

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 09/26/2012
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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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(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, and 26, 2012</p> <p>Facility number: 008302 Provider number: 15G668 AIM number: 100235310</p> <p>Surveyor: Tim Shebel, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/2/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000	Peak Community Services	

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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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility neglected to: 1. Protect 1 of 3 sampled clients (client #1) from further incidents of falling, and: 2. Implement its abuse/neglect policy to assure 2 of 3 reviewed injuries of unknown origin involving 1 of 3 sampled clients (client #1) were immediately reported to the administrator.</p> <p>Findings include:</p> <p>1. The facility's records were reviewed on 9/24/12 at 1:21 P.M.. A review of incident reports from 9/1/11 to 9/24/12 indicated the following incidents of client #1 falling:</p> <p>- "9/30/11, While at day program, [client #1] lost his balance and fell, hitting his head resulting in a contusion and a goose egg (bump on the head). Staff completed first aid. Staff will monitor [client #1] closely when he is walking or changing groups at workshop."</p> <p>- "2/20/12, [Client #1] was taking a shower and fell, skinning his knee and leaving red marks on the left side of his forehead and cheek. Staff were present</p>	W0149	<p>W 149 Staff Treatment of Clients</p> <p>Peak Community Services is committed to providing the individuals served with the appropriate policies and procedures that prohibit mistreatment, neglect, or abuse. The present policy states that "<u>1. Notification of Appropriate Staff</u>: Individuals who believe they have witnessed, or receive a report directly from a consumer and/or their representative of, abuse, neglect, sexual exploitation, financial exploitation, mistreatment of a consumer, or violation of a consumer's rights (hereafter referred to as abuse/neglect or simply abuse) must report the incident immediately to their immediate manager or administrator. An administrator for this procedure is defined as anyone who has the authority to immediately suspend the alleged perpetrator from their employee duties."</p> <p>Systemic changes: The procedure will be changed to include "injuries of unknown origin" as a category of event that Peak Community Services employees must report immediately to their immediate manger <u>and</u></p>	10/26/2012	

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	<p>and immediately helped him up and applied first aid to the skinned knee. Nurse was notified. Staff will monitor [client #1] for instability in the shower."</p> <p>- "2/28/12, Staff found [client #1] lying face down on his bedroom floor in front of his closet. [Client #1] was responsive and denied any pain. [Client #1] was inspected for injuries noting a small abrasion to his right knee and bruising to his nose. House Coordinator was notified. When House Coordinator arrived she transported [client #1] to the emergency room for evaluation and treatment. On 2/29/12 a fall risk plan was developed and staff will be trained on this plan on 3/1/12. Staff will continue to monitor/observe [client #1] for changes and will seek treatment as needed."</p> <p>- "3/13/12, Staff was assisting [client #1] from the office to the kitchen of the group home when he fell to the floor. Staff assisted [client #1] to a chair and he was assessed for injuries. Staff noted a small abrasion to his right knee. Staff washed the area with soap and water and applied anti-biotic ointment and a band aid. Staff will continue to follow risk plan."</p> <p>- "4/25/12, While in group at the workshop, [client #1] got out of his wheel chair and walked towards the door. Prior</p>		<p>administrator. This notification will be via the BDDS Incident Reporting system that is currently in place. The designated administrator for an ICF/DD residence operated by Peak Community services is the Director of Residential Services. This position is on the protocol to receive an initial BBDS incident report from the individual completing the report and automatically receives all reports.</p> <p>House staff will be in-serviced as to this change in procedure via a staff meeting by the Residential Coordinator and/or QDDP.</p> <p>Monitoring: The Director of Residential Services will monitor all QDDP written initial BDDS incident reports of "injuries of unknown origin" to make sure that the language "The Director of Residential Services – Administrator was immediately notified of this event. This monitoring will be in place for a six month time period (10/26/12 to 4/26/12) and will have 100% compliance goal.</p> <p>Client # 1 had a Physical Therapy assessment scheduled in April 2012. Client #1 refused to attend this assessment. Client #1 has a physical therapy appointment on Wednesday October 17, 2012 to address falls.</p> <p>Systemic changes:</p> <p>1.A procedure will be put in place</p>				

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	<p>to getting to the door he fell to the floor. Staff immediately assessed [client #1] for injuries noting a small abrasion to his right elbow. Staff performed minor first aid, cleaned area and applied a bandage. [Client #1] has a fall risk plan in place. Staff is trained on the plan. Staff will continue to follow his plan."</p> <p>- "6/6/12, While walking into the living room, [client #1] fell to the floor. Staff assessed [client #1] for injuries noting a small abrasion on his upper lip. Staff assisted [client #1] up and applied basic first aid. Staff will observe [client #1] while walking and offer assistance as necessary."</p> <p>- "8/30/12, [Client #1] fell. He was trying to make a basket in the trash can with a pop can. Staff checked [client #1]. No injuries were noted. Staff will encourage [client #1] not to shoot baskets."</p> <p>- "9/5/12, 7:10 A.M., While in the shower, [client #1] slid down the wall and landed on his bottom. Staff assessed him for injuries. None noted at this time, however by afternoon staff noticed a bruise on the underside of his left forearm and a scratch on the underside of his right forearm which are believed to be caused from the fall. [Client #1] has a fall risk</p>		<p>that states that three falls within a 30 day calendar period will automatically require a referral for a physical therapy assessment be requested from the individual's primary care physician.</p> <p>2.A procedure will be put in place that states that any fall will automatically trigger a review of the fall plan to determine the effectiveness of the fall plan to prevent the type of fall.</p> <p>Monitoring: The following of this procedure will be monitored by the Director of Residential Services via the BDDS Incident Reporting Review Committee. The Director sits on the committee that reviews monthly all BDDS incident reports. The Director will look at the reports for falls by same individual and if there are three within a 30 day period will contact the appropriate residential coordinator and QDDP to ascertain the physical therapy assessment process.</p> <p>Persons Responsible: Rick Phelps, Director of Residential Services; Amanda Clapp, Residential Coordinator, Sandy Beckett, QDDP</p>				

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	<p>plan in place and staff have been trained on the plan. QDDP (Qualified Developmental Disabilities Professional) reviewed the plan with the House Coordinator today, 9/5/12, and the House Coordinator will review this plan with residential staff."</p> <p>- "9/5/12, 2:15 P.M., While in group at the workshop, [client #1] went to get out of his wheel chair and lost his balance and fell. Staff report that one side of the wheel chair brakes were not locked at the time. Staff assessed [client #1] for injuries noting a small abrasion to his back. [Client #1] was assisted to his feet and was given a different wheel chair to sit in. Staff were reminded of the importance of locking both sides of the wheel chair. [Client #1] has a fall risk plan and this plan was reviewed by all day service staff on 9/5/12. Staff will continue to follow the plan."</p> <p>- "9/6/12, [Client #1] fell in the driveway. No new injuries noted."</p> <p>Client #1's record was reviewed on 9/25/12 at 8:07 A.M.. A Fall Risk Management Plan, dated 2/29/12, indicated client #1 had an identified risk of falling. Staff were to address the client's identified risk of falling by: "Offering [client #1] a shower chair when</p>			

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	<p>in the shower, offer physical assistance, Offer a wheel chair if [client #1] remains unsteady, or if he refuses staff physical assistance, Staff will use a wheel chair (for client #1) for long distances."</p> <p>QDDP (Qualified Developmental Disabilities Professional) #1 was interviewed on 9/25/12 at 9:39 A.M.. QDDP #1 stated she "revised [client #1's] Fall Risk Plan after the falls on September 5th (2012) but it was not in his (client #1's) file." QDDP #1 indicated implementation of the client's 2/29/12 Fall Risk Management Plan did not prevent client #1 from falling and receiving minor injuries during falls on 3/13/12, 4/25/12, 6/6/12, 8/30/12, 9/5/12 at 7:10 A.M., and 9/5/12 at 2:15 P.M..</p> <p>2. The facility's records were further reviewed on 9/24/12 at 2:33 P.M.. A review of incident reports from 9/1/11 to 9/24/12 indicated the following incidents of injuries of unknown origin involving client #1:</p> <p>- "8/10/12, Note: The time and date of the injury are unknown. I (Director of Support and Quality Assurance) entered the time and date of knowledge of injury. When [client #1] arrived at the day service program at 10:00 a.m., staff noted a bruise on his left arm, which was about</p>				

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	<p>4 inches at one point and 3 inches at another point. [Client #1] had no complaint of pain. When staff asked [client #1] about the bruise, he (client #1) was unable to explain where it may have come from. Residential staff are completing a full investigation." Further review of the 8/10/12 injury of unknown origin failed to indicate the facility's administrator had been immediately notified of the injury.</p> <p>- "8/27/12, The time and the date of the injury are unknown. I (QDDP #1) entered the time and date of knowledge of the injury. When House Coordinator was talking with [client #1] this morning (8/27/12) around 9:30 am, staff noted a bruise on the upper inside of his left arm, which was about 5 inches at one point and 3 inches at another point. [Client #1] had no complaint of pain. When staff asked [client #1] about the bruise, he (client #1) was unable to explain where it may have come from. The Residential Coordinator was unable to explain where it had come from. Residential Coordinator spoke with all staff that worked in the home with [client #1] over the weekend. Residential staff all report no knowledge of the bruise and no staff witnessed any falls over the weekend. All day service staff were questioned. All staff reported no knowledge of the bruise and no falls last</p>			

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	<p>week." Further review of the 8/27/12 injury of unknown origin failed to indicate the facility's administrator had been immediately notified of the injury.</p> <p>QDDP (Qualified Developmental Disabilities Professional) #1 was interviewed on 9/25/12 at 9:39 A.M.. QDDP #1 indicated there was no evidence the administrator was immediately notified of client #1's 8/10/12 and 8/27/12 injuries of unknown origin.</p> <p>The facility's records were further reviewed on 9/26/12 at 7:07 A.M.. Review of the facility's Abuse/Neglect policy, dated 12/14/09, indicated, in part, the following: "All incidents of alleged abuse/neglect shall be reported to the agency administrator immediately."</p> <p>9-3-2(a)</p>			

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview, the facility failed to assure 2 of 3 reviewed injuries of unknown origin involving 1 of 3 sampled clients (client #1) were immediately reported to the administrator in accordance with state law.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 9/24/12 at 2:33 P.M.. A review of incident reports from 9/1/11 to 9/24/12 indicated the following incidents of injuries of unknown origin involving client #1:</p> <p>- "8/10/12, Note: The time and date of the injury are unknown. I (Director of Support and Quality Assurance) entered the time and date of knowledge of injury. When [client #1] arrived at the day service program at 10:00 a.m., staff noted a bruise on his left arm, which was about 4 inches at one point and 3 inches at another point. [Client #1] had no complaint of pain. When staff asked [client #1] about the bruise, he (client #1)</p>	W0153	<p>W 153 Staff Treatment of Clients</p> <p>Peak Community Services is committed to providing the individuals served with the appropriate policies and procedures that prohibit mistreatment, neglect, or abuse. The present policy states that "1. <u>Notification of Appropriate Staff:</u> Individuals who believe they have witnessed, or receive a report directly from a consumer and/or their representative of, abuse, neglect, sexual exploitation, financial exploitation, mistreatment of a consumer, or violation of a consumer's rights (hereafter referred to as abuse/neglect or simply abuse) must report the incident immediately to their immediate manager or administrator. An administrator for this procedure is defined as anyone who has the authority to immediately suspend the alleged perpetrator from their employee duties."</p> <p>Systemic changes: The procedure</p>	10/26/2012			

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	<p>was unable to explain where it may have come from. Residential staff are completing a full investigation." Further review of the 8/10/12 injury of unknown origin failed to indicate the facility's administrator had been immediately notified of the injury.</p> <p>- "8/27/12, The time and the date of the injury are unknown. I (QDDP #1) entered the time and date of knowledge of the injury. When House Coordinator was talking with [client #1] this morning (8/27/12) around 9:30 am, staff noted a bruise on the upper inside of his left arm, which was about 5 inches at one point and 3 inches at another point. [Client #1] had no complaint of pain. When staff asked [client #1] about the bruise, he (client #1) was unable to explain where it may have come from. The Residential Coordinator was unable to explain where it had come from. Residential Coordinator spoke with all staff that worked in the home with [client #1] over the weekend. Residential staff all report no knowledge of the bruise and no staff witnessed any falls over the weekend. All day service staff were questioned. All staff reported no knowledge of the bruise and no falls last week." Further review of the 8/27/12 injury of unknown origin failed to indicate the facility's administrator had been immediately notified of the injury.</p>		<p>will be changed to include "injuries of unknown origin" as a category of event that Peak Community Services employees must report immediately to their immediate manger and administrator. This notification will be via the BDDS Incident Reporting system that is currently in place. The designated administrator for an ICF/DD residence operated by Peak Community services is the Director of Residential Services. This position is on the protocol to receive an initial BBDS incident report from the individual completing the report and automatically receives all reports.</p> <p>House staff will be in-serviced as to this change in procedure via a staff meeting by the Residential Coordinator and/or QDDP.</p> <p>Monitoring: The Director of Residential Services will monitor all QDDP written initial BDDS incident reports of "injuries of unknown origin" to make sure that the language "The Director of Residential Services – Administrator was immediately notified of this event. This monitoring will be in place for a six month time period (10/26/12 to 4/26/12) and will have 100% compliance goal.</p> <p>Persons Responsible: Rick Phelps, Director of Residential Services; Amanda Clapp, Residential Coordinator, Sandy Beckett, QDDP</p>		

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	<p>QDDP (Qualified Developmental Disabilities Professional) #1 was interviewed on 9/25/12 at 9:39 A.M.. QDDP #1 indicated there was no evidence the administrator was immediately notified of client #1's 8/10/12 and 8/27/12 injuries of unknown origin.</p> <p>9-3-2(a)</p>			
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W0157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview, the facility failed to implement effective corrective actions to prevent further falls for 1 of 3 sampled clients (client #1).</p> <p>Findings include:</p> <p>The facility's records were reviewed on 9/24/12 at 1:21 P.M.. A review of incident reports from 9/1/11 to 9/24/12 indicated the following incidents of client #1 falling:</p> <ul style="list-style-type: none"> - "9/30/11, While at day program, client #1 lost his balance and fell, hitting his head resulting in a contusion and a goose egg (bump on the head). Staff completed first aid. Staff will monitor [client #1] closely when he is walking or changing groups at workshop." - "2/20/12, [Client #1] was taking a shower and fell, skinning his knee and leaving red marks on the left side of his forehead and cheek. Staff were present and immediately helped him up and applied first aid to the skinned knee. Nurse was notified. Staff will monitor [client #1] for instability in the shower." - "2/28/12, Staff found [client #1] lying 	W0157	<p>W 157 Staff Treatment of Clients</p> <p>Peak Community Services is committed to providing quality services to the individuals served. Client # 1 had a Physical Therapy assessment scheduled in April 2012. Client #1 refused to attend this assessment. Client #1 has a physical therapy appointment on Wednesday October 17, 2012 to address falls.</p> <p>Systemic changes:</p> <ol style="list-style-type: none"> 1.A procedure will be put in place that states that three falls within a 30 day calendar period will automatically require a referral for a physical therapy assessment be requested from the individual's primary care physician. 2.A procedure will be put in place that states that any fall will automatically trigger a review of the fall plan to determine the effectiveness of the fall plan to prevent the type of fall. <p>Monitoring: The following of this procedure will be monitored by the Director of Residential Services via the BDDS Incident Reporting Review Committee. The Director sits on the</p>	10/26/2012			

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	<p>face down on his bedroom floor in front of his closet. [Client #1] was responsive and denied any pain. [Client #1] was inspected for injuries noting a small abrasion to his right knee and bruising to his nose. House Coordinator was notified. When House Coordinator arrived she transported [client #1] to the emergency room for evaluation and treatment. On 2/29/12 a fall risk plan was developed and staff will be trained on this plan on 3/1/12. Staff will continue to monitor/observe [client #1] for changes and will seek treatment as needed."</p> <p>- "3/13/12, Staff was assisting [client #1] from the office to the kitchen of the group home when he fell to the floor. Staff assisted [client #1] to a chair and he was assessed for injuries. Staff noted a small abrasion to his right knee. Staff washed the area with soap and water and applied anti-biotic ointment and a band aid. Staff will continue to follow risk plan."</p> <p>- "4/25/12, While in group at the workshop, [client #1] got out of his wheel chair and walked towards the door. Prior to getting to the door he fell to the floor. Staff immediately assessed [client #1] for injuries noting a small abrasion to his right elbow. Staff performed minor first aid, cleaned area and applied a bandage. [Client #1] has a fall risk plan in place.</p>		<p>committee that reviews monthly all BDDS incident reports. The Director will look at the reports for falls by same individual and if there are three within a 30 day period will contact the appropriate residential coordinator and QDDP to ascertain the physical therapy assessment process.</p> <p>Persons Responsible: Rick Phelps, Director of Residential Services; Amanda Clapp, Residential Coordinator, Sandy Beckett, QDDP</p>				

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	<p>Staff is trained on the plan. Staff will continue to follow his plan."</p> <p>- "6/6/12, While walking into the living room, [client #1] fell to the floor. Staff assessed [client #1] for injuries noting a small abrasion on his upper lip. Staff assisted [client #1] up and applied basic first aid. Staff will observe [client #1] while walking and offer assistance as necessary."</p> <p>- "8/30/12, [Client #1] fell. He was trying to make a basket in the trash can with a pop can. Staff checked [client #1]. No injuries were noted. Staff will encourage [client #1] not to shoot baskets."</p> <p>- "9/5/12, 7:10 A.M., While in the shower, [client #1] slid down the wall and landed on his bottom. Staff assessed him for injuries. None noted at this time, however by afternoon staff noticed a bruise on the underside of his left forearm and a scratch on the underside of his right forearm which are believed to be caused from the fall. [Client #1] has a fall risk plan in place and staff have been trained on the plan. QDDP (Qualified Developmental Disabilities Professional) reviewed the plan with the House Coordinator today, 9/5/12, and the House Coordinator will review this plan with</p>						

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	<p>residential staff."</p> <p>- "9/5/12, 2:15 P.M., While in group at the workshop, [client #1] went to get out of his wheel chair and lost his balance and fell. Staff report that one side of the wheel chair brakes were not locked at the time. Staff assessed [client #1] for injuries noting a small abrasion to his back. [Client #1] was assisted to his feet and was given a different wheel chair to sit in. Staff were reminded of the importance of locking both sides of the wheel chair. [Client #1] has a fall risk plan and this plan was reviewed by all day service staff on 9/5/12. Staff will continue to follow the plan."</p> <p>- "9/6/12, [Client #1] fell in the driveway. No new injuries noted."</p> <p>Client #1's record was reviewed on 9/25/12 at 8:07 A.M.. A Fall Risk Management Plan, dated 2/29/12, indicated client #1 had an identified risk of falling. Staff were to address the client's identified risk of falling by: "Offering [client #1] a shower chair when in the shower, offer physical assistance, Offer a wheel chair if [client #1] remains unsteady, or if he refuses staff physical assistance, Staff will use a wheel chair (for client #1) for long distances."</p>			

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	<p>QDDP (Qualified Developmental Disabilities Professional) #1 was interviewed on 9/25/12 at 9:39 A.M.. QDDP #1 stated she "revised [client #1's] Fall Risk Plan after the falls on September 5th (2012) but it was not in his (client #1's) file." QDDP #1 indicated implementation of the client's 2/29/12 Fall Risk Management Plan did not prevent client #1 from falling and receiving minor injuries during falls on 3/13/12, 4/25/12, 6/6/12, 8/30/12, 9/5/12 at 7:10 A.M., and 9/5/12 at 2:15 P.M..</p> <p>9-3-2(a)</p>			

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W0218	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based on record review and interview, the facility failed to assess the sensorimotor skills of 1 of 3 sampled clients (client #1) after experiencing incidents of falling.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 9/24/12 at 1:21 P.M.. A review of incident reports from 9/1/11 to 9/24/12 indicated the following incidents of client #1 falling:</p> <ul style="list-style-type: none"> - "9/30/11, While at day program, client #1 lost his balance and fell, hitting his head resulting in a contusion and a goose egg (bump on the head). Staff completed first aid. Staff will monitor [client #1] closely when he is walking or changing groups at workshop." - "2/20/12, [Client #1] was taking a shower and fell, skinning his knee and leaving red marks on the left side of his forehead and cheek. Staff were present and immediately helped him up and applied first aid to the skinned knee. Nurse was notified. Staff will monitor [client #1] for instability in the shower." - "2/28/12, Staff found [client #1] lying 	W0218	<p>W218 – Individual Program Plan</p> <p>Peak Community Services is committed to providing quality services to the individuals served. Client # 1 had a Physical Therapy assessment scheduled in April 2012. Client #1 refused to attend this assessment. Client #1 has a physical therapy appointment on Wednesday October 17, 2012 to address falls.</p> <p>Systemic changes:</p> <ol style="list-style-type: none"> 1.A procedure will be put in place that states that three falls within a 30 day calendar period will automatically require a referral for a physical therapy assessment be requested from the individual's primary care physician. 2.A procedure will be put in place that states that any fall will automatically trigger a review of the fall plan to determine the effectiveness of the fall plan to prevent the type of fall that occurred. <p>Monitoring: The following of this procedure will be monitored by the Director of Residential Services via the BDDS Incident Reporting Review</p>	10/26/2012			

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	nurse about [client #1] having a new OT/PT assessment done due to his falls." 9-3-4(a)				