

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G668	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/02/2014
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NAME OF PROVIDER OR SUPPLIER PEAK COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 324 W MAIN ST WINAMAC, IN 46996
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K010000	<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: 12/02/2014</p> <p>Facility Number: 008302 Provider Number: 15G668 AIM Number: 100235310</p> <p>Surveyor: Bridget Brown, LSC Specialist Specialist</p> <p>At this Life Safety Code survey, PEAK Community Services Inc 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 33, Existing Residential Board and Care Occupancies.</p> <p>This one story facility with a basement was not sprinklered. The facility has a fire alarm system with hard wired smoke detection on all levels including the corridors, sleeping rooms, and living areas. The facility has the capacity for 6 and had a census of 5 at the time of this survey.</p>	K010000		
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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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K010130	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.2.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/05/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Based on observation and interview, the facility failed to ensure 2 of 3 portable cylinders of nonflammable gases in a sleeping room was properly stored; chained or supported in a cylinder stand or cart. NFPA 99, Health Care Facilities, 8-3.1.11.2(h) requires cylinder or container restraints shall meet NFPA 99, 4-3.5.2.1(b)27 which requires freestanding cylinders be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the residential</p>	K010130	K 130 –Peak Community Services will ensure that all portable cylinders are stored with the proper supports. All 3 of the portable cylinders of nonflammable gases are now properly stored. Maintenance will maintain and assure the proper storage of the portable cylinders	12/19/2014

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K01S017	<p>coordinator on 12/02/14 at 1:30 p.m., two portable oxygen cylinders were stored without support in sleeping room # 2. The residential coordinator said at the time of observation, she did not know the cylinders should not have been left without support.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The separation walls of sleeping rooms are capable of resisting fire for not less than ½ hour, which is considered to be achieved if the partitioning is finished on both sides with lath and plaster or materials providing a 15 minute thermal barrier. Sleeping room doors are substantial doors, such as those of 1¼ inch thick, solid-bonded wood core construction or other construction of equal or greater stability and fire integrity. Any vision panels are fixed fire window assemblies in accordance with 8.2.3.2.2 or are wired glass not exceeding 1296 sq. in. each in area and installed in approved frames. 33.2.3.6.1, 33.2.3.6.2.</p> <p>Exception No. 1: In prompt evacuation facilities, all sleeping rooms are separated from the escape route by smoke partitions in accordance with 8.2.4. Door closing is regulated by 33.2.3.6.4.</p> <p>Exception No. 2: This requirement does not apply to corridor walls that are smoke partitions in accordance with 8.2.4 and that are protected by automatic sprinklers in accordance with 33.2.3.5 on both sides of the wall and door. In such instances, there is no limitation on the type or size of glass panels. Door closing is regulated by 33.2.3.6.4.</p>			

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	<p>Exception No. 3: Sleeping arrangements that are not located in sleeping rooms are permitted for nonresident staff members, provided that the audibility of the alarm in the sleeping area is sufficient to awaken staff that might be sleeping.</p> <p>Exception No. 4: In previously approved facilities, where the group achieves an E-score of three or less using the board and care methodology of NFPA 101A, Guide on Alternative Approaches to Life Safety, sleeping rooms are separated from escape routes by walls and doors that are smoke resistant.</p> <p>No louvers or operable transoms or other air passages penetrate the wall, except properly installed heating and utility installations other than transfer grilles. Transfer grilles are prohibited.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 sleeping room doors would close to prevent the passage of smoke. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation with the residential coordinator on 12/02/14 at 1:45 p.m., the self closing door to sleeping room #1 was equipped with a magnet to hold the door open. It was designed to automatically close and latch upon activation of the fire alarm. The door failed to close when the fire alarm was tested on 12/02/14 at 1:45</p>	K01S017	<p>K0017 –Peak Community Services will ensure that all doors in the home are properly adjusted. The doors have been properly adjusted by maintenance. Systemically: Maintenance will maintain proper monitoring of any safety issues on a continual basis</p>	12/19/2014

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K01S029	<p>p.m. with the residential manager. The door gapped one inch between the door and door frame. The residential coordinator said at the time of observations, staff expected the doors to close and latch automatically when the fire alarm sounded.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Any hazardous area that is on the same floor as, and is in or abuts, a primary means of escape or a sleeping room is protected by one of the following means:</p> <p>(a) Protection is an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than ¾ hour.</p> <p>(b) Protection is automatic sprinkler protection, in accordance with 32.2.3.5, and a smoke partition, in accordance with 8.2.4, located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation is self-closing or automatic closing in accordance with 7.2.1.8. 33.2.3.2.2.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 unsprinklered hazardous areas on the same floor as the primary means of</p>	K01S029	K0029 – Peak Community Services will ensure proper heating procedures are followed. The electric space heater has been removed. Systemically:	12/19/2014			

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K01S046	<p>escape, was separated by a one hour fire resistance rating and a self closing or automatic closing door. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation with the residential coordinator on 12/02/14 at 1:50 p.m., an electric space heater was located adjacent to the propane tank on a grill in a room adjacent to the "back" room. The residential coordinator agreed at the time of observation, the arrangement created a hazardous area in the unheated space. Overhead, the unsprinklered space was unfinished with fiberglass insulation drooping between the overhead rafters. Walls were unfinished with exposed wood studs and the one wall was a garage door. The door separating this space from the "back" room of the house was not rated and could not self or automatically close.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 multitap adapters and 1 of 1 extension cords were</p>	K01S046	<p>Maintenance will monitor for safety issues</p> <p>K0046 – Peak Community Services will ensure safety with the proper type of outlets. An outlet has been placed in the</p>	12/19/2014			

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	<p>not used as a substitute for fixed wiring. LSC 9.1.2 requires wiring and electrical equipment be in compliance with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the residential coordinator on 12/02/14 at 1:40 p.m., a multitap outlet adapter was plugged into the wall of the "back room". An extension cord was plugged into the adapter and run under a door leading to another space used by a client. The residential coordinator said at the time of observation, the client use space had no receptacle for any electrical equipment the client used in the space.</p>		garage for use without extension cords. Systemically: Maintenance will monitor for safety issues		