

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G620	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/09/2014
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NAME OF PROVIDER OR SUPPLIER PEAK COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1625 HIGH 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
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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: 01/09/14</p> <p>Facility Number: 001168 Provider Number: 15G620 AIM Number: 100235360</p> <p>Surveyor: Phillip Komsiski, Life Safety Code 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 was not sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in 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</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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	<p>the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101 A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-score of 0.68.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/16/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K01S018	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation and interview, the facility failed to ensure 4 of 4 sleeping room doors would close and latch into the door frame in accordance with 7.2.1.8. This deficient practice could affect all clients in the facility as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 01/09/14 at 1:55 p.m. with the House Manager, all four client room doors were not equipped with self closing devices. Based on interview on 01/09/14 at 1:59 p.m., the House Manager acknowledged none of the client bedroom doors were provided with self closing devices to ensure the doors would self close.</p>	K01S018	<p>K0018 – Life Safety Code Standard Peak Community Services through the IDT ensures that all sleeping room doors will close and latch into the door frame in accordance with 7.2.1.8 Peak Community Services has contracted with Simplex Grinnell to provide the self closing doors for four of four client bedroom doors. A relay from the fire alarm releases the energized door magnetic when the fire alarm is triggered. The doors release and will close completely. Door closers are sometimes needed for light weight doors and will be added if needed. The smoke is then kept from entering the doorways until help comes. This deficiency will be monitored by the staff doing their monthly evacuation drill noting that the doors self-close when the fire alarm system is activated. This form is submitted to the Residential Manager who if</p>	02/08/2014

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			problems with the door closures are noted will place a maintenance request on the Peak Community Services on-line maintenance request system. This monitoring will start with the installation of the doors and be on-going. The contract has been signed by all parties and we are awaiting a start date for the installation from Simplex Grinnell. Person responsible: Ray Aldridge, Manager of Maintenance Services Jan Adair, Residential Manager Martha Tristan, Residential Coordinator		