

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G121	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/25/2014
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NAME OF PROVIDER OR SUPPLIER PASSAGES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 125 N 200 E COLUMBIA CITY, IN 46725
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: September 22, 23, 24 and 25, 2014.</p> <p>Facility number: 000658 Provider number: 15G121 AIM number: 100234300</p> <p>Surveyor: Kathy Wanner, QIDP.</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/6/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on record review and interview, the facility failed to assess 1 of 4 sampled clients (client #3) from injuries occurring from falls while involved in sports related activities.</p>	W000210	<p>What corrective actions will be accomplished for these residents found to have been affected by the deficient practice? Client #3 will be assessed or reassessed when falls occur to</p>	10/25/2014

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.

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	<p>Findings include:</p> <p>Facility records were reviewed on 9/22/14 at 1:59 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports. The BDDS reports indicated the following:</p> <p>-8/7/14 at 6:50 P.M. Client #3 fell while participating in a bowling league with peers. Client #3 lost his balance and fell sideways impacting his left elbow on the floor resulting in a nickel sized red spot on his left elbow with potential for bruising. Client #3 was wearing his adaptive equipment (gait belt, stationary ankle/lower leg brace, swedo brace) at the time of the fall.</p> <p>-8/7/14 at 10:00 P.M. Client #3 fell while participating in a bowling league with peers. Client #3 lost his balance and fell forward, landing on his knees. His knees both had quarter sized red marks with the potential for bruising. Client #3 was wearing his adaptive equipment (gait belt, stationary ankle/lower leg brace, swedo brace) at the time of the fall.</p> <p>-7/31/14 at 6:30 P.M. Client #3 fell while participating in a bowling league with peers. Client #3's foot slipped on the waxed floor and slipped backwards,</p>		<p>prevent injuries from occurring. Client #3 will wear protective elbow and knee pads when participating in sports related activities.</p> <p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Clients will be assessed or reassessed when falls occur to prevent injuries from occurring. Revision of their plan will occur in an effort to prevent injuries from occurring.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur? Passages Quality Assurance Committee reviewed its protocol for reporting falls with no significant injury on 9-17-14. (Previously Passages has been reporting ALL falls regardless of injury or not.) Each fall will be internally reviewed by supervisors or nurses. The supervisor or nurse along with the IDT will assess the circumstances surrounding the fall and make recommendations for revision in the clients program plan in an effort to</p>	

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	<p>landing on his buttocks and striking his left elbow resulting in a penny sized red mark on his left elbow with potential for bruising. Client #3 was wearing his adaptive equipment (gait belt, braces) the time of the fall.</p> <p>-6/19/14 at 5:58 P.M. Client #3 fell while participating in a bowling league with peers. Client #3 was attempting to throw the ball and fell, landed on his left side. No injuries at the time were noted. Client #3 was wearing his new upgraded leg brace on his right foot/ankle. He was not wearing his orthotic shoes. He was wearing bowling shoes. Client #3 reported to the nurse he was not wearing his gait belt at the bowling alley.</p> <p>-5/6/14 at 7:07 P.M. Client #3 fell while at the [name of recreation league]. Client #3 indicated he had shot the ball at the basket and was proceeding to retrieve the ball as it bounced away from him and he lost his footing and he fell onto his buttocks then onto his back. There were no apparent injuries visible at the time. Client #3 was wearing both his leg brace and his gait belt, but not his glasses. His glasses can be worn on a PRN (as needed) basis.</p> <p>Client #3's record was reviewed on 9/25/14 at 12:05 P.M. Client #3's Fall</p>		<p>prevent injuries from occurring. Individuals with a high level of risk to fall have been identified and will be reassessed with every fall regardless of injury or not.</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</p> <p>Passages Quality assurance team meets every other month and reviews agency trends including falls. The Quality Assurance team will make recommendations for changes in policy or protocol as the team deems appropriate to prevent injuries from falls.</p> <p>What is the date by which the systemic changes will take place? 10-25-14</p>		

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	<p>Risk Plan dated 3/25/14 indicated: "[Client #3] has diagnoses of, but not limited to, CVA/TBI (cerebrovasacular accident/traumatic brain injury) with residual right hemiplegia due to an injury he received as a two year old, related to Shaken Baby Syndrome. He ambulates independently though he does have a history of falls due to an unsteady gait." Per his Fall Risk Plan 1) remind to slow down and take his time. 2) wear his gait belt during all wake hours. 3) provide assistance as needed, especially when out in the community, uneven ground, entering/exiting van, on ice/snow, in crowded areas, unfamiliar areas, up and down stairs and any other times when may need assistance for stabilization and safety. 4) check to see brace is worn daily. 5) check to see gait belt is worn daily. 6)encourage (client #3) to wear brace during activities. 7) monitor brace for repairs. 8)encourage (client #3) to perform his leg exercises. 9) encourage (client #3) to wear glasses. 10) be aware of his surroundings when ambulating. 11) maintain safe environment in home (clutter free, clean dry floors, non-skid mat and grab bars in shower, adequate lighting, no throw rugs. 12) maintain his own room clutter free and safe for walking. 13) assess foot wear and braces for defects and wear and tear. Client #3's ISP (Individual Support Plan) dated</p>			

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	<p>2/12/14 indicated he had goals including: exercising, wear leg brace, wear arm brace (at night), work on physical therapy (PT) exercises and wearing glasses. Client #3's record indicated he had a Self Management Plan (SMP) dated 2/12/14 which indicated a target behavior of defiant/non-compliance behaviors which involved the ability to earn extra rewards/outings for compliance with rules and tasks. Client #3 was not currently prescribed any medication for the control of behaviors.</p> <p>An IDT (interdisciplinary team) meeting dated 8/14/14 indicated "[Client #3] resistant to using platform walker. IDT reviews falls...no injury that has required more than basic first aid. Also, the majority of falls...fall into one of two categories; he is involved in activities he enjoys such as bowling, playing other sports or playing around with his peers, or due to his impulsiveness...moving too quickly walks on freshly mopped floors, walking when carrying too much stuff. [Client #3] is young and wants to be as normal as possible. He has adaptive equipment, yet continues to fall. [Client #3] does not want to use a walker. His guardian also does not want him to use a walker at this time. 1. Continue PT as recommended, 2. Continue home exercise program (HEP) as recommended</p>				

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	<p>by PT. 3. Orthopedic assessment for more ankle supportive boots."</p> <p>Client #3 was interviewed on 9/24/14 at 11:35 P.M. Client #3 stated, "Yeah, I know I should always wear my braces and belt. I don't like them. I don't care if I fall, I don't hurt myself. You know me, I have always fallen down even when I lived at [name of former provider]. I have fallen down a lot, it doesn't hurt." Client #3 indicated he wanted to be like the other guys, and wanted to look nice for the ladies.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 9/25/14 at 3:07 P.M. The QIDP stated, "We don't want to do anything to put more restrictions on him. We want him to be as active as possible. Our concern is having to make him more restrictive, wanting him to be as active as possible but minimizing his injuries," The QIDP stated, "Our facility was reporting all falls to BDDS whether an injury had occurred or not. We have now changed our policy to report only falls when an injury has occurred."</p> <p>9-3-4(a)</p>						

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review, the facility failed to assure the computers in the computer class at the facility owned and operated day program were in working order for 3 of 4 sampled clients (clients #1, #3 and #4) and for 3 of 4 additional clients (clients #5, #6 and #8) who participate in computer class at the day program.</p> <p>Findings include:</p> <p>Observation of the computer class were conducted on 9/24/14 from 12:20 P.M. until 1:30 P.M. There were six individuals participating in the computer</p>	W000249	<p>What corrective actions will be accomplished for these residents found to have been affected by the deficient practice? All computers used by client's #1, 3, 4, 5, 6, and 8 in the Creative Learning Center Computer Classes were repaired by the Passages technology staff and back in working order on September 29, 2014. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All computers used by other Creative Learning Center computer class participants were back in working order on September 29, 2014. What measures will be</p>	10/25/2014	

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	<p>class at the time. There were desk top computers in the class room. Three of the computers were working. Two of those working computers had Internet connection. Clients #1, #6 and #8 were in the classroom. Clients #6 and #8 were playing a card game with a deck of cards. Client #1 was using a small tablet to look up his fantasy football team.</p> <p>On 9/24/14 at 12:35 P.M. client #1 stated, "I'm using his tablet to look up my fantasy football team." Client #1 pointed to a peer in the classroom. At 12:35 P.M. Peer A stated "Yeah, I bring in my own PC (laptop computer) and my tablet so the other guys can use it." At 3:38 P.M., when asked how long the computers had not been working, the direct care staff (DCS) in the classroom indicated she was not sure, "Maybe a couple of weeks." When hearing this the clients in the class all started to talk at once and indicated the computers had been down for several months. The DCS stated, "[Client #1], [client #6] and [client #8] participated in computer class every Monday, Wednesday and Friday from 12:30 P.M. until 1:20 P.M., [client #3] and [client #5] participated in class every Monday, Wednesday and Friday from 1:30 P.M. until 2:20 P.M. and [client #4] participated in class every Tuesday and Thursday for fifty minutes." The DCS</p>		<p>put into place or what systemic changes you will make to ensure that the deficient practices does not recur?A computer work order form will be developed for staff to use to notify the technology staff of computers not in working order. The technology staff will have 5 working days to check and develop repair plan as needed. Staff will be trained on the use of the work order form. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?The computers in the Computer classroom will be checked monthly by technology staff to ensure the computers remain in working order. The technology staff will document the monthly check on a card affixed to each computer. What is the date by which the systemic changes will take place?10-25-14</p>	

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	<p>indicated clients #1, #3, #4, #5, #6 and #8 did not have specific formal computer goals.</p> <p>Client #1's record was reviewed on 9/24/14 at 2:45 P.M. Client #1 had an Individual Support Plan (ISP) dated 12/18/13. Client #1's ISP indicated he had the following day program goals: focus on assigned tasks to completion and appropriate interactions with peers.</p> <p>Client #3's record was reviewed on 9/25/14 at 12:05 P.M. Client #3 had an ISP dated 2/12/14. Client #3's ISP indicated he had the following day program goals: stay focused on tasks and stay in designated area.</p> <p>Client #4's record was reviewed on 9/25/14 at 12:45 P.M. Client #4 had an ISP dated 7/29/14. Client #4's ISP indicated he had the following day program goals: interact appropriately with peers while at day program, initiate my assigned work tasks.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 9/25/14 at 3:07 P.M. The QIDP stated, "I wasn't aware of the problem with the computers. They should be working."</p>						

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

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	9-3-4(a)				