

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G626	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED  02/02/2016
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 0000  Bldg. 02	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 02/02/16</p> <p>Facility Number: 001188 Provider Number: 15G626 AIM Number: 100235380</p> <p>At this Life Safety Code survey, Peak Community Services was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, common living areas and hard wired smoke detectors in resident sleeping rooms. The facility has a capacity of six and had a census of six at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K 0000		

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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K S043 Bldg. 02	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.24.</p> <p>Quality Review completed on 02/05/16 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD No door in any means of escape is locked against egress when the building is occupied.</p> <p>Exception: Delayed egress locks complying with 7.2.1.6.1 are permitted on exterior doors. 32.2.2.5.5, 33.2.2.5.5.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 client bedroom exit doors with locking mechanisms could be opened from the outside if the client could not exit without assistance when the door is locked. This deficient practice affects one client as well as staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation on 02/02/16 at 1:30 p.m. with the House Manager, the #1 client bedroom exit door could be locked on the inside and required a key to open it from the outside. During a test trial with the House Manager who was asked to open the client bedroom door, the key</p>	K S043	<p>Peak Community Services will ensure that all client bedroom doors can be opened from the from the outside in the event of an emergency. All doors in this home with the exception of #1 client bedroom could be opened from the outside with a coin. Staff were unable to locate a key to open this door. Client #1's bedroom lock will be changed by maintenance to a coin operated lock on the outside of #1 client bedroom on or before 2/29/16. Systemically all client bedrooms will either have keys to open the bedroom doors in the event of an emergency or coin locks on the outside of the doors.to maintain client safety.Responsible:Ray Aldridge, Facilities Manager</p>	02/29/2016

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	required to do so could not be located. Based on interview concurrent with the observation with the House Manager, it was acknowledged the client bedroom door used as an exit door from the bedroom could not be opened by the House Manager or any other staff available at the time to access the bedroom in the event of an emergency.				