

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 12/23/2014
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NAME OF PROVIDER OR SUPPLIER PEAK COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1234 S 50 E WINAMAC, IN 46996
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W000000	<p>This visit was for a post certification revisit (PCR) survey to a full recertification and state licensure survey completed on 10/31/14.</p> <p>Dates of Survey: December 18, 19, and 23, 2014.</p> <p>Facility number: 000656 Provider number: 15G119 AIM number: 100234050</p> <p>Surveyor: Amber Bloss - QIDP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed January 6, 2015 by Dotty Walton, QIDP.</p>	W000000		
W000149	<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,</p>	W000149	<p>W149 Peak Community Services</p>	01/22/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>the facility failed to implement written abuse/neglect policy and procedures to prevent staff to client verbal and/or physical abuse for 2 of 4 sampled clients (#1, #2).</p> <p>Findings include:</p> <p>On 12/19/14 at 2:47 PM, the facility BDDS (Bureau of Developmental Disabilities Services), internal reports, and investigation reports from 10/10/14 to 12/19/14 were reviewed. A BDDS report dated 10/31/14 indicated "It was reported on 10/26/14 at approximately 6:50am, [DSP (Direct Support Professional) #1] entered the [group home] and immediately went back to the resident's (sic) rooms, she did not speak to the current staff. [DSP #1] was with one client when [Client #1] started to make some noise and said that she needed 'to go to the bathroom.'" The report indicated "[DSP #1] yelled at [Client #1] to 'be quiet and wait your turn'."</p> <p>A BDDS report dated 10/31/14 indicated on 10/26/14 "[DSP #1] entered [the group home] and immediately went back to the resident's (sic) rooms, she did not speak to the current staff. Staff woke up [Client #3] and told her that she was going to the bathroom, [Client #2] stated</p>		<p>develops and implements written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>All clients designated in this W149 tag wererelated to a 10/26/14 incident. The incident was submitted on 10/31/14 and an investigation ran through November. Both the physical and verbal abuse listed were from the 10/26/14 incident. The staff was immediately suspended upon report of the incident and was terminated as a result, thus never again coming into contact with any other clients.</p> <p>We will continue trainings at Orientation for new staff on Abuse, Neglect and Exploitation. We will continue annual retrainings of staff on Abuse, Neglect and Exploitation.</p> <p>Persons Responsible: Sue Felty, House Coordinator Elizabeth Carson, Director of Human Resources Donald W. Weikle, CEO</p> <p>Completion Date: 01/22/15</p>		

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	<p>she wanted to stay in bed, [DSP #1] told her loudly in a mean tone that she was 'going to be up and stay up, this is how it is, you know how I run the house!.' The report indicated "[DSP #1] was suspended immediately upon learning of the violation. An HR (human resource) investigation is to be conducted."</p> <p>The investigation report dated 11/6/14 indicated "both complainants stated they heard or seen (sic) verbal and/or physical abusive behavior by [DSP #1]. [DSP #1] entered the home on her shift and went past both staff, not obtaining information from them before starting her shift, so she did not know that [Client #2] was up three times in the night already. [DSP #2] witnessed [Client #1] being jerked around by [DSP #1] while assisting in dressing her. She witnessed [DSP #1] pulling [Client #2] out of bed by her arm. She was heard being derogatory to [Client #2] in the bathroom by saying, 'We have to wait on [Client #2]; she is being in there forever.'" The investigation report indicated DSP #1 told Client #2 "you had better hurry up because if [Client #1] pee's (sic) on the floor, you're going to have to clean it up."</p> <p>On 12/23/14 at 4:21 PM during an interview, the Director indicated the allegations of staff to client abuse (clients</p>			

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W000473	<p>#1, #2) were substantiated. The Director indicated as a result of the investigation DSP #1 was terminated.</p> <p>On 12/23/14 at 2:45 PM, the facility "Abuse/Neglect/Exploitation/Mistreatment of An Individual/Violation of An Individual's Rights Investigation Procedure" was reviewed with the policy of "Personnel" dated 12/2013 which indicated "set forth below are examples of the types of conduct that are so serious they likely will result in termination of employment, even for a single occurrence...Physical or verbal abuse of, or other threatening conduct toward, clients, visitors, team members or other individuals. Abuse, neglect, or exploitation of any client, or any other mistreatment of a client...".</p> <p>This deficiency was cited on 10/31/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> <p>483.480(b)(2)(ii) MEAL SERVICES Food must be served at appropriate</p>						

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	<p>temperature.</p> <p>Based on observation and interview, the facility failed to serve a meal at appropriate temperatures for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7, and #8).</p> <p>Findings include:</p> <p>On 12/18/14 between 5:27 PM and 6:40 PM, group home observations were conducted. At 5:27 PM, clients #1, #2, #3, #4, #5, #6, #7, and #8's dinner plates were set on the kitchen counter with cut up chicken already served on each client's plate. DSP (direct support professional)'s #3 and #4 finished preparing the meal of mashed potatoes and chopped salad. Dinner was served 26 minutes after the chicken was placed on the plates. Staff did not check the temperature of the food they served or microwave the dishes to warm up the meals before serving.</p> <p>On 12/23/14 at 4:21 PM during an interview, the Director and QIDP (Qualified Intellectual Disabilities Professional) indicated staff should ensure client meals are served at an appropriate temperature.</p> <p>9-3-8(a)</p>	W000473	<p>W 473</p> <p>Peak Community Services is committed to serving food at the appropriate temperature. A new procedure is in place regarding temperature of food served in the group home and getting prepared food to the table while still at proper serving temperature. Staff were trained on the procedure on 12/23/14. This procedure was immediately put into place at this house. Systemically, it is already in place at Peak's other group home sites to serve foods at the appropriate temperature. Also, new staff serving the home will be trained on this procedure as well. Director of Residential and Day Services, Winamac will monitor this system at the Winamac group home sites during random site observations. Residential Manager will monitor this system at the Logansport group home sites during random site observations.</p> <p>Persons Responsible: Sue Felty, House Coordinator Stephanie Hoffman, Director of Residential and Day Services, Winamac Heather Warnick-DeWitt, Residential Manager</p> <p>Completion Date: 01/22/15</p>	01/22/2015	

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W000488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7, and #8), the facility failed to encourage clients to function with as much independence to the extent possible in regards to family style dining.</p> <p>Findings include:</p> <p>On 12/18/14 between 5:27 PM and 6:40 PM, group home observations were conducted. At 5:27 PM, clients #1, #2, #3, #4, #5, #6, #7, and #8's dinner plates were set on the kitchen counter with cut up chicken already served on each client's plate. DSP (direct support professional)'s #3 and #4 prepared the meal alone in the kitchen without client assistance. DSP #3 and #4 prepared the meal and placed individual servings of each item on clients plates while the plates were still in the kitchen. Clients #1, #2, #3, #4, #5, #6, #7, and #8 did not assist in serving themselves the meal. DSP #3 and #4 prepared the chopped salads in individual bowls and poured dressings on the salads in the kitchen without client assistance.</p>	W000488	<p>W 488 PeakCommunity Services is committed to assuring that each client eats in a manner consistent with his or her developmental level.</p> <p>Staffwere trained on 12/23/14 on family style dining and how to properly assist andencourage clients to the highest level of independence as possible. Clients areencouraged to make personal choices with food selections. All clients are toassist with preparation and serving within their abilities.</p> <p>Systemically, it is already in place atPeak's other group home sites for each client to eat in a manner consistentwith his or her developmental level. Also, new staff serving the home will betrained on this procedure as well. Director of Residential and Day Services,Winamac will monitor this system at the Winamac group home sites during randomsite observations. Residential Manager will monitor this system at theLogansport group home sites during random</p>	01/22/2015

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	<p>At 5:53 PM, Clients #1, #2, #3, #4, #5, #6, #7, and #8 were served dinner when DSPs #3 and #4 brought them their prepared plates. No family style dining was observed.</p> <p>On 12/23/14 at 4:21 PM during an interview, the Director and QIDP (Qualified Intellectual Disabilities Professional) indicated staff should ensure clients act with as much independence as possible during mealtimes and staff had been retrained on active treatment and family style dining techniques.</p> <p>9-3-8(a)</p>		<p>site observations.</p> <p>Persons Responsible: Sue Felty, House Coordinator Stephanie Hoffman, Director of Residential and Day Services, Winamac Heather Warnick-DeWitt, Residential Manager</p> <p>Completion Date: 01/22/15</p>		