

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/04/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G620		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/08/2024	
NAME OF PROVIDER OR SUPPLIER PEAK COMMUNITY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP COD 1625 HIGH ST LOGANSPORT, IN 46947			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	
W 0000 Bldg. 00	This visit was for a pre-determined full recertification and state licensure survey. Dates of Survey: 4/3/24, 4/4/24, 4/5/24, and 4/8/24 Facility Number: 001168 Provider Number: 15G620 AIMS Number: 100235360 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/23/24.		W 0000	See below plan of correction for each tag.			
W 0149 Bldg. 00	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 for 3 of 3 sampled clients (clients #1, #2, and #3), plus 3 additional clients (clients #4, #5, and #6), the facility failed to implement its written policy and procedures to prevent a pattern of peer to peer abuse and to ensure investigations for peer to peer abuse were conducted and thorough including recommendations for corrective action. Findings include: The facility's BDS (Bureau of Disabilities Services) reports and investigations were reviewed on 4/3/24 at 12:27 PM. 1) The BDS report dated 8/23/23 at 7:45 AM indicated, "[Client #3] was upset because of running out of popsicles at the house. When		W 0149	Peak Community Services will exercise general policy standards when investigating allegations of Peer to Peer aggression whether substantiated or unsubstantiated. Peak Community Services will follow their written policy and immediately report to BDS any instances of Peer to Peer aggression. Peak Community Services will do their best to ensure that all pertinent and capable clients will be interviewed, taking their statements into factor and consideration when determining the facts of the accusations.		04/26/2024	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Melissa Kelley

QDDP

05/17/2024

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 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 30 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>staff attempted to re-direct her she slapped staff on the arm and chest and bit [client #4]." Client #4 did not have any marks or bruises.</p> <p>The investigation summary dated 8/23/23 was incomplete with no findings or recommendations to prevent recurrence. No other clients or witnesses to the incident were interviewed for the investigation.</p> <p>2) The BDS report dated 9/18/23 at 1:30 PM indicated, "Clients were on a community outing. [Client #3] was hugging [client #4]. [Client #4] told [client #3] she smelled and to stop hugging her. [Client #3] hit [client #4] in the right eye." Client #4 did not have any marks or bruises.</p> <p>The investigation summary dated 9/18/23 was incomplete with no findings or recommendations to prevent recurrence.</p> <p>3) The BDS report dated 9/28/23 at 5:30 PM indicated, "[Client #6] became upset when [client #2] said 'I hope they burn in a house fire'. [Client #6] grabbed [client #2's] shirt and ripped it and grabbed her arm." Neither client had any injuries.</p> <p>The investigation summary dated 9/29/23 was incomplete with no findings or recommendations to prevent recurrence.</p> <p>4) The BDS report dated 10/13/23 at 7:50 AM indicated, "When getting on the transport bus [client #3] wanted to sit next to [client #4]. The two clients began arguing and staff re-directed. [Client #3] hit [client #4] in the face and [client #4] pulled [client #3's] hair." Client #4 did not have any marks or bruises.</p> <p>The investigation summary dated 10/13/23 was</p>				<p>Peak Community Services will retrain staff at the on client Behavioral Support Plans, as well as staff intervention and to prevent further Peer to Peer incidents. If a client engages in verbal or physical aggression with another client, staff should be retrained on immediately intervening and redirection, or separate according to the client's behavior support plan. Staff will continue to be trained on the client's documentation including risk plans, behavior support plan and individualized support plans.</p>		

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	<p>incomplete with no findings or recommendations to prevent recurrence.</p> <p>5) The BDS report dated 10/17/23 at 1:45 PM indicated, "(Day service client) could not find the remote and pushed [client #4] and [client #4] fell down." Client #4 did not have any marks or bruises.</p> <p>The investigation summary dated 10/17/23 was incomplete with no findings or recommendations to prevent recurrence.</p> <p>6) The BDS report dated 10/22/23 at 6:40 PM indicated, "[Client #3] was mad that she could not go on an outing. [Client #3] hit [client #5] on her right arm before staff could intervene." Client #5 did not have any marks or bruises.</p> <p>There was no investigation into this incident.</p> <p>7) The BDS report dated 12/4/23 at 7:30 AM indicated, "[Client #3] was standing in the doorway when [client #4] tried to enter to take her medications. [Client #3] screamed at [client #4] then hit her on top of her head." Client #4 did not have any marks or bruises.</p> <p>The investigation summary dated 12/4/23 was incomplete with no findings or recommendations to prevent recurrence.</p> <p>8) The BDS report dated 1/9/24 at 12:45 PM indicated, "[Client #3] wanted [client #4's] popcorn. [Client #3] took the popcorn and held it behind her back. [Client #4] attempted to get the popcorn back and [client #3] hit her in the face." Client #4 did not have any marks or bruises.</p> <p>The investigation summary dated 1/9/24 was</p>						

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	<p>incomplete with no findings or recommendations to prevent recurrence.</p> <p>9) The BDS report dated 1/15/24 at 7:15 AM indicated, "[Client #3] wanted to lay on the couch where [client #1] was sitting so she pushed her off the couch. Multiple staff re-directed [client #3] but could not get to her before she hit [client #1] on the arm." Client #1 did not have any marks or bruises.</p> <p>The investigation summary dated 1/15/24 was incomplete with no findings or recommendations to prevent recurrence. No other clients or witnesses were interviewed for the investigation.</p> <p>10) The BDS report dated 1/25/24 at 5:45 PM indicated, "[Client #1] became frustrated because she could not put on her bra properly. Staff attempted to assist her, which further aggravated her. Staff continued to help her calm down and asked other clients to go to their rooms. As [client #6] was walking to her room, [client #1] head butted her on top of the head." Client #6 did not have any marks or bruises.</p> <p>The investigation summary dated 1/26/24 was incomplete with no findings or recommendations to prevent recurrence.</p> <p>11) The BDS report dated 3/1/24 at 9:00 AM indicated, "(Day service client) hit [client #1] in the arm. Staff redirected client." Client #1 did not have any marks or bruises.</p> <p>There was no investigation into this incident.</p> <p>12) The BDS report dated 3/10/24 at 5:45 PM indicated, "Staff asked [client #3] to take her plate to the sink. [Client #3] hit [client #6] in the arm."</p>						

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	<p>Client #6 did not have any marks or bruises.</p> <p>There was no investigation into this incident.</p> <p>On 4/5/24 at 11:10 AM, an interview was conducted with the Director of Support and Quality Assurance (DSQA) who indicated all incidents of peer to peer aggression should be thoroughly investigated. The DSQA indicated she noticed when she sent the investigations they were incomplete. The DSQA stated she would "expect every witness to be interviewed as well as anything the facility could do to prevent the incident from recurring."</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/5/24 at 11:10 AM. The QIDP indicated all incidents of peer to peer aggression should be investigated. It was unknown why some incidents were not investigated. The QIDP indicated she left some areas on the investigation blank because of the wording of some of the questions and being unsure how to answer them.</p> <p>On 4/3/24 at 1:45 PM, a review of the June 2023 Peak Community Services abuse, neglect, mistreatment and exploitation policy was conducted indicating "Incidents are to be reported immediately to a supervisory level Peak Community Services staff member. Typically chain of command reporting is most appropriate but staff may report incidents to any Peak staff member in a supervisory position up to and including the Chief Executive Officer. Any Peak staff member also may report incidents straight to BDS using the Incident Reporting web site. For injuries of unknown origin the administrator to be notified can be anyone with the direct authority to suspend the alleged perpetrator. To protect the</p>						

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W 0153 Bldg. 00	<p>individual involved upon receiving the complaint the administrator shall immediately suspend the suspected perpetrator and any one other staff member who may have violated the reporting procedures of Peak Community Services. The suspension shall be in effect until the outcome of the investigation is known. This will protect the individual who has been the alleged victim of abuse, neglect, exploitation, or mistreatment from further abuse."</p> <p>9-3-2(a)</p> <p>483.420(d)(2)</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>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.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client #3), the facility failed to ensure an allegation of staff abuse was immediately reported to the administrator.</p> <p>Findings include:</p> <p>The facility's BDS (Bureau of Disabilities Services) reports and investigations were reviewed on 4/3/24 at 12:27 PM.</p> <p>The BDS report dated 3/10/24 indicated: "[Facility name] became aware of an allegation that [staff #1] blocked the hallway and would not allow [client #3] to walk past her. [Staff #1] was immediately suspended. The allegation was unsubstantiated and [staff #1] returned to work."</p> <p>The investigation summary dated 3/11/24</p>			W 0153	<p>Peak Community Services will follow its written policy and immediately report to BDS any instances of Abuse, Neglect, or Exploitation. The Direct Support Staff was immediately retrained on the definition of abuse, neglect, or exploitation. Peak Community Services mandates that all staff and contracted agents are required to report immediately to their supervisor any situations of abuse, neglect, or exploitation. Staff was retrained immediately on proper reporting procedures. Staff will continue to be trained on proper reporting procedures.</p>		04/30/2024

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W 0154 Bldg. 00	<p>indicated the following:</p> <p>-"[Staff #2] sent a behavior report to [facility name] on 3/11/24 stating on 3/10/24 [staff #1] 'kind of blocked' [client #3] when in the hallway during a client behavior."</p> <p>-"It is unsubstantiated that [staff #1] blocked the hallway."</p> <p>-"It is substantiated that [staff #2] did not report the allegation timely per policy and she should have reported it to her supervisor immediately."</p> <p>On 4/5/24 at 11:10 AM, an interview was conducted with the Director of Support and Quality Assurance (DSQA) who indicated staff #2 should have reported the allegation immediately to her supervisor rather than waiting until the next day when submitting the behavior report. The DSQA stated all staff should "report any allegations of abuse, neglect or mistreatment" immediately to a supervisor.</p> <p>9-3-2(a)</p> <p>483.420(d)(3)</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 3 of 3 sampled clients (clients #1, #2, and #3), plus 3 additional clients (clients #4, #5, and #6), the facility failed to ensure investigations for peer to peer abuse were thorough and included recommendations for corrective action.</p> <p>Findings include:</p> <p>The facility's BDS (Bureau of Disabilities Services)</p>			W 0154	<p>Peak Community Services mandates that all staff and contracted agents are required to report immediately to their immediate supervisor any situation of Abuse, Neglect, or Exploitation. Peak Community Services requires all staff annual and most recently April 30th 2024 to complete training on Incident</p>		04/30/2024

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	<p>reports and investigations were reviewed on 4/3/24 at 12:27 PM.</p> <p>1) The BDS report dated 8/23/23 at 7:45 AM indicated, "[Client #3] was upset because of running out of popsicles at the house. When staff attempted to re-direct her she slapped staff on the arm and chest and bit [client #4]." Client #4 did not have any marks or bruises.</p> <p>The investigation summary dated 8/23/23 was incomplete with no findings or recommendations to prevent recurrence. No other clients or witnesses to the incident were interviewed for the investigation.</p> <p>2) The BDS report dated 9/18/23 at 1:30 PM indicated, "Clients were on a community outing. [Client #3] was hugging [client #4]. [Client #4] told [client #3] she smelled and to stop hugging her. [Client #3] hit [client #4] in the right eye." Client #4 did not have any marks or bruises.</p> <p>The investigation summary dated 9/18/23 was incomplete with no findings or recommendations to prevent recurrence.</p> <p>3) The BDS report dated 9/28/23 at 5:30 PM indicated, "[Client #6] became upset when [client #2] said 'I hope they burn in a house fire'. [Client #6] grabbed [client #2's] shirt and ripped it and grabbed her arm." Neither client had any injuries.</p> <p>The investigation summary dated 9/29/23 was incomplete with no findings or recommendations to prevent recurrence.</p> <p>4) The BDS report dated 10/13/23 at 7:50 AM indicated, "When getting on the transport bus [client #3] wanted to sit next to [client #4]. The</p>		<p>response and reporting training, a training that is ongoing. To ensure Peak Staff have appropriate levels of supervision, know the definition of neglect and know to report neglect immediately, they were retrained in these topics. Additionally, the staff with be observed for these efforts during the Residential, QDDP, and Nurse observations. Peak Community Services will increase the amount of administrative oversight to ensure the investigations conducted are thorough and complete. After the completion of the investigation, the summary of the investigation will be reviewed for accuracy by a Senior level member of Management. Concerning Peer to Peer abuse, it is usually the Director of Compliance and Quality that will review the investigation summary. In order to prevent reoccurrence, Peak Community Services will evaluate the High Street clients and their Behavior Support Plans to ensure the plans are updated and staff are appropriately trained.</p>				

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	<p>two clients began arguing and staff re-directed. [Client #3] hit [client #4] in the face and [client #4] pulled [client #3's] hair." Client #4 did not have any marks or bruises.</p> <p>The investigation summary dated 10/13/23 was incomplete with no findings or recommendations to prevent recurrence.</p> <p>5) The BDS report dated 10/17/23 at 1:45 PM indicated, "(Day service client) could not find the remote and pushed [client #4] and [client #4] fell down." Client #4 did not have any marks or bruises.</p> <p>The investigation summary dated 10/17/23 was incomplete with no findings or recommendations to prevent recurrence.</p> <p>6) The BDS report dated 10/22/23 at 6:40 PM indicated, "[Client #3] was mad that she could not go on an outing. [Client #3] hit [client #5] on her right arm before staff could intervene." Client #5 did not have any marks or bruises.</p> <p>There was no investigation into this incident.</p> <p>7) The BDS report dated 12/4/23 at 7:30 AM indicated, "[Client #3] was standing in the doorway when [client #4] tried to enter to take her medications. [Client #3] screamed at [client #4] then hit her on top of her head." Client #4 did not have any marks or bruises.</p> <p>The investigation summary dated 12/4/23 was incomplete with no findings or recommendations to prevent recurrence.</p> <p>8) The BDS report dated 1/9/24 at 12:45 PM indicated, "[Client #3] wanted [client #4's]</p>						

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	<p>popcorn. [Client #3] took the popcorn and held it behind her back. [Client #4] attempted to get the popcorn back and [client #3] hit her in the face." Client #4 did not have any marks or bruises.</p> <p>The investigation summary dated 1/9/24 was incomplete with no findings or recommendations to prevent recurrence.</p> <p>9) The BDS report dated 1/15/24 at 7:15 AM indicated, "[Client #3] wanted to lay on the couch where [client #1] was sitting so she pushed her off the couch. Multiple staff re-directed [client #3] but could not get to her before she hit [client #1] on the arm." Client #1 did not have any marks or bruises.</p> <p>The investigation summary dated 1/15/24 was incomplete with no findings or recommendations to prevent recurrence. No other clients or witnesses were interviewed for the investigation.</p> <p>10) The BDS report dated 1/25/24 at 5:45 PM indicated, "[Client #1] became frustrated because she could not put on her bra properly. Staff attempted to assist her, which further aggravated her. Staff continued to help her calm down and asked other clients to go to their rooms. As [client #6] was walking to her room, [client #1] head butted her on top of the head." Client #6 did not have any marks or bruises.</p> <p>The investigation summary dated 1/26/24 was incomplete with no findings or recommendations to prevent recurrence.</p> <p>11) The BDS report dated 3/1/24 at 9:00 AM indicated, "(Day service client) hit [client #1] in the arm. Staff redirected client." Client #1 did not have any marks or bruises.</p>						

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	<p>There was no investigation into this incident.</p> <p>12) The BDS report dated 3/10/24 at 5:45 PM indicated, "Staff asked [client #3] to take her plate to the sink. [Client #3] hit [client #6] in the arm." Client #6 did not have any marks or bruises.</p> <p>There was no investigation into this incident.</p> <p>On 4/5/24 at 11:10 AM, an interview was conducted with the Director of Support and Quality Assurance (DSQA) who indicated all incidents of peer to peer aggression should be thoroughly investigated. The DSQA indicated she noticed when she sent the investigations they were incomplete. The DSQA stated she would "expect every witness to be interviewed as well as anything the facility could do to prevent the incident from recurring."</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/5/24 at 11:10 AM. The QIDP indicated all incidents of peer to peer aggression should be investigated. It was unknown why some incidents were not investigated. The QIDP indicated she left some areas on the investigation blank because of the wording of some of the questions and being unsure how to answer them.</p> <p>9-3-2(a)</p>						