

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  12/31/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  PEAK COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 324 W MAIN ST WINAMAC, IN 46996
---	---

(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
--------------------	--	---------------	---	----------------------

W000000	<p>This visit was for a post certification revisit (PCR) to the extended annual recertification and state licensure survey completed on 11/1/13.</p> <p>Dates of Survey: 12/30 and 12/31/13.</p> <p>Facility Number: 008302 Provider Number: 15G668 AIMS Number: 100235310</p> <p>Surveyor: Amber Bloss, QIDP.</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed December 31, 2013 by Dotty Walton, QIDP.</p>	W000000		
W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 1 of 3 sampled clients (Client #1) and 1 additional client (Client #4), the facility's QIDP (Qualified Intellectual</p>	W000159	<p>W 159 - QUALIFIED MENTAL RETARDATION PROFESSIONAL Peak Community Services through the IDT will ensure that each client's active treatment program is to be</p>	01/30/2014

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.

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  12/31/2013
NAME OF PROVIDER OR SUPPLIER  PEAK COMMUNITY SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 324 W MAIN ST WINAMAC, IN 46996		
(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	
	<p>Disabilities Professional) failed to ensure a copy of the clients' current BSP (Behavior Support Plan), ISP (Individual Support Plan) and/or Risk Plans were available at the facility owned day service program for staff access.</p> <p>Findings include:</p> <p>1) On 12/30/13 at 2:35 PM, record review indicated Client #1's diagnoses, included but were not limited to, mild developmental disabilities, chronic paranoid schizophrenia, hypothyroidism, COPD (Chronic Obstructive Pulmonary Disease), hypertension, disease of mitral valve, and seizures.</p> <p>Client #1's current ISP (Individual Support Plan) dated 12/17/12 indicated the facility owned day service program did not have the updated "Fall Risk Management Plan" dated 12/2/13. The day program had Client #1's discontinued "Fall Risk Management Plan" dated 5/01/13.</p> <p>2) On 12/30/13 at 2:48 PM, record review indicated Client #4's diagnoses, included but were not limited to, moderate intellectual disabilities, atrial fibulation (abnormal heart rhythm), and intermittent explosive disorder.</p>		<p>integrated, coordinated and monitored by a Qualified Mental Retardation Professional. Peak Community Services Winamac Day Program has copies of Client # 1's current ISP, Behavior Support Plan and risk plans for falls, seizure management, COPD, Choking, Rhabdomyolysis, Protocol for wheelchair, Gait belt safety, and the use of the nebulizer. Peak Community Services Winamac Day Program has copies of Client # 4's current ISP, Behavior Support Plan and/or risk plans. The day program has updated main files with Client #1's and Client #4's and the red folders which are available to the day program staff are updated. Consistent on site monitoring of this citation will be ensured by the QMRP conducting observations of the Day Service program while they are running the day program goals and objectives to ensure they are utilizing the updated client materials that are in the red folders. The QMRP will conduct the observations on a random basis utilizing the Observation Based Coaching form (see attached). This form will be submitted to the Day Program manager and the Director of Day Services for their use in staff to ensure that the staff is utilizing the latest documents available to them. The random observations will take place from 01.30.14 to 07.30.14. Systematically this</p>		

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  12/31/2013
NAME OF PROVIDER OR SUPPLIER  PEAK COMMUNITY SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 324 W MAIN ST WINAMAC, IN 46996		
(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	
	<p>Review of Client #4's current ISP (Individual Support Plan) dated 10/1/13 indicated the facility owned day service program did not have Client #4's BSP (Behavior Support Plan) dated 9/28/13. Client #4's BSP indicated target behaviors of verbal aggression, property destruction, and physical aggression. Review of the day service records indicated day program staff did not have access to Client #4's BSP.</p> <p>On 12/30/13 at 3:33 PM, the QIDP (Qualified Intellectual Disabilities Professional) was interviewed and indicated the day program had updated their main files with Client #1's and Client #4's current ISP/BSP documents but indicated Client #1 and Client #4's red folders which were available to the day program staff were not updated. The QIDP stated "they should have been updated."</p> <p>This deficiency was cited on 11/1/13. The facility failed to implement a systematic plan of correction to prevent recurrence.</p> <p>9-3-3(a)</p>		<p>citation will be remediated by going through all Winamac Day Service files to ensure that current information is available to Day program staff as called for by regulation. Monitoring will also be done by Director of Day Services by reviewing 10% of Winamac Day Service files on a monthly basis from 01.30.14 to 07.30.14. The Director of Day Services will report to the Director of Support and Quality Assurance the results of the file review so that the QMRP is notified in case of files not being up to date as required by regulation. Person Responsible: Sandra Beckett, QDDPKelly Bendel, Winamac Day Services ManagerMelissa Derflinger, Director of Day ServicesConnie English, Director of Support and Quality Assurance</p>		

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  12/31/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  PEAK COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 324 W MAIN ST WINAMAC, IN 46996
---	---

(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
--------------------	--	---------------	---	----------------------

W000248	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. Based on record review and interview, the facility failed to provide a copy of the clients' current BSP (Behavior Support Plan), ISP (Individual Support Plan) and/or Risk Plans to the facility owned day service program for staff access for 1 of 3 sampled clients (Client #1), and 1 additional client (Client #4).</p> <p>Findings include:</p> <p>1) On 12/30/13 at 2:35 PM, record review indicated Client #1's diagnoses, included but were not limited to, mild developmental disabilities, chronic paranoid schizophrenia, hypothyroidism, COPD (Chronic Obstructive Pulmonary Disease), hypertension, disease of mitral valve, and seizures.</p> <p>Client #1's current ISP (Individual Support Plan) dated 12/17/12 indicated the facility owned day service program did not have the updated "Fall Risk</p>	W000248	<p>248 - INDIVIDUAL PROGRAM PLAN Peak Community Services through the auspices of the Interdisciplinary Team will ensure that a copy of each client's individual plan is made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. Peak Community Services Winamac Day Program has copies of Client # 1's current ISP and risk plans for falls, seizure management, COPD, Choking, Rhabdomyolysis, Protocol for wheelchair, Gait belt safety, and the use of the nebulizer. Peak Community Services Winamac Day Program has copies of Client # 4's current ISP, Behavior Support Plan and/or risk plans. The Peak Community Services Winamac Day Program Manager has been in-serviced on the need for the Day program staff to have current information on client # 1 and all other clients served in the Winamac Day program. The</p>	01/30/2014
---------	---	---------	--	------------

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  12/31/2013	
NAME OF PROVIDER OR SUPPLIER  PEAK COMMUNITY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 324 W MAIN ST WINAMAC, IN 46996			
(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			
	<p>Management Plan" dated 12/2/13. The day program had Client #1's discontinued "Fall Risk Management Plan" dated 5/01/13.</p> <p>2) On 12/30/13 at 2:48 PM, record review indicated Client #4's diagnoses, included but were not limited to, moderate intellectual disabilities, atrial fibulation (abnormal heart rhythm), and intermittent explosive disorder.</p> <p>Review of Client #4's current ISP (Individual Support Plan) dated 10/1/13 indicated the facility owned day service program did not have Client #4's BSP (Behavior Support Plan) dated 9/28/13. Client #4's BSP indicated target behaviors of verbal aggression, property destruction, and physical aggression. Review of the day service records indicated day program staff did not have access to Client #4's BSP.</p> <p>On 12/30/13 at 3:33 PM, the QIDP (Qualified Intellectual Disabilities Professional) was interviewed and indicated the day program had updated their main files with Client #1's and Client #4's current BSP/ISP documents but indicated Client #1 and Client #4's red folders, which were available to the day program staff, were not updated. The QIDP stated "they should have been</p>		<p>Winamac Day service staff have been in-serviced on the above mentioned risk plans. Systematically this citation will be remediated by going through all Winamac Day Service files to ensure that current information is available to Day program staff as called for by regulation. Monitoring will be done by Director of Day Services by reviewing 10% of Winamac Day Service files on a monthly basis from 01.30.14 to 06.30.14. Person Responsible: Sandra Beckett, QDDPKelly Bendel, Winamac Day Services ManagerMelissa Derflinger, Director of Day Services</p>				

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  12/31/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  PEAK COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 324 W MAIN ST WINAMAC, IN 46996
---	---

(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
	<p>updated."</p> <p>This deficiency was cited on 11/1/13. The facility failed to implement a systematic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>			