

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G641		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/28/2012	
NAME OF PROVIDER OR SUPPLIER PEAK COMMUNITY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1711 TREEN ST LOGANSPORT, IN 46947			
(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			
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: September 24, 25, 27 and 28, 2012</p> <p>Facility number: 001218 Provider number: 15G641 AIM number: 100235390</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed October 09, 2012 by Dotty Walton, Medical Surveyor III.</p>	W0000					

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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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to implement program objectives during times of opportunity for 2 of 3 sampled clients (clients #1 and #2).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 9/25/12 from 5:25 A.M. until 7:00 A.M.. At 6:10 A.M., Direct Support Professional (DSP) #4 was observed to retrieve client #2's prescribed medication punch cards, pop each pill out and hand the medications to client #2 to take. Client #2 did not and was not prompted to state the name and purpose of one of his medications. At 6:35 A.M., DSP #3 began putting 2 slices of bread into the toaster, as client #1 sat in the dining room with no activity. At 6:40 A.M., DSP #3 placed prepared toast on a plate on the dining table where client #1 sat with no activity. At 6:45 A.M., DSP #3 prepared and packed client #1's lunch. Client #1 did not assist in meal</p>	W0249	<p>W249 – Program Implementation</p> <p>Peak Community Services is committed to ensuring the individuals served receive a continuous active treatment program consisting of needed interventions and services...</p> <p>DSP staff in the residence and day program will receive retraining on Client's # 1 and 2 goals as well as the use of prompts to ensure that Clients # 1 and 2 receives a continuous active treatment program.</p> <p>DSP's in the home and the day program will be retrained on the definition of continuous active treatment including the use of prompts and other teaching techniques to ensure that all residents receive a continuous active treatment program. Such training will include the use of role play, question and answer session and direct observation by a Peak Community Services QDDP.</p>	10/28/2012

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	<p>preparation and did not serve himself.</p> <p>A review of client #1's record was conducted on 9/25/12 at 11:35 A.M.. Review of client #1's Individual Support Plan (ISP) dated 8/21/12 indicated the following: "[Client #1] will be prompted to follow a recipe and prepare a meal ...He will be provided with the least amount of instruction and prompting necessary to follow and use appliances safely."</p> <p>A review of client #2's record was conducted on 9/25/12 at 12:03 P.M.. Review of client #2's ISP dated 6/19/12 indicated the following: "Will be asked to name his medication and what it is for when it is presented to him during medication pass."</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 9/25/12 at 12:30 P.M.. The QMRP indicated program objectives should be implemented at all times of opportunity.</p> <p>9-3-4(a)</p>		<p>Peak Community Services QDDP and the Director of Residential Services will observe staff for the proper administration of a continuous active treatment program once per month during an observation at the home during the time period of 10.28.12 until 04.21.12</p> <p>The Director of Residential Services will counsel the Residential Coordinator on the importance of active treatment/goal management.</p> <p>Persons Responsible: John Armstrong Rick Phelps, Director of Residential Services, Bridget Neal, Residential Coordinator.</p>				

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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #3), to provide a follow up vision evaluation/assessment as recommended by the physician.</p> <p>Findings include:</p> <p>A review of client #3's record was conducted on 9/25/12 at 12:30 P.M.. Client #3's record indicated a most current vision evaluation dated 9/19/11 with the recommendation to follow up in 1 year. Client #3's record did not contain evidence he was followed up in 1 year as recommended by the physician.</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 9/25/12 at 11:40 A.M.. The QMRP indicated client #3 was overdue for his vision exam. The QMRP further indicated client #3 was to have a follow up vision exam as recommended by the physician.</p> <p>9-3-6(a)</p>	W0323	<p>W323 Physician Services</p> <p>Peak Community Services is committed to ensuring that annual physicals that at a minimum provide a follow up vision evaluation/assessment are completed in a timely manner Client # 3's vision exam was completed on 10.08.12. A file review indicated that other resident's vision exams are up to date and were completed within the annual time frame.</p> <p>House coordinator will be retrained on the annual requirements called for in the ICF/DD regulations.</p> <p>Peak Community Services QDDP will monitor the files for annual physician services requirements to document services that need to be completed in a timely manner. A spread sheet will be developed that lists all annually required examinations with the QDDP notifying the house coordinator when they are due.</p> <p>Completion Date: 10.28.12</p>	10/28/2012			

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			Persons Responsible: John Armstrong, QDDP; Bridget Neal, Residential Coordinator	

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W0369	<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 for 3 of 12 medications administered to 2 of 4 sampled clients observed during medication administration (clients #3 and #4), to ensure medications were administered as ordered without error.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 9/24/12 from 4:30 P.M. until 6:05 P.M.. At 5:15 P.M., client #3 received his evening prescribed medications with water. Direct Support Professional (DSP) #1 administered his "Calcium 600 mg (milligram) tablet (supplement)...Give 1 tablet orally daily at 5 P.M....Take with food/meal." Review (9/24/12 at 5:20 P.M.) of the medication label and Medication Administration Record (MAR) dated September 1 through September 30, 2012 indicated: "Calcium 600 mg (milligram) tablet (supplement)...Give 1 tablet orally daily at 5 P.M....Take with food/meal." Client #3 did not take his medication with food/meal. At 6:05 P.M., client #3 began eating his dinner.</p>	W0369	<p>W369 – Drug Administration</p> <p>Peak Community Services is committed to assuring that all drugs are administered without error. DSP #1 has been retrained in the medication dispensing protocol that requires them to follow the six rights of medication dispensing. DSP staff in the residence will be retrained on the need for Client # 3's and 4's medication, to be taken with food/meal or prior to taking with food/meal according to the prescription information.</p> <p>DSP staff in the residence will be retrained in the proper medication dispensing protocol as outlined in the Peak Community Services Standard Operating Procedures.</p> <p>To monitor the corrective action Peak Community Services QDDP staff and the Director of Residential Services will include medication dispensing times in their routine residence observations that are conducted at random times during the month. This monitoring will take place from 10/28/12 through 04/28/13.</p>	10/28/2012

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	<p>A morning observation was conducted at the group home on 9/25/12 from 5:25 A.M. until 7:00 A.M.. At 5:40 A.M., client #3 was observed eating his breakfast. At 6:15 A.M., client #3 received his morning prescribed medications. DSP #4 administered his "Omeprazole 20 mg capsule (acid reflux)...1 capsule orally every morning...Take before food/meal." Review (9/25/12 at 6:20 A.M.) of the medication label and MAR dated September 1 through September 30, 2012 indicated: "Omeprazole 20 mg capsule (acid reflux)...1 capsule orally every morning...Take before food/meal." Client #3 did not take his medication before eating his meal. At 6:30 A.M., client #4 received his morning prescribed medications. DSP #4 administered his "Tab-A-Vite with Iron tablet (supplement)...1 tablet orally once a day...Take on an empty stomach, 1 hour before or 2-3 hours after meals." Review (9/25/12 at 6:35 A.M.) of the medication label and MAR dated September 1 through September 30, 2012 indicated: "Tab-A-Vite with Iron tablet (supplement)...1 tablet orally once a day...Take on an empty stomach, 1 hour before or 2-3 hours after meals." At 6:40 A.M., client #4 ate his breakfast. Client #4 did take his medication 1 hour before</p>		<p>Persons Responsible:</p> <p>Bridget Neal, Residential Coordinator</p> <p>John Armstrong, QDDP</p> <p>Rick Phelps, Director of Residential Services</p>	

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	<p>or 2-3 hours after eating his breakfast.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 9/25/12 at 11:40 A.M.. The QMRP indicated staff should administer all medications as prescribed. The QMRP further indicated staff should follow directions on medication labels on medication packets.</p> <p>9-3-6(a)</p>			

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients with adaptive equipment (client #1), to provide prescribed eyeglasses as recommended by the physician.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 9/25/12 at 11:35 A.M.. Review of client #1's most current vision assessment dated 5/16/11 indicated: "New bifocal glasses needed...Near sighted (myopia) astigmatism."</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 9/25/12 at 11:40 A.M.. The QMRP indicated client #1 had not received new eyeglasses as recommended by the optometrist. The QMRP further indicated client #1 should have gotten the prescribed eyeglasses as recommended by the optometrist.</p> <p>9-3-7(a)</p>	W0436	<p>Peak Community Services is committed to ensuring that residents are furnished, maintained in good repair, and are taught to make informed choices about the use of prescribed devices that are identified by the IDT as needed.</p> <p>Client #1 did receive new eye glasses as recommended on the most current vision assessment that was dated 5/6/11. He received the glasses when he was living in another residential facility. Peak Community Services staff will obtain the documentation of the date that he received the new glasses from the former eye physician, Dr. Dennis Cowley, Winamac Indiana. Person Responsible: Bridget Neal, Residential Coordinator; Rick Phelps, Director of Residential Services</p>	10/28/2012			

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W0440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed to conduct evacuation drills during the overnight shift (12:00 A.M. to 8:00 A.M.) during the third quarter (July 1st through September 30th) of 2011 and during the day shift (8:00 A.M. to 3:00 P.M.) during the first quarter of 2012 (January 1st through March 31st), which effected 6 of 6 clients living in the facility (clients #1, #, #3, #4, #5 and #6.)</p> <p>Findings include:</p> <p>The facility's records were reviewed on 9/25/12 at 9:30 A.M.. The review failed to indicate the facility held an evacuation drill for clients #1, #2, #3, #4, #5 and #6 the overnight shift (12:00 A.M. to 8:00 A.M.) during the third quarter (July 1st through September 30th) of 2011 and during the day shift (8:00 A.M. to 3:00 P.M.) during the first quarter of 2012 (January 1st through March 31st).</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 9/25/12 at 11:40 A.M.. The QMRP indicated evacuation drills are to be run during each quarter for each shift. The QMRP further indicated there was no documentation available for review to</p>	W0440	<p>W440</p> <p>Peak Community Services is committed to ensuring that all evacuation drills are held at least quarterly for each shift of personnel as required by statute.</p> <p>Peak Community Services residential staff will be retrained in the requirements that call for evacuation drills to be held at least quarterly for each shift of personnel. This includes the overnight shift DSP and the day shift DSP (week-end) who failed to hold their evacuation drills as required by statute.</p> <p>Evacuation drill schedules will be placed on a spread sheet indicating the date and time that drills are to occur with the Residential Coordinator monitoring the spreadsheet to ascertain when the drill is conducted. This spreadsheet will be available to the Director of Residential Services to monitor the evacuation drill process.</p> <p>Persons Responsible: Bridget Neal, Residential Coordinator; Rick Phelps, Director of Residential Services.</p>	10/28/2012			

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	indicate a drill was conducted for the mentioned shift/quarters. 9-3-7(a)				

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review and interview, the facility failed to assure 1 of 3 sampled clients (client #1) participated in meal preparation.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 9/25/12 from 5:25 A.M. until 7:00 A.M.. At 6:35 A.M., Direct Support Professional (DSP) #3 began putting 2 slices of bread into the toaster, as client #1 sat in the dining room with no activity. At 6:40 A.M., DSP #3 placed prepared toast on a plate on the dining table where client #1 sat with no activity. At 6:45 A.M., DSP #3 prepared and packed client #1's lunch. Client #1 did not assist in meal preparation and did not serve himself.</p> <p>A review of client #1's record was conducted on 9/25/12 at 11:35 A.M.. Review of client #1's Individual Support Plan (ISP) dated 8/21/12 indicated the following: "[Client #1] will be prompted to follow a recipe and prepare a meal ...He will be provided with the least amount of instruction and prompting necessary to follow and use appliances</p>	W0488	<p>W488- Dining Areas and Service</p> <p>Peak Community Services is committed to ensuring that each individual served is involved in meal preparation and serves themselves as independently as possible. Residential staff have be retrained on client's # 1 Comprehensive Function Analysis meal section to ascertain the independence level for each client when it comes to their abilities in meal preparation.</p> <p>Residential staff has also been retrained on meal preparation as a whole and the regulations that state that all clients must be involved in meal preparation and serves themselves as independently as possible.</p> <p>To monitor the corrective action Peak Community Services QDDP staff will include meal time issues in their routine residence observations that are conducted at random times during the month.</p> <p>The Director of Residential Services will perform quarterly observations for DSP's interacting appropriately with clients and allowing highest levels of independence as</p>	10/28/2012	

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	<p>safely."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 9/25/12 at 11:40 A.M.. The QMRP indicated client #1 was developmentally capable of participating in meal preparation and serving himself.</p> <p>9-3-8(a)</p>		<p>appropriate.</p> <p>Persons Responsible:</p> <p>Bridget Neal, Residential Coordinator</p> <p>John Armstrong, QDDP</p> <p>Rick Phelps, Director of Residential Services</p>		

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W9999	<p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-2 Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is:</p> <p>(3) conviction of a crime substantially related to a dependent population or any violent crime.</p> <p>The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, SECTION 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on record review and interview, for 1 of 3 staff (staff #13) personnel files</p>	W9999	<p>Peak Community Services, through the IDT system, will ensure that all employees will have completed personnel files that contain all required material including three (3) references as required by statute. Staff number 13 has their 3 references in their personnel file.</p> <p>Peak Community Services personnel have been trained on the appropriate employment practices that are needed prior to being employed in an SGL setting.</p> <p>Peak Community Services' SGL Coordinator will monitor employee files to ensure that required information is included prior to SGL staff being employed to work directly with clients in an SGL setting.</p> <p>The Director of Residential Services will monitor residential personnel's needed file items via the Human Resources training/required documents monthly e-mail reminder to staff.</p> <p>Person Responsible:</p> <p>Bridget Neal, Residential Coordinator</p> <p>Rick Phelps, Director of Residential Services</p>	10/28/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G641		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/28/2012	
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	<p>reviewed, the facility failed to ensure three references were obtained prior to employment.</p> <p>Findings include:</p> <p>The facility's administrative records were reviewed on 9/25/12 at 2:03 P.M.. Review of the personnel file for staff #13 indicated 2 completed references. The personnel files for staff #13 did not include three references.</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 9/25/12 at 1:30 P.M. and indicated there were not three completed references for staff #13. No additional references were available to review.</p> <p>9-3-2(c)(3)</p>						