STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G675	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/14/2011
NAME OF PROVIDER OR SUPPLIER PASSAGES INC		STREET ADDRESS, CITY, STATE, ZIP CODE 990 E HANNA ST COLUMBIA CITY, IN46725	

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W0000	This visit was for the investigation of complaint #IN00097798 Complaint #IN00097798: SUBSTANTIATED, Federal and State deficiencies related to the allegation was cited at W183. This survey was completed in conjunction with post certification revisit (PCR) to the recertification and state licensure survey completed on September 7, 2011. Dates of Survey: October 13, and 14, 2011. Surveyor: Susan Eakright, Medical Surveyor III/QMRP PROVIDER NUMBER: 15G675 AIM NUMBER: 100234550 FACILITY NUMBER: 009013 The following deficiencies also reflect state findings in accordance with 460 IAC 9.1. Quality Review completed 11/1/11 by W. Chris Greeney ICF-ID Surveyor Supervisor.	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W0183	There must be responsible direct care staff on duty and awake on a 24-hour basis, when clients are present, to take prompt, appropriate action in case of injury, illness, fire or other emergency, in each defined residential living unit housing: (i) Clients for whom a physician has ordered a medical care plan; (ii) Clients who are aggressive, assaultive or security risks; (iii) More than 16 clients; or (iv) Fewer than 16 clients within a multi-unit building. Based on record review and interview for 3 of 4 sample clients (clients A, C, and D) and 4 additional clients (clients E, F, G, and H) who lived in the group home, the facility failed to provide awake staff to provide staff supervision for client A, C, D, E, F, G, and H's identified needs. Findings include: The facility's BDDS (Bureau of Developmental Disability Services) reports from 9/1/11 through 10/11/11 were reviewed on 10/11/11 at 2:15pm, and indicated the following: -A 9/30/11 BDDS report for an incident on 9/30/11 at 6:36am, indicated when the day shift direct care staff came on duty to the group home the outside doors were locked and the oncoming staff observed the one night shift staff who was on duty asleep. The report indicated client A who	W0183	**What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice:** 1. The employee engaged in this deficient practice was terminated. 2. The facility will ensure there is responsible direct care staff on duty and awake on a 24 hour basis when the identified clients are present. 3. An in-service training will be conducted with the staff who works with those residents found to have been affected by this deficient practice to review revised agency abuse/neglect policy. **How will we identify other residents having the potential to be affected by the same deficient practice:** 1. The employee engaged in this deficient practice was terminated. 2. The facility will ensure there is responsible direct care staff on duty and awake on a 24 hour basis when the identified and additional clients are present.	11/13/2011

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	was awake unlocked the door for the oncoming staff. The report indicated the night shift staff "said at 5:30am she was watching TV (television) and was a little bit zoned out." On 10/13/11 at 4pm, an interview with the House Manager (HM) was completed. The HM indicated she was in the process of scheduling drop in visits for second and third shift personnel. The HM stated she had last visited third shift during "June or July, 2011" and she had not scheduled a drop in visit to observe third shift personnel on duty. The HM stated the same overnight shift staff in "June or July, 2011" when the HM completed her monitoring of the group home "was nodding off." The HM stated "it was a training opportunity" at that time. The HM indicated the group home had one (1) staff on duty for the overnight shift of work Monday through Sunday. The HM stated the one (1) staff on duty at the group home for the overnight shift of work "should be awake" when on duty. Client A's records were reviewed on 10/13/11 at 3pm. Client A's 5/23/11 Individual Support Plan (ISP) and 5/23/11 BSP (Behavior Support Plan) indicated the use of psychotropic medication Abilify, Intunly ER, Lexapro, and Topamax for client A's behaviors of		3. An in-service training will be conducted with the staff who works with other residents found to have been affected by this deficient practice to review revised agency abuse/neglect policy. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practices do not recur:** 1. Revised agency Abuse/Neglect Policy to expand definition of neglect to include failure to provide supervision, training, or medical supervision. 2. In-service training will be conducted to review revised agency abuse/neglect policy. 3. Abuse/Neglect training will continue to be provided at hire and annually thereafter. **How will the corrective actions be monitored to ensure the deficient practice will not recur:** 1. Random, unannounced visits will be made to the facilities quarterly to ensure staff is on duty and awake. **What is the date by which the systemic changes will be completed:** 11/13/11	

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	verbal outbursts, protection of others safety, self abuse, and leaving without telling staff. Client A's BSP indicated staff were to supervise her to protect her from her behaviors. Client C's records were reviewed on 10/13/11 at 3:15pm. Client C's 2/16/11 ISP and 2/16/11 BSP indicated behaviors of self abuse which causes injury to her head. Client C's BSP indicated the use of psychotropic medication for her behaviors. Client C's BSP indicated staff were to supervise her and complete checks every fifteen (15) minutes when client C was awake to protect her from her behavior. Client D's records were reviewed on 10/13/11 at 3:30pm. Client D's 8/19/10 ISP and 8/19/10 BSP indicated the use of psychotropic medication Risperdal for client D's behaviors of crying and non compliance. Client D's BSP indicated staff were to supervise her to protect her from her behaviors. On 10/14/11 at 1:10pm, an interview was completed with the QMRP (Qualified Mental Retardation Professional). The QMRP indicated clients A, C, D, E, F, G, and H had behavior support plans which required the supervision by group home staff. The QMRP indicated clients A, C,			

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	D, E, F, and G had psychotropic medications prescribed because of each clients' behavior. This federal tag relates to complaint #IN00097798. 9-3-3(a)			