STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G620	A. BUILDING -- B. WING	04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PEAK COMMUNITY SERVICES INC	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
E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475. Survey Date: 04/15/24 Facility Number: 001168 Provider Number: 15G620 AIM Number: 100235360 At this Emergency Preparedness survey, Peak Community Services Inc was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475. The facility has 6 certified beds. At the time of the survey, the census was 6. Quality Review completed on 04/17/24	E 0000		
K 0000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 04/15/24 Facility Number: 001168 Provider Number: 15G620 AIM Number: 100235360 At this Life Safety Code survey, Peak Community Services Inc was found not in compliance with Requirements for Participation in Medicaid, 42	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Chris Nabors	CEO	05/02/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	15G620	A. BUILDING 01 B. WING	04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PEAK COMMUNITY SERVICES INC	1625 HIGH ST LOGANSPORT, IN 46947

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	CFR Subpart 483.470(j), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies. This one-story facility was not sprinkled. The facility has a fire alarm system with smoke detection in the corridors common living areas, and hard-wired smoke detectors in client sleeping rooms. The facility has a capacity of 6 and had a census of 6 at the time of this survey. Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.0. Quality Review completed on 04/17/24			
K S712 Bldg. 01	NFPA 101 Fire Drills Fire Drills 1. The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to: a. Ensure that all personnel on all shifts are trained to perform assigned tasks; b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. 2. The facility must: a. Actually evacuate clients during at least one drill each year on each shift; b. Make special provisions for the evacuation of clients with physical disabilities; c. File a report and evaluation on each drill; d. Investigate all problems with evacuation			

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	15G620	A. BUILDING 01 B. WING	04/15/2024

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	drills, including accidents and take corrective action; and e. During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code. 3. Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. 42 CFR 483.470(i) Based on record review and interview, the facility failed to conduct quarterly fire drills for 4 of 4 quarters. LSC 33.7.3 states "Emergency egress and relocation drills shall be conducted in accordance with 33.7.3.1 through 33.7.3.6. This deficient practice affects all clients and staff. Findings include: Based on observations made during record review with the Facilities Manager on 04/15/24 at 1:45 p.m., the facility fire drill documentation entitled "Fire Drill Form" was missing a drill conducted in the fourth quarter (October, November, and December) of 2023. Based on interview at the time of record review, the Facilities Manager acknowledged the aforementioned fire drill was not available for review as of the time of this survey.	K S712	All emergency plan tests and drills will be conducted and documented as required. Completed tests will be sent to the Director of Residential Services and the Director of Human Resources to ensure the homes are complying. All completed drills will be maintained at the 1625 High St. location as well as the main location of 1416 Woodlawn Ave. The Director of Residential Services implemented the Manager Daily SGL Site Inspection Checklist as a second check to ensure the Manager is able to monitor that the drills are completed per standards. Attached is a copy of the documentation that the Director of Residential Services used to hold the Manager and coordinator accountable for the missed drills. As well as a copy of the Manager Daily SGL Site Inspection form that has been implemented since April 23, 2024.	04/23/2024