

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G668	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/03/2015
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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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W 0000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 30, December 1, 2, and 3, 2015</p> <p>Facility number: 008302 Provider number: 15G668 AIM number: 100235310</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/9/15.</p>	W 0000		
W 0137  Bldg. 00	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview, the facility failed to assure 1 of 3 sampled clients (client #1) wore appropriately fitting shoes.</p> <p>Findings include:</p> <p>Client #1 was observed during the group home observation period on 12/1/15 from</p>	W 0137	<p><b>W137</b> Peak Community Services ensures that all clients have the right to retain and use appropriate personal possessions and clothing. Client 1 will receive a fitting for appropriate fitting shoes. He continues to wear the same pair even when others are available to him. Will ensure the fit is proper and comfortable. He has a podiatrist appointment on</p>	01/02/2016

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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W 0336 Bldg. 00	<p>6:12 A.M. until 8:04 A.M. Client #1's right shoe was broken down in back and the client was stepping on the folded down back portion of the shoe. Direct care staff #1 and #3 did not assist or prompt the client to wear his shoe in an appropriate manner.</p> <p>Program Director #1 was interviewed on 12/1/15 at 11:14 A.M. Program Director #1 stated, "They (direct care staff) should have assisted [client #1] to wear his shoes appropriately."</p> <p>9-3-2(a)</p> <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 to assure health status assessments were conducted at least quarterly (every ninety days) for 3 of 3 sampled clients (clients #1, #2, and #3).</p> <p>Findings include:</p>	W 0336	<p>12-28-15 where they will request a referral or script for appropriate shoes. Systemically, the QIDP will address the right to retain and use appropriate personal possessions and clothing at house meetings. Minutes from the house meeting will be submitted by QIDP's to Director of Day and Residential Services at Winamac and Residential Manager at Logansport. PersonResponsible: HouseCoordinator, Troy Wireman All PeakCommunity Services House Coordinators QIDP, SandraBeckett All PeakCommunity Services QIDPs Director ofDay and Residential Services at Winamac, Stephanie Hoffman ResidentialManager at Logansport, Heather DeWitt</p> <p><b>W336</b> Peak Community Services group homes have moved from a quarterly to a monthly nursing assessment system for all clients. This will assure clients are reviewed on a more regular basis. Systemically, House Coordinators will submit these to the QIDP's of that house. QIDP's will place in</p>	01/02/2016			

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	<p>Client #1's records were reviewed on 12/1/15 at 8:40 A.M. A review of the client's quarterly quarterly health assessments from 10/1/14 to 12/1/15 indicated the client received an annual physical on 10/1/15 and quarterly health assessments on 9/17/15 and 7/15/15. The review failed to indicate the client received a health status assessment every ninety days during the review period.</p> <p>Client #2's records were reviewed on 12/1/15 at 9:29 A.M. A review of the client's quarterly quarterly health assessments from 10/1/14 to 12/1/15 indicated the client received an annual physical on 9/30/15 and quarterly health assessments on 9/17/15 and 7/15/15. The review failed to indicate the client received a health status assessment every ninety days during the review period.</p> <p>Client #3's records were reviewed on 12/1/15 at 10:11 A.M. A review of the client's quarterly quarterly health assessments from 10/1/14 to 12/1/15 indicated the client received an annual physical on 9/30/15 and quarterly health assessments on 9/17/15 and 7/15/15. The review failed to indicate the client received a health status assessment every ninety days during the review period.</p>		<p>the masterfiles. The Director of Day and Residential Services in Winamac and the Residential Manager in Logansport, will monitor for completion on a quarterly basis through 12-21-16. Person Responsible: House Coordinator, Troy Wireman All Peak Community Services House Coordinators QIDP, Sandra Beckett All Peak Community Services QIDPs Alison Harris, LPN Kristine Spoor, RN</p>		

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W 0369 Bldg. 00	<p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 12/1/15 at 11:14 A.M. QIDP #1 stated, "Another nurse had this case load (clients #1, #2, and #3) for a period of time and those assessments (quarterly health assessments) can't be found."</p> <p>9-3-6(a)</p> <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 to assure 1 of 10 administered medications were administered according to physician's orders for 1 of 3 sampled clients (client #2).</p> <p>Findings include:</p> <p>Client #2 was observed during the group home observation period on 12/1/15 from 6:12 A.M. until 8:04 A.M. At 6:49 A.M., direct care staff #3 administered an Invokana 100 mg (milligram) tablet (Diabetes medication) to client #2. Client #2 swallowed the tablet without</p>	W 0369	<p><b>W369</b> Peak Community Services is committed to assuring that all medications, including those that are self-administered, are administered without error. Staff #3 and all other house staff have been retrained, specifically for client #2, regarding medications being given with meals according to the client's physician orders. Systemically, on a monthly basis, the nurse will perform a random Medication Observation. This report will be submitted to the Director of Residential and Day Services in Winamac and the SGL Residential Manager in Logansport. PersonResponsible: StephanieHoffman, Director Alison Harris, LPN KristineSpoor,</p>	01/02/2016	

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W 0382 Bldg. 00	<p>having any food and returned to sitting at the dining room table. Client #2 began eating his breakfast at 7:15 A.M. Client #2 did not eat any food between 6:49 A.M. and 7:15 A.M.</p> <p>Client #2's record was reviewed on 12/1/15 at 9:29 A.M. Review of client #2's 8/31/15 physician's orders indicated the following orders: "Invokana 100 mg, take one tablet by mouth every day with breakfast."</p> <p>Program Director #1 was interviewed on 12/1/15 at 11:14 A.M. Program Director #1 stated, "[Client #2's] medication (Invokana) should have been administered according to the physician's orders."</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview, the facility failed to ensure medications were locked except when they were being prepared for administration for 1 of 3</p>	W 0382	<p>RN Director of Day and Residential Services at Winamac, Stephanie Hoffman Residential Manager at Logansport, Heather DeWitt</p> <p><b>W382</b> Peak Community Services is committed to assuring that all medications are kept locked except when being dispensed for administration. Staff #1 and Staff</p>	01/02/2016			

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	<p>sampled clients (client #2).</p> <p>Findings include:</p> <p>Client #2 was observed during the group home observation period on 11/30/15 from 3:15 P.M. until 5:03 P.M. At 3:36 P.M., direct care staff #1 was preparing medications to administer to client #2. Direct care staff #1 had client #2's medications on the medication room table when he left the medication room to retrieve a glass of water for client #2. The open medications were left on the table making them accessible to client #2 who was sitting in the medication room waiting to take his medications.</p> <p>Client #2 was observed during the group home observation period on 12/1/15 from 6:12 A.M. until 8:04 A.M. At 6:47 A.M., direct care staff #3 was preparing medications to administer to client #2. Direct care staff #3 had client #2's medications on the medication room table when he left the medication room to retrieve a glass of water for client #2. The open medications were left on the table making them accessible to client #2 who was sitting in the medication room waiting to take his medications.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on</p>		<p>#3 were retrained on keeping medications locked except when dispensing for administration. Systemically, the QIDP will address proper procedure for administering medications. Discussion of the items will be in the meeting minutes for each house. Minutes will be submitted by QIDPs to Director of Day and Residential Services at Winamac and Residential Manager at Logansport. PersonResponsible: HouseCoordinator, Troy Wireman All PeakCommunity Services House Coordinators QIDP, SandraBeckett All PeakCommunity Services QIDPs Director ofDay and Residential Services at Winamac, Stephanie Hoffman ResidentialManager at Logansport, Heather DeWitt</p>		

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	12/1/15 at 11:14 A.M. QIDP #1 stated, "Medications are to be locked when they aren't being administered."  9-3-6(a)				