

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

PRINTED: 08/26/2021

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 07/26/2021	
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 DEFICIENCY (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	<p>This visit was for a pre-determined full annual recertification and state licensure survey. This visit included a Covid-19 focused infection control survey.</p> <p>This visit was in conjunction with the investigation of complaint #IN00356504.</p> <p>Dates of survey: 7/20, 7/21, 7/22, 7/23, and 7/26/2021</p> <p>Facility Number: 001168 Provider Number: 15G620 AIMS Number: 100235360</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 8/4/21.</p>		W 0000				
W 0149 Bldg. 00	<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 for 3 of 18 incident reports reviewed affecting clients (A, B and C), the facility failed to implement its policy and procedures for prohibiting abuse and neglect regarding staff's failure to prevent client to client physical abuse.</p> <p>Findings include:</p> <p>On 7/21/21 at 2:50 pm, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and accompanying investigative</p>		W 0149	<p>Peak Community Services will ensure staff uphold the agency's abuse, neglect, and mistreatment policy and procedures to protect clients from physical aggression. Peak Community Services trains its staff to protect its clients and intervene in peer to peer aggression. All direct support professionals, managers, coordinators, and others are trained to redirect clients involved</p>		08/15/2021	

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 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 disclosed 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>summaries was completed. The reports indicated:</p> <p>1) BDDS report dated 6/28/21 indicated "[Client A] slapped [Client B] on the bottom. [Client B] punched [Client A] in the stomach. Staff redirected clients according to their behavior support plans. Staff assessed clients, who had no bruises."</p> <p>2) BDDS report dated 6/24/21 indicated "[Client B] wanted her identification card out of the staff book, and staff did not facilitate her request as fast as [Client B] preferred. [Client B] swung her right arm to hit staff. [Client A], who was close by, reached her right arm out to block [Client B]'s hit. [Client B] then tried to hit [Client A], so [Client A] pushed [Client B] into the wall. Neither clients had red marks or bruises on their arms or on [Client B]'s back. Staff separated the clients to different areas to calm down per the clients' behavior support plans."</p> <p>3) BDDS report dated 6/3/21 indicated "[Client B] hit [Client C] on the left shoulder. Staff separated the clients, redirected [Client B], and removed [Client C] to a different area. [Client C] had no marks on her left shoulder. [Client B] knocked over several chairs and flipped the dining room table. Staff tried to redirect client, and client started to kick staff. Two staff placed [Client B] in a two-person approved hold for four minutes until [Client B] calmed down."</p> <p>On 7/23/21 at 9:45 AM, the Supported Group Living (SGL) Procedure Manual dated 02/2021 was reviewed. The Abuse and Neglect policy indicated: "The definition of Abuse is defined for this purpose as the following:</p>				<p>in peer to peer aggression, separate the clients to calming areas, and encourage coping strategies to deal with anger and frustration according to clients' behavior support plans. All Peak staff who work with clients A and B are trained on their behavior support plans and risk plans among other documents. Peak Community Services is committed to client care and safety. Peak will continue to retrain staff according to client's behavior support plans and risk plans. Peak Community Services will continue to implement corrective measures to prevent physical aggression behaviors in clients. Peak Community Services completes investigations and conducts IDT meetings for client peer to peer aggression incidents and implements corrective measures.</p>		

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	<p>1. The intentional or willful infliction of physical injury.</p> <p>2. Unnecessary physical or chemical restraints or isolation.</p> <p>3. Punishment with resulting physical harm or pain.</p> <p>4. Sexual molestation, rape, physical misconduct, sexual coercion, and sexual exploitation.</p> <p>5. Verbal or demonstrative harm caused by oral or written language, or gestures with disparaging or derogatory implications.</p> <p>6. Psychological, mental, or emotional harm caused by unreasonable confinement, intimidation, humiliation, harassment, threats of punishment, or deprivation.</p> <p>7. Abuse can also be psychological, mental, or emotional harm caused by unreasonable confinement, intimidation, humiliation, harassment, threats of punishment, or deprivation.</p> <p>8. Emotional/ verbal abuse including but not limited to communicating with words or actions in a person's presence with intent to: cause the individual to be placed in fear of retaliation; in fear of confinement or restraint; to experience emotional distress or humiliation; to react in a negative manner; or to cause others to view the individual with hatred, contempt, disgrace or ridicule, or to cause the individual to react in a negative behavior."</p> <p>DQA (Director of Quality Assurance) was interviewed on 7/26/2021 at 2:00 pm. DQA indicated staff should be implementing the abuse and neglect policy at all times to ensure client safety and protection. DQA indicated physical and verbal aggression would be considered forms of abuse according to their current Abuse and Neglect policy.</p> <p>9-3-2(a)</p>						

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