

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G121	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 11/14/2014
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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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K020000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 11/14/14</p> <p>Facility Number: 000658 Provider Number: 15G121 AIM Number: 100234300</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Passages Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, sleeping rooms and common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K020000		
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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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K020130	<p>Score (E-Score) using NFPA 101A, Alternative Approaches of Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.9.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview, the facility failed to ensure 1 of 1 portable fire extinguishers located in the garage was provided maintenance no more than one year apart. Section 4.6.12.1 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. NFPA 10 Standard for Portable Fire Extinguishers, Section 4-4.1 requires fire extinguishers to be subjected to maintenance no more than one year apart or when specifically indicated by inspection. NFPA 10, 4-3.4.3 requires records shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or in an electronic system that provides a permanent record. This deficient practice would affect all occupants.</p>	K020130	<p>What corrective actions will be accomplished for these residents found to have been affected by the deficient practice? A list of all fire extinguishers present in this home and their locations will be updated and submitted to the vendor that inspects the group home fire extinguishers to ensure all extinguishers are inspected during their annual inspection.</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? A list of all fire extinguishers present in other Passages group homes and their locations will be updated and submitted to the vendor that inspects the group</p>	12/14/2014

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	<p>Findings include:</p> <p>Based on observation with Residential Manager on 11/14/14 at 12:01 p.m., the last annual inspection for the portable fire extinguisher located in the garage was 10/2012. Based on an interview with the Residential Manager at the time of observation, the fire extinguisher was missed during the last annual inspection.</p>		<p>home fire extinguishers to ensure all extinguishers are inspected during their annual inspection.</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? A new checklist will be created by the Passages Creative Learning Center (CLC) Supports Coordinator that will include all safety inspections (including fire extinguishers), dates the inspections are due, and vendor responsible for the inspections. This checklist will be coordinated with the vendors to ensure Passages and safety inspection vendors have the same schedule of inspections. The CLC Supports Coordinator will schedule appropriate inspections with the appropriate vendors for required inspections as they are due.</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? The Passages CLC Supports Coordinator will monitor the inspection checklist to ensure the required inspections are scheduled and completed timely</p>		

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K02S053	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10, 32.2.3.43.1. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for all living areas as defined in 3.3.119.</p> <p>Exception: Smoke alarms are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.</p> <p>Based on record review and interview, the facility failed to ensure the smoke detectors for 1 of 1 fire alarm system had been sensitivity tested. LSC 9.6.2.10.1 refers to NFPA 72, the National Fire Alarm Code. NFPA 72, at 7-3.2.1 states Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be</p>	K02S053	<p>(including the fire extinguisher annual inspections). The Passages Community Living Manager will be informed of scheduled inspections.</p> <p>What is the date by which the systemic changes will take place? 12-14-14</p> <p>What corrective actions will be accomplished for these residents found to have been affected by the deficient practice? Sensitivity testing was completed at this group home on 11-14-14.</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? Sensitivity testing will be completed at remainder of Passages group homes by 12-14-14.</p>	12/14/2014

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	<p>permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range it shall be tested using any of the following methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method, (2) Manufacturer's calibrated sensitivity test instruments, (3) Listed control equipment arranged for the purpose, (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside the listed sensitivity range, (5) Other calibrated sensitivity test methods approved by the authority having jurisdiction. <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or be replaced.</p> <p>NOTE: The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector.</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?</p> <p>The vendor that completes the sensitivity inspections has been notified that the sensitivity testing is required to be completed every two years. Additionally, a new checklist will be created by the Passages Creative Learning Center (CLC) Supports Coordinator that will include all safety inspections (including sensitivity testing), dates the inspections are due, and vendor responsible for the inspections. This checklist will be coordinated with the vendors to ensure Passages and safety inspection vendors have the same schedule of inspections. The CLC Supports Coordinator will schedule appropriate inspections with the appropriate vendors for required inspections as they are due.</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>The Passages CLC Supports Coordinator will monitor the inspection checklist to ensure</p>	

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K02S152	<p>This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Residential Manager on 11/14/14 at 11:41 a.m., the last fire alarm smoke detector sensitivity testing was conducted by Shambaugh & Sons on 10/29/14. Based on an interview with the Residential Manager at the time of record review, no other documentation was available for review to confirm a more recent smoke detector sensitivity test had been conducted.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities; (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p>				<p>the required inspections are scheduled and completed timely (including the fire extinguisher annual inspections). The Passages Community Living Manager will be informed of scheduled inspections.</p> <p>What is the date by which the systemic changes will take place? 12-14-14</p>		

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	<p>(v) 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.</p> <p>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize. Based on record review, the facility failed to conduct quarterly fire drills at unexpected times on first shift for 4 of the last 4 calendar quarters. LSC 4.7.5 requires drills be held at unexpected times and varying conditions. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>During record review and interview with the Residential Manager on 11/14/14 at 11:40 a.m., confirmed the fire drill documentation noted all first shift drills for the last four quarters took place between 6:00 a.m. and 7:35 a.m.</p>	K02S152	<p>What corrective actions will be accomplished for these residents found to have been affected by the deficient practice? Quarterly fire drills will be completed at unexpected and varied times on first shift.</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? Quarterly fire drills will be completed at unexpected and varied times on first shift at other Passages group homes.</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? When completing the annual schedule of drills, the group home managers will schedule drills to be completed at varied times on first shift including weekend days every other month. Specific times will be assigned to the drills to ensure</p>	12/14/2014

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			<p>drills are not completed at similar times.</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? The annual schedule of drills indicating specific dates and times of drills will be submitted to the Community Living Manager for review to ensure drills are completed at unexpected and varied times. Additionally, the quarterly review of drills will be submitted to the Vice President of Programs to ensure drills are being completed at unexpected and varied times.</p> <p>What is the date by which the systemic changes will take place? 12-14-14</p>	