

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 02/12/2013
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NAME OF PROVIDER OR SUPPLIER PEAK COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1234 S 50 E WINAMAC, IN 46996
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W0000	<p>This visit was for the investigation of Complaint #IN00122234.</p> <p>Complaint #IN00122234: Substantiated, Federal/State deficiencies related to the allegations are cited at W157 and W331.</p> <p>Dates of Survey: February 11 and 12, 2013.</p> <p>Facility number: 000656 Provider number: 15G119 AIM number: 100234050</p> <p>Surveyor: Amber Bloss, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed February 19, 2013 by Dotty Walton, Medical Surveyor, III.</p>	W0000		
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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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W0157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review, observation, and interview, for 1 of 16 BDDS (Bureau of Developmental Disabilities Services) reports reviewed, the facility failed to complete effective corrective action for injuries of unknown origin to protect 1 of 2 sampled clients (client A), from the potential of further injury.</p> <p>Findings include:</p> <p>On 2/11/13 at 1:22 PM, the facility's BDDS (Bureau of Developmental Disabilities Services) reports and subsequent investigations were reviewed which indicated the following injury of unknown origin:</p> <p>-A 1/4/13 BDDS report for an incident on 1/3/13 at 1:00 PM, indicated the QDDP (Qualified Development Disabilities Professional) was informed by day services client A's left hand was red and appeared swollen. Client A was seen by her primary care physician and x-rays were done which indicated a fracture to the left hand. On 1/4/13 at 8:15 AM, client A had a cast put on her left hand to protect the fracture while healing. The BDDS report indicated no falls were witnessed. Day service staff reported</p>	W0157	<p>W 157 Staff Treatment of Clients</p> <p>Peak Community Services is committed to providing quality services to the individuals served. Client A's Fracture Risk Plan has been updated to include interventions for staff when they witness client A hitting her hands, wrist, or any other body part against objects, walls, and or tables.</p> <p>Residential and Day program staff will be trained on the revised Fracture Risk Plan by QDDP. An ABC chart has been added to the fracture plan so that staff will track the behavior of Client A's hitting her hands, wrist, or any other body part against objects, walls, and or tables.</p> <p>Residential staff will be trained on the "AFTER DISCHARGE FROM EMERGENCY ROOM PROCEDURE" by Residential Director. This procedure indicates that the nurse is to be contacted when clients are injured and are released from the emergency room. The nurse is to give guidance on how to handle the fracture and guidance on how to prevent future fractures.</p> <p>Residential and Day program staff will be in-serviced by First Aid</p>	03/14/2013			

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	<p>client A had behaviors during transition to day services from the group home which was not out of the ordinary and no signs of injury were noted until later that morning.</p> <p>-The 1/9/13 BDDS follow up report indicated client A requires staff assistance with a gait belt to ambulate and no falls were witnessed. A precautionary fall risk plan was developed for client A but a fracture risk plan was not developed as this was client A's "first fracture." The report indicated client A had developed a sore from her cast and was intolerant to wearing it, so the cast was removed. The report indicated client A would receive a bone density test. The report indicated staff will closely monitor client A, "whenever she swings her arms about either by voluntary or involuntary movements to try to prevent her coming into contact with any object that may cause her harm."</p> <p>-The 1/21/13 BDDS follow up report indicated client A had received a bone density test which placed her "into the osteopenia category with increased fracture risk." client A's fall risk plan developed on 1/3/13 was updated on 1/21/13 to include an increased risk of fracture. The updated fall plan did not indicate interventions for client A's</p>		<p>Instructor on identifying signs and symptoms of pain in individuals who are non-verbal or essentially non-verbal.</p> <p>Persons Responsible: Sandi Becket QDDP; Kelly Bendel, First Aid Instructor; Rick Phelps, Residential Services Director; Michel Thompson, Residential Coordinator</p>		

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	<p>swinging or pounding of hands or arms.</p> <p>-The 2/7/13 BDDS follow up report indicated an update to client A's Fall/Fracture Risk Management which added client A, "will thrash her arms while walking, sitting in chairs etc..while in good moods not only because of behaviors. Due to this staff will sit [client A] away from tables and walls whenever possible."</p> <p>-The investigation of client #A's fracture, dated 1/3/13 and 1/4/13, indicated residential staff and day service staff were interviewed. The investigation indicated client A had behaviors related to transitioning from the residential setting to day services. On the morning of 1/3/13, client A was observed yelling and attempting to rock her chair back and forth. Residential staff stayed until client A was calm. No injuries were noted at that time but redness appeared thereafter and was reported to the QDDP. The investigation indicated her primary care physician, "Stated [client A]'s hand was broke (sic). He stated that a cast would be the treatment but did not think [client A] could tolerate the removal of the cast." The investigation indicated the physician, "Stated that her hand was fractured but if she could not bump or hit her hand it would heal."</p>			

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	<p>On 2/11/13 at 4:20 PM, client A was observed at her group home. Client A was assisted by staff with a gait belt to sit at the dining room table. Client A was observed sitting at the table from 4:20 PM to 4:55 PM prior to the start of dinner at 5:00 PM. During this time, client A was observed to rock and hit both hands on the table multiple times with no intervention or redirection from staff.</p> <p>On 2/11/13 at 4:55 PM, employee #2 (Residential Coordinator) was interviewed. Employee #2 indicated employee #1 (QDDP) just trained her on client A's revised fall/fracture risk plan earlier in the day and she had yet to train residential staff. She indicated she forgot client A wasn't supposed to be sitting at a table when possible. Employee #2 stated she realized now, "[Client A] wasn't suppose (sic) to be in front of the table." Employee #2 indicated there was no intervention in place for client A's hitting her hands on objects.</p> <p>This federal tag relates to complaint #IN00122234</p> <p>9-3-2(a)</p>						

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W0331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview, the facility failed to ensure 1 of 2 sampled clients (client A), received adequate nursing services for an injury she sustained of unknown source.</p> <p>Findings include:</p> <p>On 2/11/13 at 1:22 PM, the facility's BDDS (Bureau of Developmental Disabilities Services) reports and subsequent investigations were reviewed which indicated the following injury of unknown origin:</p> <p>-A 1/4/13 BDDS report for an incident on 1/3/13 at 1:00 PM, indicated the QDDP (Qualified Development Disabilities Professional) was informed by day services client A's left hand was red and appeared swollen. Client A was seen by her primary care physician and x-rays were done which indicated a fracture to the left hand. On 1/4/13 at 8:15 AM, client A had a cast put on her left hand to protect the fracture while healing. The BDDS report indicated no falls were witnessed. Day service staff reported client A had behaviors during transition to day services from the group home which was not out of the ordinary and no signs</p>	W0331	<p>W 331 Nursing Services</p> <p>Peak Community Services is committed to providing clients with nursing services in accordance with their needs.</p> <p>Residential staff and the Program nurse will be trained on the "AFTER DISCHARGE FROM EMERGENCY ROOM PROCEDURE" by Residential Director. This protocol indicates that the nurse is to be contacted when clients are injured and are released from the emergency room. The nurse is to give guidance on how to handle the fracture and guidance on how to prevent future fractures. The program nurse is to maintain a log of contacts made with residential staff that lists what the contact was for, guidance given, and any other recommendations made. This log should be e-mailed to the Director of Residential Services who will forward the log to the appropriate program staff.</p> <p>Persons Responsible: Sandi Becket QDDP; Rick Phelps, Residential Services Director; Michel Thompson, Residential Coordinator</p>	03/14/2013			

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	<p>of injury were noted until later that morning.</p> <p>-The 1/9/13 BDDS follow up report indicated client A requires staff assistance with a gait belt to ambulate and no falls were witnessed. A precautionary fall risk plan was developed for client A but a fracture risk plan was not developed as this was client A's "first fracture." The report indicated client A had developed a sore from her cast and was intolerant to wearing it, so the cast was removed. The report indicated client A would receive a bone density test. The report indicated staff will closely monitor client A, "whenever she swings her arms about either by voluntary or involuntary movements to try to prevent her coming into contact with any object that may cause her harm."</p> <p>-The 1/21/13 BDDS follow up report indicated client A had received a bone density test which placed her "into the osteopenia category with increased fracture risk." Client A's fall risk plan developed on 1/3/13 was updated on 1/21/13 to include an increased risk of fracture.</p> <p>-The 2/7/13 BDDS follow up report indicated an update to client A's Fall/Fracture Risk Management which</p>			

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	<p>added client A, "will thrash her arms while walking, sitting in chairs etc..while in good moods not only because of behaviors. Due to this staff will sit [client A] away from tables and walls whenever possible."</p> <p>-The investigation of client A's fracture, dated 1/3/13 and 1/4/13, indicated her primary care physician, "Stated [client A]'s hand was broken. He stated that a cast would be the treatment but did not think [client A] could tolerate the removal of the cast." The investigation indicated the physician, "Stated that her hand was fractured but if she could not bump or hit her hand it would heal."</p> <p>On 2/11/13 at 4:20 PM, client A was observed at her group home. Client A was assisted by staff with a gait belt to sit at the dining room table. Client A was observed sitting at the table from 4:20 PM to 4:55 PM prior to the start of dinner at 5:00 PM. During this time, client A was observed to rock and hit both hands on the table multiple times with no intervention or redirection from staff.</p> <p>On 2/11/13 at 4:55 PM, Employee #2 (Residential Coordinator) was interviewed. Employee #2 indicated there was no documented monitoring of client A's injured hand for signs and</p>				

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	<p>symptoms of pain or methods to prevent further injury by LPN #3.</p> <p>On 2/12/13 at 10:10 AM, Employee #1 (QDDP) was interviewed and indicated there was no documented monitoring of client A's left hand as it continued to heal from a fracture. Employee #1 indicated LPN #3 did not put any monitoring in place for client A's hand nor give guidance to staff on how to identify signs or symptoms of pain or methods to prevent further injury. Employee #1 indicated she had no documentation LPN #3 had assessed client A's injury nor documentation LPN #3 had directed staff how to care for client A's injury.</p> <p>This federal tag relates to complaint #IN00122234.</p> <p>9-3-6(a)</p>				