

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G668	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/22/2015
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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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K 0000 Bldg. 01	<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: 12/22/15</p> <p>Facility Number: 008302 Provider Number: 15G668 AIM Number: 100235310</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 6 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K 0000		
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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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K 0130 Bldg. 01	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 1.9</p> <p>Quality Review completed 01/04/16 - DA</p> <p>Based on observation and interview, the facility failed to ensure 3 of 3 interior emergency lights were tested and the records of the testing maintained. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment requires a functional test be conducted at 30 day intervals and an annual test be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants in the facility including staff, visitors and clients.</p> <p>Findings include:</p>	K 0130	<p>Peak Community Services will ensure that all emergency lighting shall maintain periodic testing of equipment requiring a functional test of no less than 30 seconds to be conducted weekly at 30 day intervals. Also, an annual test of every required battery powered emergency lighting system will be conducted for not less than 90 minutes. These tests will be recorded and kept on the Fire Extinguisher and Battery Check Form which has been updated. (See Uploaded File)Systemically:All Residential Group Homes will maintain this form on a regular basis. Any repairs identified will be listed and reported immediately to maintenance for replacement or repair.Responsible:Stephanie Hoffman, Director of Day and Residential Services, WinamacHeather Warnick-Dewitt, Supervised Group Living Manager, LogansportJan Adair, Director of Residential Services, Logansport</p>	01/21/2016

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K S147 Bldg. 01	<p>Based on record review with the House Coordinator and Peak's Director of Winamac on 12/22/15 at 12:28 p.m., the facility has three battery-powered emergency lights that are tested weekly. Based on interview at the time of record review, the House Coordinator confirmed that the weekly check is only a quick check, not close to thirty seconds. In addition, the facility did not perform an annual 1 ½ hour duration test for each battery powered light. The House Coordinator and Peak's Director of Winamac acknowledged the aforementioned condition.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the</p>			
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	<p>facility. 32.7.1, 33.7.1</p> <p>Based on record review and interview, the facility administration failed to have a written fire safety plan to protect 6 of 6 clients. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review with the House Coordinator and Peak's Director of Winamac on 12/22/15 at 12:48 p.m., the written fire safety plan failed to include activating the fire alarm station via a pull station in case of smoke or fire. Based on interview at the time of record review, the House Coordinator and Peak's Director of Winamac acknowledged the aforementioned condition.</p>	K S147	<p>Peak Community Services will ensure fire protection procedures needed regarding the safety of the Residential Group Homes and will be revised or updated as needed. All employees will be kept informed of their duties and responsibilities regarding the plan. This information will be reviewed by the staff not less than every 2 months. A copy of the plan will be available at all times within the facility. In case of smoke or a fire, the fire alarm station will be activated by a pull station. Systemically, all Residential Group Homes will maintain a written fire safety plan. Responsible:Stephanie Hoffman, Director of Day and Residential Services, Winamac Heather Warnick-Dewitt, Supervised Group Living Manager Jan Adair, Director of Residential Services Connie English, Director of Support and Quality Assurance</p>	01/21/2016			
K S155 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.</p> <p>9.6.1.8</p> <p>Based on record review and interview, the facility failed to provide a complete written policy for the protection of 6 of 6</p>	K S155	<p>Peak Community Services will ensure that all staff are properly trained regarding the Fire Watch</p>	01/21/2016			

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	<p>clients indicating procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review of the "Fire Watch Procedure" with the House Coordinator and Peak's Director of Winamac on 12/22/15 at 12:48 p.m., the facility's documentation provided for a plan of action when the fire alarm system was out of service for more than four hours in a twenty four hour period was not complete. The procedure did not include all elements required such as; the person conducting the fire watch shall be trained and shall have no other duties during that time. Based on an interview at the time of record review, the House Coordinator and Peak's Director of Winamac acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p>		<p>Procedure on a quarterly basis with the first training being completed on or before 1/21/16. Systemically:All staff will be trained on the Fire Watch Procedure and additional staff will be called in as necessary to assure all client's safety in the event the fire alarm system is out of service for more than 4 hours in a 24-hour period. Responsible:Stephanie Hoffman, Director of Day and Residential Services, WinamacHeather Warnick-Dewitt, Supervised Group Living ManagerJan Adair, Director of Residential Services</p>		