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| 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 02/18/2014 |
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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 Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 01/09/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 02/18/14</p> <p>Facility Number: 001168 Provider Number: 15G620 AIM Number: 100235360</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this PSR 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</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>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 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 02/24/14.</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 record review and interview, the facility failed to ensure 4 of 4 sleeping room doors would close and latch into the door frame. This deficient practice could affect all clients in the facility as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on record review of the invoice on 02/18/14 at 12:35 p.m. with the Facility Manager, installation of self closing devices on the client sleeping room doors had not been done. Based on interview on 02/18/14 concurrent with record review, it was acknowledged by the Facility Manager none of the client bedroom doors had been provided with self closing devices to ensure the doors would self close.</p> <p>This deficiency was cited on 01/09/14.</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 There was a misunderstanding of what was required to be fixed at this house. It was originally thought that “self closing” doors meant that the doors needed to close automatically when the fire alarm is sounded. Peak Community Services had 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.</p> | 03/30/2014 |

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| | The facility failed to implement a systematic plan of correction to prevent recurrence. | | These types of magnetic devices required a specialized installation which we contracted Simplex Grinnell to do. The contract was signed by all parties and we were awaiting a start date for the installation from Simplex Grinnell. Apparently that is not what was asked for by the Life Safety Code surveyor. So, the self closures have been installed by Peak Community Services personnel and this citation has been remediated. This deficiency will be monitored by the staff doing their monthly evacuation drill noting that the doors self-close. This form is submitted to the Residential Manager who if problems with the door closures are noted will place a maintenance request on the Peak Community Services on-line maintenance request system. This monitoring take place from 3.20.14 and be on-going. Person responsible: Ray Aldridge, Manager of Maintenance Services Jan Adair, Residential Manager Laura Swafford, Residential Coordinator | | |