

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G119	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/28/2012
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NAME OF PROVIDER OR SUPPLIER PEAK COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1234 S 50 E WINAMAC, IN 46996
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: September 21, 24, 25 and 28, 2012</p> <p>Facility number: 000656 Provider number: 15G119 AIM number: 100234050</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed October 09,2012 by Dotty Walton, Medical Surveyor III.</p>	W0000	Peak Community Services	

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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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview, for 1 of 4 sampled clients (client #2), the facility failed to ensure the client's rights by not obtaining a legally sanctioned decision maker to assist in financial decisions.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted at the facility's administrative office on 9/24/12 at 11:35 A.M.. Client #2's record indicated she was an emancipated adult. The "Informed Consent" assessment dated 2/1/12 indicated: "Understands the use of money...N-No she is passive/relies on others to do or make these decisions. Uses the next dollar concept...N-No she is passive/relies on others to do or make these decisions...Person needs a Guardian."</p> <p>The "Comprehensive Functional</p>	W0125	<p>W125 Protection of Client Rights</p> <p>Peak Community Services is committed to ensuring the individuals served exercise their rights as residents of the facility, and residents of the United States including the right to file complaints, and the right to due process.</p> <p>A guardian for Client # 2 has been identified and legal paperwork has been submitted to a local attorney for processing.</p> <p>Through the Peak Community Services IDT system all individuals served will have assessments completed to determine the need for a guardian in order to support them in exercising their rights. If any individuals are identified then the IDT system will take the necessary steps to assist them in acquiring a qualified guardian.</p> <p>Person Responsible: Sandra Beckett, QDDP</p>	10/28/2012	

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	<p>Assessment" (CFA) dated 2/1/12 indicated: "Knows money is for purchases, No. Identifies different denominations of bills, No. Identifies different coins, No. Understands value of bills, No. Understands value of coins, No. Understands that 2 quarters = (equal) 50 cents, No. Understands that 4 quarters = \$1, No...Makes change for \$1 with coins, No. Counts up to \$5 using ones, No. Uses vending machines for purchases, No. Knows that checks = money, No. Is able to complete a check, No. Identifies items to be purchased, No. Finds needed items in store, No."</p> <p>The "Informed Consent/Self Advocacy Assessment" dated 2/1/11 indicated: "The Person Has/Is-Advocate...Person Needs: Guardian, recommended."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was completed at the facility's administrative office on 9/24/12 at 2:30 P.M.. The QMRP indicated client #2 did not have legally sanctioned decision maker to assist her with financial decisions. The QMRP further indicated client #2 was unable to manage her finances</p>			

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	independently. 9-3-2(a)			

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W0218	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based on observation, record review and interview, for 1 of 4 sampled clients (clients #1) with documented falls, the facility failed to have a completed assessment that addressed all of client #1's mobility needs.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 9/21/12 from 2:30 P.M. until 5:15 P.M.. During the entire observation period, client #1 walked throughout her home with unsteady gait.</p> <p>A morning observation was conducted at the group home on 9/24/12 from 5:30 A.M. until 8:30 A.M.. During the entire observation period, client #1 walked throughout her home with unsteady gait.</p> <p>A review of client #1's record was conducted on 9/24/12 at 10:13 A.M.. Review of the record indicated:</p> <p>"Fall Assessment" dated 1/17/12: "[Client #1] was getting up from her chair and lost her balance and landed on her bottom. She did hit her right hand, the back of. Staff checked over and found no red marks on her bottom, but the back of</p>	W0218	<p>W218 – Individual Program Plan Peak Community Services is committed to providing a completed, accurate assessment that addresses the individual's mobility needs. Client # 1 is scheduled for a Physical Therapy assessment to assess her mobility skills on 10.18.12. Systemic changes: 1.A procedure will be put in place that states that three falls within a 30 day calendar period will automatically require a referral for a physical therapy assessment be requested from the individual's primary care physician with the client's or legal representative's approval. 2.A procedure will be put in place that states that any fall will automatically trigger a review of the fall plan to determine the effectiveness of the fall plan to prevent the type of fall that occurred. This procedure will facilitated by the QDDP. Monitoring: The following of this procedure will be monitored by the Director of Residential Services via the BDDS Incident Reporting Review Committee. The Director sits on the committee that reviews monthly all BDDS incident reports. The Director will look at the reports for falls by same individual and if there are three within a 30 day</p>	10/28/2012			

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	<p>her right hand had a red line and was turning purple/blue color."</p> <p>"Fall Assessment" dated 1/26/12: "After lunch, [client #1] attempted to stand up and dropped back into the chair. Stood up again and steadied herself before walking."</p> <p>"Fall Assessment" dated 1/29/12: "Turning light in room to go to bed fell on her right side."</p> <p>"Fall Assessment" dated 3/6/12: "[Client #1] was asked to wash her hands for dinner. When she got up from the couch, she took a step forward and fell easily on her rear."</p> <p>"Fall Assessment" dated 4/4/12: "[Client #1] was changing laundry. She came walking out with basket and for unknown reason fell."</p> <p>"Fall Assessment" dated 7/19/12: "Fell cleaning up after bowel movement accident."</p> <p>"Fall Assessment" dated 7/20/12: "Walking to table. Fell while walking."</p> <p>Further review of the record indicated a letter dated 11/12/08 from client #1's family medical practitioner which</p>		<p>period will contact the appropriate residential coordinator and QDDP to ascertain the physical therapy assessment process. Persons Responsible: Rick Phelps, Director of Residential Services; Michel Thompson, Residential Coordinator, Sandra Beckett, QDDP</p>	

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	<p>indicated: "To Whom It May Concern: [Client #1] will not benefit, at this time, from physical therapy or occupational therapy secondary to her mental handicaps. The record failed to have an assessment that addressed her mobility needs for her documented falls and unsteady gait.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted at the facility's administrative office on 9/24/12 at 2:30 P.M.. When asked if client #1 had assessments to address her falls and unsteady gait, the QMRP stated: "No." No further documentation was available for review to indicate clients #1 had assessments completed to address her documented falls and unsteady gait.</p> <p>9-3-4(a)</p>			

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview, the facility failed to ensure 4 of 4 sampled clients (clients #1, #2, #3 and #4), received training and services consistent with their Individual Support Plan (ISP).</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 9/21/12 from 2:30 P.M. until 5:15 P.M.. At 3:39 P.M., client #1 was observed during medication administration. Client #1 did not state the name, purpose or side effects of one of her medications and was not handed her medication package to punch out her medication. At 3:43 P.M., client #4 received her evening medications. Client #4 was not prompted and did not use sign language to indicate she wanted her medication. During the entire observation period, clients #2, #3 and #4 did not use sign language, picture books or communication devices, to express their wants and needs and were not prompted</p>	W0249	<p>W249 – Program Implementation Peak Community Services is committed to ensuring the individuals served receive a continuous active treatment program consisting of needed interventions and services... DSP staff in the residence and day program will receive retraining on Client's # 1,2,3,and 4 goals as well as the use of prompts to ensure that Clients # 1,2,3 and 4receives a continuous active treatment program. DSP's in the home and the day program will be retrained on the definition of continuous active treatment including the use of prompts and other teaching techniques to ensure that all residents receive a continuous active treatment program. Such training will include the use of role play, question and answer session and direct observation by a Peak Community Services QDDP. Peak Community Services QDDP and the Director of Residential Services will observe staff for the proper administration of a continuous active treatment</p>	10/28/2012			

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	<p>by staff to do so. Direct Support Professionals (DSP) #1, #2 and #3 failed to implement communication training objectives for clients #2, #3 and #4.</p> <p>A morning observation was conducted at the group home on 9/24/12 from 5:30 A.M. until 8:30 A.M.. During the entire observation period, clients #2, #3 and #4 did not use sign language, picture books or communication devices, to express their wants and needs and were not prompted by staff to do so. Direct Support Professionals (DSP) #1, #2 and #3 failed to implement communication training objectives for clients #2, #3 and #4.</p> <p>A facility owned day program observation was conducted on 9/24/12 from 12:35 P.M. until 1:45 P.M.. During the entire observation period, clients #2, #3 and #4 did not use sign language, picture books or communication devices, to express their wants and needs and were not prompted by staff to do so. Day program DSPs #1, #2 and #3 failed to implement communication training objectives for clients #2, #3 and #4.</p> <p>A review of client #1's record was conducted on 9/24/12 at 10:13 A.M.. Client #1's ISP dated 8/9/12 indicated: "Staff will concentrate on one medication</p>		<p>program once per month during an observation at the home during the time period of 10.21.12 until 04.21.12 The Director of Residential Services will counsel the Residential Coordinator on the importance of active treatment/goal management. Persons Responsible: Sandra Beckett, QDDP; Rick Phelps, Director of Residential Services, Michel Thompson, Residential Coordinator.</p>		

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	<p>and ask her to repeat the name of that medication, tell why she takes the medication, and tell staff 1 possible side effect. Staff will then hand [client #1] her punch package, and ask him (sic) to punch out her pill."</p> <p>A review of client #2's record was conducted on 9/24/12 at 11:35 A.M.. Client #2's ISP dated 1/27/12 indicated: "[Client #2] is learning to use her Go Talk Communicator. Staff will go over her Go Talk communicator (electronic communication device) to assist her in learning how to use it.."</p> <p>A review of client #3's record was conducted on 9/24/12 at 12:05 P.M.. Client #3's ISP dated 3/29/12 indicated: "Each day, staff will sit next to [client #3] and ask her (sic) to demonstrate the sign language he knows. Staff will do a list of 5 signs."</p> <p>A review of client #4's record was conducted on 9/24/12 at 12:30 P.M.. Client #4's ISP dated 3/2/12 indicated: "Staff will say '[Client #4] let me know when you want to take your medication.' Staff will wait to see if [client #4] uses sign language to indicate she wants her medication."</p> <p>An interview with the Qualified Mental</p>						

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	<p>Retardation Professional (QMRP) was conducted on 9/24/12 at 2:30 P.M.. The QMRP indicated group home and day program staff should implement active treatment training objectives during formal and informal opportunities.</p> <p>9-3-4(a)</p>			

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W0336	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview the facility failed for 2 of 4 sampled clients (clients #1 and #4), to have quarterly nursing assessments completed in a timely fashion.</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 9/24/12 at 10:13 A.M.. The record review failed to indicate the quarterly nursing assessments had been completed timely. Client #1's quarterly nursing assessments were dated 9/29/11, 12/13/11 and 6/19/12. Further review of client #1's record indicated she was not in need of a medical care plan and she had an annual physical dated 9/14/11. No further documentation was available for review to indicate client #1 had a nursing quarterly completed for the quarter ending 3/12.</p> <p>Client #4's records were reviewed on 9/24/12 at 12:30 P.M.. The record review failed to indicate the quarterly nursing assessments had been completed timely. Client #4's quarterly nursing assessments</p>	W0336	<p>W336 – Nursing Services</p> <p>Peak Community Services is committed to ensuring through the IDT system that nursing services include a review of their health status on a no less than quarterly basis or a more frequent basis depending on client need.</p> <p>Clients # 1 and 4 have current nursing assessments in their file as required.</p> <p>Nursing services will be assessed for timing of quarterly nursing assessments. A chart will be completed for appropriate range of time that each client's quarterly assessment must be completed. The completed chart will be able to be accessed by the QDDP, agency nurse, and the Director of Residential Services. The Residential Coordinator will coordinate with the nurse to schedule the quarterly assessments within the proper time frame. The residential coordinator will schedule the assessments within the time frame with enough time for rescheduled assessments in case there are individuals not present</p>	10/28/2012			

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	<p>were dated 9/29/11, 12/13/11 and 6/19/12. Further review of client #4's record indicated he was not in need of a medical care plan and he had an annual physical dated 8/23/12. No further documentation was available for review to indicate client #4 had a nursing quarterly completed for the quarter ending 3/12.</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 9/24/12 at 2:30 P.M.. The QMRP indicated the nursing assessments were not completed quarterly. The QMRP further indicated nursing quarterlies are to be completed every quarter.</p> <p>9-3-6(a)</p>		<p>when the nurse is initially at the home doing the assessments. These assessments need to be rescheduled during the appropriate time frame.</p> <p>The QDDP will prompt the Residential Coordinator for signed assessments prior to the end of time frame window.</p> <p>Persons Responsible: Sandra Beckett, QDDP; Michel Thompson, Residential Coordinator; Rick Phelps, Director of Residential Services; Connie English, Director of Quality Control and Supports.</p>		

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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 7 medications administered to 1 of 4 clients observed during evening medication administration (client #1), to ensure medications were administered as ordered without error.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 9/21/12 from 2:30 P.M. until 5:15 P.M.. At 3:39 P.M., client #1 received her evening prescribed medications with water. Direct Support Professional (DSP) #1 administered her "Calcium 500 mg (milligram) with Vitamin D tablet (supplement)...Give 1 tablet orally 3 times daily...Take with food/meal...Potassium ER (extended Release) (supplement) 10 MEQ (milliequivalent) tablet...1 tablet orally twice daily...Take with food/meal."</p> <p>Review (9/21/12 at 3:45 P.M.) of the medication labels and Medication Administration Record (MAR) dated September 1 through September 30, 2012 indicated: "Calcium 500 mg with Vitamin</p>	W0369	<p>W369 – Drug Administration</p> <p>Peak Community Services is committed to assuring that all drugs are administered without error. DSP #1 has been retrained in the medication dispensing protocol that requires them to follow the six rights of medication dispensing. DSP staff in the residence has been retrained on the need for Client # 1's medication, Calcium 500 mg with Vitamin D and Potassium ER to be taken with food/meal.</p> <p>DSP staff in the residence will be retrained in the proper medication dispensing protocol as outlined in the Peak Community Services Standard Operating Procedures.</p> <p>To monitor the corrective action Peak Community Services QDDP staff and the Director of Residential Services will include medication dispensing times in their routine residence observations that are conducted at random times during the month. This monitoring will take place from 10/28/12 through 04/28/13.</p> <p>Persons Responsible:</p>	10/28/2012			

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NAME OF PROVIDER OR SUPPLIER PEAK COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1234 S 50 E WINAMAC, IN 46996
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	<p>D tablet (supplement)...Give 1 tablet orally 3 times daily...Take with food/meal...Potassium ER (supplement) 10 MEQ tablet...1 tablet orally twice daily...Take with food/meal." Client #1 did not take her medication with food/meal.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 9/24/12 at 2:30 P.M.. The QMRP indicated staff should administer all medications as prescribed. The QMRP further indicated staff should follow directions on medication labels on medication packets.</p> <p>9-3-6(a)</p>		<p>Michel Thompson, Residential Coordinator</p> <p>Sandra Beckett, QDDP</p> <p>Rick Phelps, Director of Residential Services</p>	

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W0484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview, the facility failed for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6 and #7) living in the group home to provide condiments at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group on 9/24/12 from 5:30 A.M. until 8:30 A.M.. At 5:40 A.M., Direct Support Professional (DSP) #5 was in the kitchen toasting bread and blending cereal. During the observation period clients #1, #2, #3, #4, #5, #6 and #7 ate their breakfast which consisted of oat cereal and toasted bread. No sugar/sugar substitute, butter or jelly was available on the table for clients #1, #2, #3, #4, #5, #6 and #7's use.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 9/24/12 at 2:30 P.M.. The QMRP indicated condiments should be put on the table for the clients to use.</p> <p>9-3-8(a)</p>	W0484	<p>W484 – Dining Areas and Service</p> <p>Peak Community Services is committed to ensuring that all clients have areas equipped with chairs, tables, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Peak Community Services Supervised Group Living staff has been in-serviced on recognizing each client's dining habits and the manner in which they should be supported while dining. The staff has been in-serviced on the fact that all condiments must be on the table at meal time including butter, jelly, or sugar, and any other condiment that might go with the meal offering.</p> <p>To monitor the corrective action Peak Community Services QDDP staff will include meal time issues in their routine residence observations that are conducted at random times during the month.</p> <p>The QDDP will provide training reminder sessions for condiment rules and other ICF/MR regulations at monthly staff meetings.</p>	10/28/2012			

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			Person Responsible: Michel Thompson, Residential Coordinator Sandra Beckett, QDDP	

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview, the facility failed to assure 7 of 7 clients residing at the group home (clients #1, #2, #3, #4, #5, #6 and #7), were involved in meal preparation and served themselves at meal times as independently as possible.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group on 9/24/12 from 5:30 A.M. until 8:30 A.M.. Upon arrival clients #1, #2, #3, #4, #5, #6 and #7 were in their bedrooms. Direct Support Professional (DSP) #5 was in the kitchen toasting bread and blending cereal. At 6:15 A.M., client #6 sat at the dining table with no activity. DSP #5 poured a nutrition drink mix into a cup of milk, stirred it and placed the prepared drink in front of client #6's place setting. DSP #5 then placed a bowl of blended cereal in front of client #6. Client #6 ate her meal independently. DSP #5 placed a platter of toasted bread on the table and served the pieces of toasted bread on each clients' plate. Clients #1, #2, #3, #4, #5 and #7 were then observed to sit at the table and eat independently. Clients #1, #2, #3, #4, #5,</p>	W0488	<p>W488- Dining Areas and Service</p> <p>Peak Community Services is committed to ensuring that each individual served is involved in meal preparation and serves themselves as independently as possible. Residential staff have been retrained on client's # 1,2,3,4,5,6, and 7 Comprehensive Function Analysis meal section to ascertain the independence level for each client when it comes to their abilities in meal preparation. Residential staff has also been retrained on meal preparation as a whole and the regulations that state that all clients must be involved in meal preparation and serves themselves as independently as possible.</p> <p>To monitor the corrective action Peak Community Services QDDP staff will include meal time issues in their routine residence observations that are conducted at random times during the month.</p> <p>The Director of Residential Services will perform quarterly observations for DSP's interacting appropriately with clients and allowing highest levels of independence as appropriate.</p>	10/28/2012			

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	<p>#6 and #7 did not assist in meal preparation or serve themselves during this observation period.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted at the facility's administrative office on 9/24/12 at 2:30 P.M.. The QMRP indicated clients were capable assisting in meal preparation and of serving themselves and they should be assisting in preparation and serving themselves at meal time.</p> <p>9-3-8(a)</p>		<p>Persons Responsible:</p> <p>Michel Thompson, Residential Coordinator</p> <p>Sandra Beckett, QDDP</p> <p>Rick Phelps, Director of Residential Services</p>	

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W9999	<p>State Findings:</p> <p>1. The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-2(c)(3) Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is:</p> <p>(3) conviction of a crime substantially related to a dependent population or any violent crime.</p> <p>The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, SECTION 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on administrative record review and interview, for 2 of 4 staff (staff #10 and #13) personnel files reviewed, the</p>	W9999	<p>W9999 – Final Observations</p> <p>Peak Community Services, through the IDT system, will ensure that all employees will have completed personnel files that contain all required material including three (3) references and an annual TB test as required by statute. Staff number 10 and 13 has their 3 references in their personnel file. Staff # 10 has an up to date TB test in their personnel file.</p> <p>Peak Community Services personnel have been trained on the appropriate employment practices that are needed prior to being employed in an SGL setting.</p> <p>Peak Community Services' SGL Coordinator will monitor employee files to ensure that required information is included prior to SGL staff being employed to work directly with clients in an SGL setting.</p> <p>The Director of Residential Services will monitor residential personnel's needed file items via the Human Resources training/required documents monthly e-mail reminder to staff.</p>	10/28/2012			

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	<p>facility failed to ensure three references were obtained prior to employment.</p> <p>Findings include:</p> <p>The facility's administrative records were reviewed on 9/24/12 at 2:30 P.M.. Review of the personnel files for staff #10 and #13 indicated 2 completed references for each employee. The personnel files for staff #10 and #13 did not include three references.</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 9/24/12 at 3:30 P.M. and indicated there were not three completed references for staff #10 and #13. No additional references were available to review.</p> <p>9-3-2(c)(3)</p> <p>2. The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>460 IAC 9-3-3 Facility Staffing (e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter</p>		<p>Person Responsible:</p> <p>Michel Thompson, Residential Coordinator</p> <p>Rick Phelps, Director of Residential Services</p>				

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	<p>of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician.</p> <p>This state rule is not met as evidenced by:</p> <p>Based on interview and administrative record review for 1 of 4 staff personnel records reviewed, (staff #10), the facility failed to ensure staff #10 received an annual mantoux test/screening.</p> <p>Findings include:</p> <p>1. The facility's employee records were reviewed on 9/24/12 at 2:30 P.M.. Review of personnel files indicated the most recent Mantoux test/screening for staff #10 was dated 2/26/11. There was no evidence of a TB screening or chest x-ray being conducted since 2/26/11.</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 9/24/12 at 3:30 P.M.. The QMRP indicated staff #10 did not have a more current TB screening or chest x-ray.</p>			

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	9-3-3(e)				