danger to self or others. Client #5's BSP did not include the intervention of calling the police.</p> <p>An Interdisciplinary Team (IDT) meeting dated 7/17/14 indicated "discussed incident on 7/16/14 leading to police involvement and [client #5's] arrest. BSP updated in June addresses physical aggression."</p> <p>A police report dated 7/16/14 at 17:35:00 (5:35 P.M.) indicated client #5 was arrested for Battery. "Upon arrival I spoke to the complainant/victim who identified herself as [Name of SGLC]. [SGLC] advised officer that she was in charge of the group home staff. [SGLC] advised officer she was pouring a drink for another client in the residence, that [client #5] had struck her in her back. [SGLC] advised that [client #5] struck her with an open hand, making a red mark on her left side of her back causing pain. This officer notes [SGLC] refused medical treatment at this time and did not show officers her mark on her back. [SGLC] advised this officer that she was making contact with her boss, and later</p>			

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	<p>advised that [client #5] could not go to the [psychiatric center]. [SGLC] advised this officer that she requested to fill out a battery affidavit and have [client #5] arrested...[Client #5] was placed into my police vehicle and transported to the [name of county] Jail reference battery."</p> <p>An interview was conducted with direct care staff (DCS #1) on 10/21/14 at 7:25 A.M. "I have a different approach. I can de-escalate him by staying calm... A lot of the guys are routine oriented. If they are out of their routine, it doesn't work. [Client #5] has auditory hallucinations and schizophrenia. I have only heard of him throwing things and slapping, but I don't have an issue (with client #5) personally. He doesn't like to be pushed. I offer 'If we have this, we can do this'."</p> <p>An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 10/22/14 at 1:22 P.M. The QIDP stated, "No, we didn't actually do an investigation about the incident with [client #5] going to jail. We have team meetings after each incident. Staff are retrained, have been trained on CPI. No his behavior support plan does not include calling the police. I train staff they can call the police if they are or other clients are in eminent danger, then they can call the police. I know other</p>						

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	<p>facilities don't call the police. I had begun to notice a pattern with the SGLC, but never really talked directly to her about it." The QIDP indicated he was not sure each incident had warranted a call to the police.</p> <p>The facility policy on Abuse/Neglect/Exploitation/Mistreatment of an Individual/Violation of an Individual's Rights Investigation Procedure dated 12/4/09 was reviewed on 10/20/14 at 4:18 P.M. and indicated the following: "All Peak Community Services' staff and contracted agents are required to report immediately any situation of abuse, neglect, sexual exploitation, financial exploitation, mistreatment of a consumer, or violation of a consumer's rights. In addition to the following internal Peak Community Services' procedure staff are obligated to report situations of abuse, neglect, sexual exploitation, financial exploitation, mistreatment of a consumer, or violation of a consumer's rights to APS/CPS (adult protective services/child protective services) regardless of the Peak Community Services' internal reporting procedure. The definition of Abuse is defined for this purpose as the following: 1. The intentional or willful infliction of physical injury. 2. Unnecessary physical or chemical restraints or isolation. 3.</p>			

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	<p>Punishment with resulting physical harm or pain. 4. Sexual molestation, rape, physical misconduct, sexual coercion, and sexual exploitation. 5. Verbal or demonstrative harm caused by oral or written language, or gestures with disparaging or derogatory implications. 6. Psychological, mental, or emotional harm caused by unreasonable confinement, intimidation, humiliation, harassment, threats of punishment, or depravation...Individual who believe they have witnessed, or received a report directly from a consumer and/or their representative of abuse, neglect, sexual exploitation, financial exploitation, mistreatment, of a consumer, or violation of a consumer's rights (hereafter referred to as abuse/neglect or simple abuse) must report the incident immediately to their immediate manager or administrator...3. All incidents of alleged abuse/neglect shall be reported to an agency administrator immediately. BDDS mandates that abuse/neglect be reported to their office within 24 hours of the alleged incident being discovered. To that end Peak Community Services encourages prompt reporting of complaints so that rapid response and appropriate action may be taken...."</p> <p>9-3-2(a)</p>				

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview, the facility failed to report an incident of missing money for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 of 3 additional clients (clients #4, #5, and #6) to the administrator and the Bureau of Developmental Disabilities Services (BDDS) in accordance with State law.</p> <p>Findings include:</p>	W000153	<p><b>W-153</b> Peak Community Services will ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with state law through established procedures: The staff person responsible for submission of late reporting regarding client finances has been counseled for this neglect and retrained on BDDS Incident</p>	11/28/2014

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	A facility internal form written by the CFO (chief financial officer) dated 10/22/14 was reviewed on 10/22/14 at 4:28 P.M. The form indicated the following: "It was discovered during an internal review of client financial records that some receipts were missing to support client purchases. The CFO completed a review of the financial records of the clients living at [name of group home] from May 2013 to present. Records that were reviewed include bank statements, bank reconciliation, check registers, petty cash logs and receipts. During the review of client records, it was discovered that money was removed from petty cash, but the cash left over from the client's purchase was not always added back to the petty cash log. While we believe that in many cases the client kept the leftover change and received benefit from it at a later time, we erred on the side of caution and repaid clients for any funds for which expenditures were not substantiated. The CFO also noted that some clients paid for their own medical/dental care and medications. The Agency reimbursed all clients for expenditures related to medical/dental care and medications with the exception of payments made by one client to [name of psychiatric facility]. In this instance, the client incurred the charges at [name of psychiatric facility] before he moved		Reporting on 11/14/14. On a quarterly basis at the SGL house meetings, the QDDP will present a training on BDDS IR's and the 24 hour timeline with tests that show staff maintaining a passing score of 90% or greater on the post test. The QDDP in Winamac will submit tests to Stephanie Hoffman, Director of Residential and Day Services in Winamac and the QDDP's in Logansport will submit tests to Heather Warnick-DeWitt, SGL Manager in Logansport. <b>Responsible Person: Courtney Glasson, QDDP Heather Warnick-DeWitt, SGL Manager Jan Adair, Director of Residential Services Residential Stephanie Hoffman, Director of and Day Services, Winamac Date of Completion: 11/28/14</b>		

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	<p>into the Peak Community Services group home, and was making payments as he could to satisfy this bill. One client (client #3) who moved into the group home in May did not obtain a checking account until July. Between May and July, there were two paychecks that were not logged into the petty cash log. While the agency believes the client cashed these paychecks and used them to purchase items of his choice, we are unable to prove that assumption. The Agency reimbursed the client for these funds as well. The review of the financial records was completed on 10/20/14 and reimbursement checks were cut the same day after office hours. The CEO (chief executive officer) was unavailable to sign checks on 10/21/14, so they were signed on 10/22/14 when he returned to the office. The amounts reimbursed to clients are as follows:</p> <p>[Name of client #4] \$77.52 [Name of client #3] \$242.27 [Name of client #5] \$140.18 (Of this amount, \$14.52 were expenditures on medical care that were reimbursed). [Name of client #1] \$1,429.83 (Of this amount, \$1,149.91 were expenditures on medical care that were reimbursed). [Name of client #2] \$195.95 [Name of client #6] \$163.65 (Of this amount, \$20.91 were expenditures on medical care that were reimbursed)."</p>						

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	<p>There was no BDDS report available for review for the financial mishandling of the clients' funds.</p> <p>An interview was conducted with the Director of Residential Services (DRS) on 10/22/14 at 1:37 P.M. When asked about the issue with the clients' finances being reported, the DRS stated, "It has been a few days. I know we are late in reporting it to BDDS."</p> <p>Another interview was conducted with the Director of Residential Services (DRS) on 10/22/14 at 4:45 P.M. When asked what the first date of knowledge was about the financial issue, the DRS and the Director of Quality Assurance (DQA) indicated it was since Columbus Day (10/13/14). They stated, "As near as we can recollect it was on Tuesday (10/14/14). Yes, the staff was suspended on that day." The DQA stated, "The checks were deposited today 10/22/14."</p> <p>9-3-2(a)</p>				

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed to thoroughly investigate an incident of missing client personal funds for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 of 3 additional clients (clients #4, #5, and #6); and for 1 of 3 additional clients (client #5) the facility failed to thoroughly investigate a pattern of one staff failing to follow client #5's behavior support plan using least restrictive interventions which resulted in client #5 having the police called on him repeatedly and being arrested twice.</p> <p>Findings include:</p> <p>1. A facility internal form written by the CFO (chief financial officer) dated 10/22/14 was reviewed on 10/22/14 at 4:28 P.M. The form indicated the following: "It was discovered during an internal review of client financial records that some receipts were missing to support client purchases. The CFO completed a review of the financial</p>	W000154	<p><b>W-154</b> – Peak Community Services will provide evidence that all alleged violations are thoroughly investigated and must prevent further potential abuse while the investigation is in progress.</p> <p>1. Client #5 will have added to his behavior support plan, the use of less restrictive measures and only when all utilized measures have been unsuccessful will police be called (This goes to the Human Rights Committee for Approval on 11/19/14).</p> <p>2. New SGL investigative protocol will be put into place in all group homes and the SGL Manager will complete a thorough investigation for any situation with police involvement.</p> <p>3. A new internal auditing system with a new internal auditor of the checkbooks/petty cash/reconciliations monthly will be put in place.</p> <p>4. CFO has already reconciled all client accounts in this home and all clients have already been reimbursed any money unable to be directly accounted for or any expenditure related to medical or</p>	11/28/2014

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	records of the clients living at [name of group home] from May 2013 to present. Records that were reviewed include bank statements, bank reconciliation, check registers, petty cash logs and receipts. During the review of client records, it was discovered that money was removed from petty cash, but the cash left over from the client's purchase was not always added back to the petty cash log. While we believe that in many cases the client kept the leftover change and received benefit from it at a later time, we erred on the side of caution and repaid clients for any funds for which expenditures were not substantiated. The CFO also noted that some clients paid for their own medical/dental care and medications. The Agency reimbursed all clients for expenditures related to medical/dental care and medications with the exception of payments made by one client to [name of psychiatric facility]. In this instance, the client incurred the charges at [name of psychiatric facility] before he moved into the Peak Community Services group home, and was making payments as he could to satisfy this bill. One client (client #3) who moved into the group home in May did not obtain a checking account until July. Between May and July, there were two paychecks that were not logged into the petty cash log. While the agency believes the client cashed		dental care. 5. Test and sufficiently pass Site Coordinators regarding balancing and reconciliation of checkbooks. 1. An external auditor will provide a quarterly audit on a sample of clients. If any issues are discovered then the sample search will be widened. 2. Client #3 was reimbursed \$242.27 on 10/22/14 for discrepancies discovered in an audit completed by the CFO. While the agency believes the client cashed these paychecks and used them to purchase items of his choice, it was unproven and he was reimbursed this amount. 3. The Site Coordinator involved in all of the police reports no longer works at Peak. <b>Responsible Person: Timm Reno, Coordinator Courtney Glasson, QDDP Heather Warnick-DeWitt, SGL Manager Jan Adair, Director of Residential Services Stephanie Hoffman, Director of Residential and Day Services, Winamac</b> Date of Completion: 11/28/14				

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	<p>these paychecks and used them to purchase items of his choice, we are unable to prove that assumption. The Agency reimbursed the client for these funds as well. The review of the financial records was completed on 10/20/14 and reimbursement checks were cut the same day after office hours. The CEO (chief executive officer) was unavailable to sign checks on 10/21/14, so they were signed on 10/22/14 when he returned to the office. The amounts reimbursed to clients are as follows:</p> <p>[Name of client #4] \$77.52 [Name of client #3] \$242.27 [Name of client #5] \$140.18 (Of this amount, \$14.52 were expenditures on medical care that were reimbursed). [Name of client #1] \$1,429.83 (Of this amount, \$1,149.91 were expenditures on medical care that were reimbursed). [Name of client #2] \$195.95 [Name of client #6] \$163.65 (Of this amount, \$20.91 were expenditures on medical care that were reimbursed)."</p> <p>An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 10/22/14 at 4:10 P.M. When asked about the current investigation involving the client finances and the Supported Group Living Coordinator (SGLC) being on suspension, the QIDP stated, "I have been</p>			
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	<p>kept in the dark about that. No, I was not aware of any issues with client money in the home. I was not interviewed. The clients were not interviewed that I know of."</p> <p>Another interview was conducted with the Director of Residential Services (DRS) on 10/22/14 at 4:45 P.M. When asked what the first date of knowledge was about the financial issue the DRS and the Director of Quality Assurance (DQA) indicated it was since Columbus Day (10/13/14). They stated, "As near as we can recollect it was on Tuesday (10/14/14)." The DQA stated, "The checks were deposited today 10/22/14."</p> <p>The DRS was again interviewed on 10/22/14 at 5:10 P.M. When asked who all she interviewed during the investigation and who all was involved the DRS stated, "[name of SGLC], [name of QIDP], [name of client #1], the CFO, HR (human resource staff), internal auditors [names of three staff given]. The DRS stated, "I talked with the QIDP and kept him abreast about how much money and how the investigation was going." The DRS stated, "The investigation is finished, things were messed up back to March/May. The rest of the process needs done contacting guardians, letting the guys know about staff not coming back."</p>						

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	<p>2. Facility records were reviewed on 10/21/14 at 12:47 P.M. including the Bureau Of Developmental Disabilities Services (BDDS) reports. The BDDS reports indicated the following:</p> <ul style="list-style-type: none"> <li>- A BDDS report dated 8/21/14 for an incident on 8/20/14 at 3:15 P.M. indicated "Upon arriving at his home [client #5] began attacking [name of Supported Group Living Coordinator] (SGLC). [Client #5] threw his book at her before approaching and hitting her. [Client #5] was not able to be verbally redirected and continued to attempt to hit and grab [SGCL]. [Name of city] Police Department was contacted and arrived shortly after. [Client #5] was handcuffed and escorted to [Psychiatric Center] for evaluation. He was released and returned home approximately 45 minutes after the incident."</li> <li>- A BDDS report dated 7/17/14 for an incident on 7/16/14 at 5:35 P.M. indicated "[Client #5] came up to [SGLC] from behind and forcefully hit her on the back with an open hand. [SGLC] contacted [Name of Residential Coordinator] (RC), and then contacted [name of city] Police Department. Police Officers arrived at the home , arrested [client #5] and escorted him to [name of</li> </ul>			

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	<p>county] Jail. [Client #5] remained in jail until the following the day at approximately 1:30 P.M. at that time he was released and returned to the workshop at Peak Community Services."</p> <p>-A BDDS report dated 5/29/14 for an incident on 5/28/14 at 4:45 P.M. indicated "The incident began when [client #5] came out of his room and reported to staff that he felt like hitting someone. When staff (SGLC) attempted to redirect [client #5], per his behavior support plan, he became angry and threw a chair before cussing at staff. [Client #5] then entered his room where he stayed for approximately ten minutes before coming back out in the dining room and throwing another chair while threatening to hit staff. Staff attempted to talk to [client #5] about what was bothering him but [client #5] did not respond and instead poured a glass of milk which he threw at staff. [Client #5] continued to cuss at and threaten staff. [Name of RC], was contacted and arrived shortly after. She attempted to talk to [client #5] but [client #5] continued to threaten to hit staff police were contacted, arriving shortly after. Police officers talked to [client #5] for some time before leaving once [client #5] appeared calm. No further incidents."</p> <p>-A BDDS report dated 2/10/14 for an</p>				

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	<p>incident on 2/10/14 at 5:20 P.M. indicated "It was reported by [name of SGLC], that [client #5] began threatening staff and another consumer [client #2]. [Client #5] swung and slapped [client #2] in the back of the neck causing a red area and swung and slapped [SGLC] on the arm. He continued to threaten staff and stated [client #2] got in his way that is why he hit him. He continued to tell [SGLC] he was going to hit her. The police were called and came to assist in the situation. Police arrived, arrested and and (sic) handcuffed [client #5] to calm him down. Police took [client #5] to jail."</p> <p>Client #5's record was reviewed on 10/22/14 at 12:15 P.M. Client #5's Physician's Orders dated for 9/2014 indicated client #5 had the following diagnoses, but not limited to, Mild mental functioning, schizophrenia paranoid type, cognitive dysfunction, dysthymic disorder, impulse control disorder, intermittent explosive disorder, anxiety, hypothyroidism, hypertensive renal disease, secondary parkinsonian, seizure disorder, and high blood pressure. Client #5's Behavior Support Plan (BSP) dated 6/3/14 indicated he had the targeted behaviors of, physical aggression, verbal aggression, and refusing hygiene tasks. Reactive approaches in client #5's BSP included</p>			

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	<p>letting him know behavior is not appropriate, clearly stating what he needs to do, safely removing his hand from your arm or hair if he is grabbing or pulling, ask him to verbally express what he needs or wants, praise him for communicating in a non-violent manner if he does, if targeting a specific individual or staff separate him from the person he is targeting if possible, if he continues to be physically aggressive and requires intervention to keep himself or others out of danger, and all proactive strategies and less reactive strategies have been utilized, utilize the nonviolent physical crisis intervention techniques (CPI) starting with the least restrictive technique first (blocks, releases for wrist grab, hair pull, chokes, and bites). If the above CPI techniques have been utilized and he continues to be physically aggressive towards another individual presenting an unsafe situation staff may utilize more restrictive CPI techniques, (CPI team control position, CPI transport position, CPI interim control position). Non-violent physical crisis intervention is used only as a last resort when a person is a danger to self or others. Client #5's BSP did not include the intervention of calling the police.</p> <p>An Interdisciplinary Team (IDT) meeting dated 7/17/14 indicated "discussed</p>			

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	<p>incident on 7/16/14 leading to police involvement and [client #5's] arrest. BSP updated in June addresses physical aggression."</p> <p>A police report dated 7/16/14 at 17:35:00 (5:35 P.M.) indicated client #5 was arrested for Battery. "Upon arrival I spoke to the complainant/victim who identified herself as [Name of SGLC]. [SGLC] advised officer that she was in charge of the group home staff. [SGLC] advised officer she was pouring a drink for another client in the residence, that [client #5] had struck her in her back. [SGLC] advised that [client #5] struck her with an open hand, making a red mark on her left side of her back causing pain. This officer notes [SGLC] refused medical treatment at this time and did not show officers her mark on her back. [SGLC] advised this officer that she was making contact with her boss, and later advised that [client #5] could not go to the [psychiatric center]. [SGLC] advised this officer that she requested to fill out a battery affidavit and have [client #5] arrested...[Client #5] was placed into my police vehicle and transported to the [name of county] Jail reference battery."</p> <p>An interview was conducted with direct care staff (DCS #1) on 10/21/14 at 7:25 A.M. "I have a different approach. I can</p>			

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	<p>de-escalate him by staying calm... A lot of the guys are routine oriented. If they are out of their routine, it doesn't work. [Client #5] has auditory hallucinations and schizophrenia. I have only heard of him throwing things and slapping, but I don't have an issue (with client #5) personally. He doesn't like to be pushed. I offer 'If we have this, we can do this'."</p> <p>An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 10/22/14 at 1:22 P.M. The QIDP stated, "No, we didn't actually do an investigation about the incident with [client #5] going to jail. We have team meetings after each incident. Staff are retrained, have been trained on CPI. No his behavior support plan does not include calling the police. I train staff they can call the police if they are or other clients are in eminent danger, then they can call the police. I know other facilities don't call the police. I had begun to notice a pattern with the SGLC, but never really talked directly to her about it." The QIDP indicated he was not sure each incident had warranted a call to the police.</p> <p>9-3-2(a)</p>				

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W000156	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview, the facility to report the results of an investigation of an incident of missing client personal funds for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 of 3 additional clients (clients #4, #5, and #6) to the administrator and the Bureau of Developmental Disabilities Services (BDDS) within five working days.</p> <p>Findings include:</p> <p>A facility internal form written by the CFO (chief financial officer) dated 10/22/14 was reviewed on 10/22/14 at 4:28 P.M. The form indicated the</p>	W000156	<p><b>W-156</b> – Peak Community Services will ensure the results of all investigations will be reported to the administrator or designated representative or to other officials in accordance with state law within 5 working days of the incident and if violation is verified, appropriate corrective action must be taken. The staff person responsible for submission of late reporting regarding client finances has been counseled for this neglect and retrained on BDDS Incident Reporting on 11/14/14. All clients in the home and their legal representatives have been informed of the financial mismanagement what was completed to resolve the</p>	11/28/2014			

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	<p>following: "It was discovered during an internal review of client financial records that some receipts were missing to support client purchases. The CFO completed a review of the financial records of the clients living at 19th street group home from May 2013 to present. Records that were reviewed include bank statements, bank reconciliation, check registers, petty cash logs and receipts. During the review of client records, it was discovered that money was removed from petty cash, but the cash left over from the client's purchase was not always added back to the petty cash log. While we believe that in many cases the client kept the leftover change and received benefit from it at a later time, we erred on the side of caution and repaid clients for any funds for which expenditures were not substantiated. The CFO also noted that some clients paid for their own medical/dental care and medications. The Agency reimbursed all clients for expenditures related to medical/dental care and medications with the exception of payments made by one client to [name of psychiatric facility]. In this instance, the client incurred the charges at [name of psychiatric facility] before he moved into the Peak Community Services group home, and was making payments as he could to satisfy this bill. One client (client #3) who moved into the group</p>		<p>situation. During quarterly house meetings; the House Coordinator /Manager of SGL will present training on keeping clients and families informed of any conditions of participation of client protections. This will be documented in the house meeting notes. Client #5 will have added to his behavior support plan, the use of less restrictive measures and only when all utilized measures have been unsuccessful will police be called. The Coordinator involved in all of the police reports no longer works at Peak. This plan goes to the Human Rights Committee 11/19/14 for approval. New SGL investigative protocol will be put into place in all group homes and the Director will complete a thorough investigation for any situation with police involvement. Stephanie Hoffman, Director of Residential and Day Services will conduct investigations for police involvement in Winamac and Heather Warnick-Dewitt, SGL Manager will conduct investigations for police involvement in Logansport. <b>Person Responsible: Timm Reno, Coordinator Courtney Glasson, QDDP Heather Warnick-DeWitt, SGL Manager Jan Adair, Director of Residential Services Stephanie Hoffman, Director of Residential and Day Services, Winamac Date of Completion:</b></p>		

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	<p>home in May did not obtain a checking account until July. Between May and July, there were two paychecks that were not logged into the petty cash log. While the agency believes the client cashed these paychecks and used them to purchase items of his choice, we are unable to prove that assumption. The Agency reimbursed the client for these funds as well. The review of the financial records was completed on 10/20/14 and reimbursement checks were cut the same day after office hours. The CEO (chief executive officer) was unavailable to sign checks on 10/21/14, so they were signed on 10/22/14 when he returned to the office. The amounts reimbursed to clients are as follows:</p> <p>[Name of client #4] \$77.52 [Name of client #3] \$242.27 [Name of client #5] \$140.18 (Of this amount, \$14.52 were expenditures on medical care that were reimbursed). [Name of client #1] \$1,429.83 (Of this amount, \$1,149.91 were expenditures on medical care that were reimbursed). [Name of client #2] \$195.95 [Name of client #6] \$163.65 (Of this amount, \$20.91 were expenditures on medical care that were reimbursed)."</p> <p>There were no BDDS reports or any other investigative documentation available for review for the financial mishandling of</p>		11/28/14				

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W000189	<p>the clients' person funds.</p> <p>An interview was conducted with the Director of Residential Services (DRS) on 10/22/14 at 4:45 P.M. When asked what the first date of knowledge was about the financial issue the DRS and the Director of Quality Assurance (DQA) indicated it was since Columbus Day (10/13/14). They stated, "As near as we can recollect it was on Tuesday (10/14/14)." The DQA stated, "The checks were deposited today 10/22/14."</p> <p>The DRS was again interviewed on 10/22/14 at 5:10 P.M. The DRS stated, "The investigation is finished, things were messed up back to March/May. The rest of the process needs done contacting guardians, letting the guys know about staff not coming back."</p> <p>9-3-2(a)</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on record review and interview,</p>	W000189	<u>W-189</u> – Peak Community	11/28/2014			

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	<p>the facility failed to ensure staff were following the behavior support plan for 1 of 3 additional clients (client #5) using least restrictive interventions, and failed to complete staff training to insure staff competency with assisting client #5 when needing behavioral assistance.</p> <p>Findings include:</p> <p>Facility records were reviewed on 10/21/14 at 12:47 P.M. including the Bureau Of Developmental Disabilities Services (BDDS) reports. The BDDS reports indicated the following:</p> <p>- A BDDS report dated 8/21/14 for an incident on 8/20/14 at 3:15 P.M. indicated "Upon arriving at his home [client #5] began attacking [name of Supported Group Living Coordinator] (SGLC). [Client #5] threw his book at her before approaching and hitting her. [Client #5] was not able to be verbally redirected and continued to attempt to hit and grab [SGCL]. [Name of city] Police Department was contacted and arrived shortly after. [Client #5] was handcuffed and escorted to [Psychiatric Center] for evaluation. He was released and returned home approximately 45 minutes after the incident."</p> <p>- A BDDS report dated 7/17/14 for an</p>		<p>Services will ensure the facility will provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Client #5 will have added to his behavior support plan, the use of less restrictive measures and only when all utilized measures have been unsuccessful will police be called (This goes to the Human Rights Committee for Approval on 11/19/14). The Site Coordinator involved in all of the police reports no longer works at Peak. New SGL investigative protocol will be put into place in all group homes and the SGL Manager will complete a thorough investigation for any situation with police involvement. <b>Person Responsible: Timm Reno, Coordinator Courtney Glasson, QDDP Heather Warnick-DeWitt, SGL Manager Jan Adair, Director of Residential Services Stephanie Hoffman, Director of Residential and Day Services, Winamac</b> Date of Completion: 11/28/14</p>				

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	<p>incident on 7/16/14 at 5:35 P.M. indicated "[Client #5] came up to [SGLC] from behind and forcefully hit her on the back with an open hand. [SGLC] contacted [Name of Residential Coordinator] (RC), and then contacted [name of city] Police Department. Police Officers arrived at the home , arrested [client #5] and escorted him to [name of county] Jail. [Client #5] remained in jail until the following the day at approximately 1:30 P.M. at that time he was released and returned to the workshop at Peak Community Services."</p> <p>-A BDDS report dated 5/29/14 for an incident on 5/28/14 at 4:45 P.M. indicated "The incident began when [client #5] came out of his room and reported to staff that he felt like hitting someone. When staff (SGLC) attempted to redirect [client #5], per his behavior support plan, he became angry and threw a chair before cussing at staff. [Client #5] then entered his room where he stayed for approximately ten minutes before coming back out in the dining room and throwing another chair while threatening to hit staff. Staff attempted to talk to [client #5] about what was bothering him but [client #5] did not respond and instead poured a glass of milk which he threw at staff. [Client #5] continued to cuss at and threaten staff. [Name of RC], was</p>			

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	<p>contacted and arrived shortly after. She attempted to talk to [client #5] but [client #5] continued to threaten to hit staff police were contacted, arriving shortly after. Police officers talked to [client #5] for some time before leaving once [client #5] appeared calm. No further incidents."</p> <p>-A BDDS report dated 2/10/14 for an incident on 2/10/14 at 5:20 P.M. indicated "It was reported by [name of SGLC], that [client #5] began threatening staff and another consumer [client #2]. [Client #5] swung and slapped [client #2] in the back of the neck causing a red area and swung and slapped [SGLC] on the arm. He continued to threaten staff and stated [client #2] got in his way that is why he hit him. He continued to tell [SGLC] he was going to hit her. The police were called and came to assist in the situation. Police arrived, arrested and and (sic) handcuffed [client #5] to calm him down. Police took [client #5] to jail."</p> <p>Client #5's record was reviewed on 10/22/14 at 12:15 P.M. Client #5's Physician's Orders dated for 9/2014 indicated client #5's diagnoses included, but were not limited to, Mild mental functioning, schizophrenia paranoid type, cognitive dysfunction, dysthymic disorder, impulse control disorder, intermittent explosive disorder, anxiety,</p>				

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	hypothyroidism, hypertensive renal disease, secondary parkinsonian, seizure disorder, and high blood pressure. Client #5's Behavior Support Plan (BSP) dated 6/3/14 indicated he had the targeted behaviors of, physical aggression, verbal aggression, and refusing hygiene tasks. Reactive approaches in client #5's BSP included letting him know behavior is not appropriate, clearly stating what he needs to do, safely removing his hand from your arm or hair if he is grabbing or pulling, ask him to verbally express what he needs or wants, praise him for communicating in a non-violent manner if he does, if targeting a specific individual or staff separate him from the person he is targeting if possible, if he continues to be physically aggressive and requires intervention to keep himself or others out of danger, and all proactive strategies and less reactive strategies have been utilized, utilize the nonviolent physical crisis intervention techniques (CPI) starting with the least restrictive technique first (blocks, releases for wrist grab, hair pull, chokes, and bites). If the above CPI techniques have been utilized and he continues to be physically aggressive towards another individual presenting an unsafe situation staff may utilize more restrictive CPI techniques, (CPI team control position, CPI transport position, CPI interim control position).			

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	<p>Non-violent physical crisis intervention is used only as a last resort when a person is a danger to self or others. Client #5's BSP did not include the intervention of calling the police.</p> <p>An Interdisciplinary Team (IDT) meeting dated 7/17/14 indicated "discussed incident on 7/16/14 leading to police involvement and [client #5's] arrest. BSP updated in June addresses physical aggression."</p> <p>A police report dated 7/16/14 at 17:35:00 (5:35 P.M.) indicated client #5 was arrested for Battery. "Upon arrival I spoke to the complainant/victim who identified herself as [Name of SGLC]. [SGLC] advised officer that she was in charge of the group home staff. [SGLC] advised officer she was pouring a drink for another client in the residence, that [client #5] had struck her in her back. [SGLC] advised that [client #5] struck her with an open hand, making a red mark on her left side of her back causing pain. This officer notes [SGLC] refused medical treatment at this time and did not show officers her mark on her back. [SGLC] advised this officer that she was making contact with her boss, and later advised that [client #5] could not go to the [psychiatric center]. [SGLC] advised this officer that she requested to fill out a</p>			

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	<p>battery affidavit and have [client #5] arrested...[Client #5] was placed into my police vehicle and transported to the [name of county] Jail reference battery."</p> <p>An interview was conducted with direct care staff (DCS #1) on 10/21/14 at 7:25 A.M. "I have a different approach. I can de-escalate him by staying calm... A lot of the guys are routine oriented. If they are out of their routine, it doesn't work. [Client #5] has auditory hallucinations and schizophrenia. I have only heard of him throwing things and slapping, but I don't have an issue (with client #5) personally. He doesn't like to be pushed. I offer 'If we have this, we can do this'."</p> <p>An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 10/22/14 at 1:22 P.M. The QIDP stated, "No, we didn't actually do an investigation about the incident with [client #5] going to jail. We have team meetings after each incident. Staff are retrained, have been trained on CPI. No his behavior support plan does not include calling the police. I train staff they can call the police if they are or other clients are in eminent danger, then they can call the police. I know other facilities don't call the police. I had begun to notice a pattern with the SGLC, but never really talked directly to her about it.</p>			

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W000209	<p>The QIDP indicated he did not provide training to the SGLC. The QIDP indicated he was not sure each incident had warranted a call to the police.</p> <p>9-3-3(a)</p> <p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Based on record review and interview, the facility failed to aggressively pursue the participation of parents, advocates and legal representatives in the Individual Support Plan/Behavior Support Plan (ISP/BSP) process for 1 of 3 sampled clients (client #1).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 10/22/14 at 9:45 A.M. Client #1's record indicated his niece was his POA (power of attorney). Client #1's ISP was dated</p>	W000209	<p><b>W-209</b> – Peak Community Services will ensure participation by the client, his or her parent , or the client’s legal guardian is required unless the participation is unobtainable or inappropriate. Client # 1 - On 8/28/14 a meeting notice went to the POA. New married name was unknown, so not on invitation. QDDP staff will be retrained on encouraging POA/Guardians/HealthCare Reps, Family Advocates in involvement in their person’s ISP/BSP/ Annual meetings. Director of Quality Assurance will provide training by 11/28/14 with</p>	11/28/2014

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	<p>9/23/14, and his BSP was dated 8/26/14. Client #1's record did not indicate the facility aggressively pursued client #1's niece/POA in the participation of the formation of client #1's plans. Client #1's Informed Consent Assessment dated 9/16/14 indicated he could understand with assistance in the areas of knowledge of the uses and side effects of medication, arranging assistance with medication, human sexuality and associated risks, knowing it is best to request an explanation of documents of forms when a signature is requested, knowledge of guardianship, and what a guardian does.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 10/22/14 at 12:50 P.M. The QIDP stated, "We send to guardians for signatures for ISPs and BSPs and psychotropic medication changes. [Client #1's] POA never attends his meetings. I believe he (client #1) understands his ISP/BSP and is able to give informed consent. She has Durable Power of Attorney, and helps with financial and property decisions."</p> <p>9-3-4(a)</p>		<p>scores of 90% or above on post test. <b>Responsible Person: Courtney Glasson, QDDP Connie English, Director of Support and Quality Assurance</b> <b>Date of Completion: 11/28/14</b> <b>W-210</b> – Peak Community Services will ensure that within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Client #3 did not receive the following: Health Vision Report – Completed 10/24/14 and new glasses were prescribed and ordered and have been received. OT/PT/ST – Requested by Dr. Bowditch to evaluate for need. Client #3 has an appointment 12/9/14. The Physical Examination form will be revised to include the following items to help ensure these items are addressed: OT eval _____ PT eval _____ ST eval _____ The Site Coordinator involved no longer works at Peak Community Services. Systemically, SGL Manager will develop a spreadsheet for all Site Coordinators to manage appointments with QDDP's monitoring tracking on a monthly basis. <b>Person Responsible: Timm Reno, Coordinator Courtney Glasson, QDDP Connie English, Director of Support and Quality Assurance</b> <b>Completion Date: 11/28/14</b></p>		

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W000210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on record review and interview, the facility failed for 1 of 1 new admission to the group home (client #3) to obtain initial medical evaluation and assessments as needed within 30 days after admission.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 10/22/14 at 11:45 A.M. Client #3's record indicated he was admitted to the group home on 5/2/14. Client #3's physician's order (PO) dated for 9/2014 indicated his diagnoses included, but were not limited to, mild intellectual functioning, spastic cerebral palsy, depression, severe pigeon toe, limited verbal communication (knowing some sign and some English), walked with an unsteady gait and utilized a roller walker at the workshop. Client #3's record did not include a vision evaluation, occupational (OT), physical (PT), or speech therapy (ST) evaluations.</p> <p>An interview was conducted with the Qualified Intellectual Disabilities</p>	W000210	<p><b>W-210</b> – Peak Community Services will ensure that within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Client #3 did not receive the following: Health Vision Report – Completed 10/24/14 and new glasses were prescribed and ordered and have been received. OT/PT/ST – Requested by Dr. Bowditch to evaluate for need. Client #3 has an appointment 12/9/14. The Physical Examination form will be revised to include the following items to help ensure these items are addressed: OT eval _____ PT eval _____ ST eval _____ The Site Coordinator involved no longer works at Peak Community Services. Systemically, SGL Manager will develop a spreadsheet for all Site Coordinators to manage appointments with QDDP's monitoring tracking on a monthly basis. <b>Person Responsible: Timm Reno, Coordinator Courtney Glasson, QDDP</b></p>	11/28/2014			

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W000278	<p>Professional (QIDP) on 10/22/14 at 4:18 P.M. The QIDP stated, "[Client #3] has a vision appointment scheduled for 10/24/14. He (client #3) did not have OT, PT or ST evaluations completed at the time of his admission. He is doing a Home Exercises Program (HEP) his mother gave us the HEPs, she said he had been seen in the past year."</p> <p>9-3-4(a)</p> <p>483.450(b)(1)(iii) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Procedures that govern the management of inappropriate client behavior must insure, prior to the use of more restrictive techniques, that the client's record documents that programs incorporating the use of less intrusive or more positive techniques have been tried systematically and demonstrated to be ineffective.</p> <p>Based on record review and interview, the facility failed for 1 of 3 additional clients (client #5) to insure staff were following his behavior support plan using least restrictive interventions which resulted in staff calling the police</p>	W000278	<p><b>Connie English, Director of Support and Quality Assurance</b> <b>Completion Date: 11/28/14</b></p> <p><b>W-278</b> – Peak Community Services will insure prior to the use of more restrictive techniques, that the client's record documents that programs incorporating the use of less intrusive or more positive techniques have been tried systematically and demonstrated</p>	11/28/2014			

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	<p>repeatedly and client #5 being arrested twice</p> <p>Findings include:</p> <p>Facility records were reviewed on 10/21/14 at 12:47 P.M. including the Bureau Of Developmental Disabilities Services (BDDS) reports. The BDDS reports indicated the following:</p> <p>- A BDDS report dated 8/21/14 for an incident on 8/20/14 at 3:15 P.M. indicated "Upon arriving at his home [client #5] began attacking [name of Supported Group Living Coordinator] (SGLC). [Client #5] threw his book at her before approaching and hitting her. [Client #5] was not able to be verbally redirected and continued to attempt to hit and grab [SGLC]. [Name of city] Police Department was contacted and arrived shortly after. [Client #5] was handcuffed and escorted to [Psychiatric Center] for evaluation. He was released and returned home approximately 45 minutes after the incident."</p> <p>- A BDDS report dated 7/17/14 for an incident on 7/16/14 at 5:35 P.M. indicated "[Client #5] came up to [SGLC] from behind and forcefully hit her on the back with an open hand. [SGLC] contacted [Name of Residential</p>		<p>to be ineffective. Client #5 will have added to his behavior support plan, the use of less restrictive measures and only when all utilized measures have been unsuccessful will police be called (This goes to the Human Rights Committee for Approval on 11/19/14). The Site Coordinator involved in all of the police reports no longer works at Peak. New SGL investigative protocol will be put into place in all group homes and the Director will complete a thorough investigation for any situation with police involvement. Stephanie Hoffman, Director of Residential and Day Services will conduct investigations for police involvement in Winamac and Heather Warnick-Dewitt, SGL Manager will conduct investigations for police involvement in Logansport.</p> <p><b>Person Responsible: Courtney Glasson, QDDP Heather Warnick-DeWitt, SGL Manager Jan Adair, Director of Residential Services Date of Completion: 11/28/14</b></p>		

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	<p>Coordinator] (RC), and then contacted [name of city] Police Department. Police Officers arrived at the home , arrested [client #5] and escorted him to [name of county] Jail. [Client #5] remained in jail until the following day at approximately 1:30 P.M. at that time he was released and returned to the workshop at Peak Community Services."</p> <p>-A BDDS report dated 5/29/14 for an incident on 5/28/14 at 4:45 P.M. indicated "The incident began when [client #5] came out of his room and reported to staff that he felt like hitting someone. When staff (SGLC) attempted to redirect [client #5], per his behavior support plan, he became angry and threw a chair before cussing at staff. [Client #5] then entered his room where he stayed for approximately ten minutes before coming back out in the dining room and throwing another chair while threatening to hit staff. Staff attempted to talk to [client #5] about what was bothering him but [client #5] did not respond and instead poured a glass of milk which he threw at staff. [Client #5] continued to cuss at and threaten staff. [Name of RC], was contacted and arrived shortly after. She attempted to talk to [client #5] but [client #5] continued to threaten to hit staff police were contacted, arriving shortly after. Police officers talked to [client #5]</p>			

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	<p>for some time before leaving once [client #5] appeared calm. No further incidents."</p> <p>-A BDDS report dated 2/10/14 for an incident on 2/10/14 at 5:20 P.M. indicated "It was reported by [name of SGLC], that [client #5] began threatening staff and another consumer [client #2]. [Client #5] swung and slapped [client #2] in the back of the neck causing a red area and swung and slapped [SGLC] on the arm. He continued to threaten staff and stated [client #2] got in his way that is why he hit him. He continued to tell [SGLC] he was going to hit her. The police were called and came to assist in the situation. Police arrived, arrested and and (sic) handcuffed [client #5] to calm him down. Police took [client #5] to jail."</p> <p>Client #5's record was reviewed on 10/22/14 at 12:15 P.M. client #5's Physician's Orders dated for 9/2014 indicated the client's diagnoses included, but were not limited to, Mild mental functioning, schizophrenia paranoid type, cognitive dysfunction, dysthymic disorder, impulse control disorder, intermittent explosive disorder, anxiety, hypothyroidism, hypertensive renal disease, secondary parkinsonian, seizure disorder, and high blood pressure. Client #5's Behavior Support Plan (BSP) dated 6/3/14 indicated he had the targeted</p>						

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	<p>behaviors of, physical aggression, verbal aggression, and refusing hygiene tasks. Reactive approaches in client #5's BSP included letting him know behavior is not appropriate, clearly stating what he needs to do, safely removing his hand from your arm or hair if he is grabbing or pulling, ask him to verbally express what he needs or wants, praise him for communicating in a non-violent manner if he does, if targeting a specific individual or staff separate him from the person he is targeting if possible, if he continues to be physically aggressive and requires intervention to keep himself or others out of danger, and all proactive strategies and less reactive strategies have been utilized, utilize the nonviolent physical crisis intervention techniques (CPI) starting with the least restrictive technique first (blocks, releases for wrist grab, hair pull, chokes, and bites). If the above CPI techniques have been utilized and he continues to be physically aggressive towards another individual presenting an unsafe situation staff may utilize more restrictive CPI techniques, (CPI team control position, CPI transport position, CPI interim control position). Non-violent physical crisis intervention is used only as a last resort when a person is a danger to self or others. Client #5's BSP did not include the intervention of calling the police.</p>			

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	<p>An Interdisciplinary Team (IDT) meeting dated 7/17/14 indicated "discussed incident on 7/16/14 leading to police involvement and [client #5's] arrest. BSP updated in June addresses physical aggression."</p> <p>A police report dated 7/16/14 at 17:35:00 (5:35 P.M.) indicated client #5 was arrested for Battery. "Upon arrival I spoke to the complainant/victim who identified herself as [Name of SGLC]. [SGLC] advised officer that she was in charge of the group home staff. [SGLC] advised officer she was pouring a drink for another client in the residence, that [client #5] had struck her in her back. [SGLC] advised that [client #5] struck her with an open hand, making a red mark on her left side of her back causing pain. This officer notes [SGLC] refused medical treatment at this time and did not show officers her mark on her back. [SGLC] advised this officer that she was making contact with her boss, and later advised that [client #5] could not go to the [psychiatric center]. [SGLC] advised this officer that she requested to fill out a battery affidavit and have [client #5] arrested...[Client #5] was placed into my police vehicle and transported to the [name of county] Jail reference battery."</p>			

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	<p>An interview was conducted with direct care staff (DCS #1) on 10/21/14 at 7:25 A.M. "I have a different approach. I can de-escalate him by staying calm... A lot of the guys are routine oriented. If they are out of their routine, it doesn't work. [Client #5] has auditory hallucinations and schizophrenia. I have only heard of him throwing things and slapping, but I don't have an issue (with client #5) personally. He doesn't like to be pushed. I offer 'If we have this, we can do this'."</p> <p>An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 10/22/14 at 1:22 P.M. The QIDP stated, "No, we didn't actually do an investigation about the incident with [client #5] going to jail. We have team meetings after each incident. Staff are retrained, have been trained on CPI. No his behavior support plan does not include calling the police. I train staff they can call the police if they are or other clients are in eminent danger, then they can call the police. I know other facilities don't call the police. I had begun to notice a pattern with the SGLC, but never really talked directly to her about it." The QIDP indicated he was not sure each incident had warranted a call to the police.</p> <p>9-3-5(a)</p>						

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W000312	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed to include the use of anti-depressants in the Behavior Support Plan (BSP) of 1 of 1 sampled client (client #1) who had a behavior support plan.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 10/22/14 at 9:45 A.M. Client #1's record indicated he had a BSP dated 8/26/14 with the following targeted behaviors: disruptive/loud interactions, inappropriate touching/horseplay, with a history of verbal aggression, minor physical aggression, and teasing others. Client #1's Physician's Orders (PO) dated for 9/2014 indicated he had diagnosis of, but not limited to, depression. Client #1's PO indicated he was prescribed Escitalopram (anti depressant) and Abilify (anti depressant) for his</p>	W000312	<p><b>W-312</b> Peak Community Services will ensure BSP's involving meds should be used as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. The BSP for Client #1 has been revised to include depressive symptoms with targeting for reduction to receive approval by HRC on 11/19/14. Two changes were made:</p> <ol style="list-style-type: none"> <li>1. Anti-depressants are now tracked .</li> <li>2. Med reduction plan now targets a specific anti depressant. Peak will obtain services from a Behavior Specialist to provide tips on writing BSP's. Elements to include: How to address drugs effectively How to work toward elimination of behaviors Training will be completed at the first opportunity by the Behavior Specialist to be set up by Connie English, Director of Support and</li> </ol>	11/28/2014

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W000322	<p>depression. Client #1's BSP did not indicate what symptoms of depression he experienced. There were no goals to help decrease or eliminate the symptoms of depression, no behavior data tracking for depression symptoms and no medication specified for plan of reduction.</p> <p>An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 10/22/14 at 4:18 P.M. The QIDP stated, "It doesn't say specifically which medication to be reduced first. No, there are no goals. We do not track signs and symptoms of depression. Actually when he (client #1) is feeling good is when we see his behaviors of teasing and inappropriate touching, it is almost like I am glad to see a behavior report on him, because I know he is not so sad. When he gets down, it can last for a long time, like a month. I think a lot of it ties into his seizure medications too."</p> <p>9-3-5(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview,</p>	W000322	<p>Quality Assurance Person Responsible: Courtney Glasson, QDDP HRC Completion Date: 11/28/14</p> <p><u>W-322</u> – Peak Community Services will ensure the obtaining</p>	11/28/2014			

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W000351	<p>the facility staff failed to obtain preventative and general medical care for 1 of 3 sampled clients (client #1).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 10/22/14 at 9:45 A.M. Client #1's record indicated he was 65 years of age and had a history of colon cancer. Client #1's record indicated he had his yearly physical (PE) on 9/29/14. The PE form indicated there was no prostate exam completed. Client #1's record did not indicated he had a PSA (prostate specific antigen) screening.</p> <p>An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 10/22/14 at 4:18 P.M. The QIDP stated, "(Client #1's PSA) Hasn't been done. He did have a physical. I would have assumed the doctor would have recommended a PSA and that a prostate exam would have been done, but it is not listed on the form."</p> <p>9-3-6(a)</p> <p>483.460(f)(1) COMPREHENSIVE DENTAL DIAGNOSTIC</p>		<p>and provision of preventive and general care. An 11/11/14 health visit report was obtained for Client #1 noting that he had a normal colonoscopy 3/2013 and needs repeated in 3-5 years. PSA Screening will be added to the Physical Examination Form thus prompting physician to address annually. Systemically, SGL Manager will develop a spreadsheet for all Site Coordinators to manage appointments with QDDP's monitoring tracking on a monthly basis. <b>Person Responsible:</b> <b>Timm Reno, Coordinator</b> <b>Courtney Glasson, QDDP</b> <b>Connie English, Director of Support and Quality Assurance</b> <b>Date of Completion: 11/28/14</b></p>	

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	<p><b>SERVICE</b> Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission). Based on record review and interview, the facility failed for 1 of 1 new admission to the group home (client #3) to obtain dental services including a complete extraoral and intraoral examination within 30 days after admission.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 10/22/14 at 11:45 A.M. Client #3's record indicated he was admitted to the group home on 5/2/14. Client #3's record indicated he had a dental exam on 10/14/14.</p> <p>An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 10/22/14 at 4:18 P.M. The QIDP stated, "[Client #3's] dental exam was not completed timely."</p> <p>9-3-6(a)</p>	W000351	<p><b>W-351</b> – Peak Community Services will ensure a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within 12 months before admission. Client #3-appointments were given to the Coordinator to prompt scheduling of this and other appointments. These appointments were prompted by the QDDP more than once. This has been completed by Dr. Lewis on a Health Visit Report dated 10/14/14. The Site Coordinator involved in these appointments no longer works at Peak. Systemically, SGL Manager will develop a spreadsheet for all Site Coordinators to manage appointments with QDDP's monitoring tracking on a monthly basis. <b>Person Responsible: Timm Reno, Coordinator Courtney Glasson, QDDP Heather Warnick-DeWitt, SGL Manager Date of Completion: Completed 10/14/14</b></p>	11/28/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G626	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  10/29/2014
NAME OF PROVIDER OR SUPPLIER  PEAK COMMUNITY SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1141 19TH ST LOGANSPORT, IN 46947		
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W000352	<p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview, the facility failed to ensure dental examinations were performed at least annually for 1 of 3 sampled clients (client #2).</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 10/22/14 at 11:10 A.M. Client #2's record indicated his last dental exam was completed on 7/19/13. Client #2's record did not indicate he had a dental exam in the past year.</p> <p>An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 10/22/14 at 4:18 P.M. The QIDP stated, "I can not figure out what happened. I checked, he (client #2) had a dental scheduled and done, but I can not find the form."</p> <p>9-3-6(a)</p>	W000352	<p><b>W-352</b> – Peak Community Services will ensure that a complete oral exam at least annually. Client # 3 – obtained a Health Visit Report from Dr. Pate on 11/14/14. These appointments were prompted by the QDDP more than once. The Site Coordinator involved in these appointments no longer works at Peak. Systemically, SGL Manager will develop a spreadsheet for all Site Coordinators to manage appointments with QDDP's monitoring tracking on a monthly basis. <b>Person Responsible: Timm Reno, Coordinator Courtney Glasson, QDDP Heather Warnick-DeWitt, SGL Manager Completion Date: Completed 11/14/14</b></p>	11/28/2014	