

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PASSAGES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: October 1, 2, 3 and 5, 2012.</p> <p>Facility number: 000871 Provider number: 15G356 AIM number: 100248940</p> <p>Surveyor: Kathy Wanner, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed October 15, 2012 by Dotty Walton, Medical Surveyor III.</p>	W0000		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/05/2012	
NAME OF PROVIDER OR SUPPLIER PASSAGES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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			
W0149	<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 facility records and interview, facility staff failed to follow the facility's policy prohibiting Abuse and Neglect as indicated in 1 of 29 Bureau Of Developmental Disabilities Services Reports reviewed for 1 additional client (client #7), by failing to seek help for his medical needs and by failing to timely report his medical needs.</p> <p>Findings include:</p> <p>Facility records were reviewed on 10/1/12 at 2:20 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports for the past year. The BDDS reports indicated the following:</p> <p>A BDDS report dated 8/17/12 for 8/9/12 at 3:30 P.M. indicated "On 8/16/12 [Direct Support Staff (DSP) #3] reported that on 8/9/12 her co-worker [DSP #2] documented in the staff log that [client #7] sat on the toilet for 3 (three) hours during [DSP #2's] shift. On 8/16/12 [DSP #3] reported in her statement that she spoke with [DSP #2] about the documentation and informed [DSP #2] she was going to inform the home manager about the situation. [DSP #2]</p>	W0149	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice: A full investigation of the allegation of neglect toward client #7 was completed. The allegation of neglect was substantiated, and employees #1 and #2 were terminated. How will we identify other residents having the potential to be affected by the same deficient practice: Staff training regarding Passages policy to prohibit abuse, neglect, and mistreatment was provided to all staff working in this home. What measures will be put into place or what systemic changes will be made to ensure that the deficient practices do not recur: Staff training regarding Passages policy to prohibit abuse, neglect, and mistreatment is provided upon hire and annually thereafter. Annual staff training was completed on July 18, 2012. Passages is currently developing a Quality Improvement Team that will be evaluating data, trends, and policies related to areas such as behavior, abuse/neglect and medication errors. The team will begin meeting on</p>	11/04/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/05/2012	
NAME OF PROVIDER OR SUPPLIER PASSAGES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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			
	was interviewed and reported that she prompted [client #7] every 1/2 hour (30 minutes) to get off the toilet and he would not get up. She also reported she attempted to physically prompt him by touching [client #7] on the back of the arm and she said this technique was not effective. While she (DPS #2) was cooking supper, she asked her co-worker [DSP #1] to prompt [client #7] to get up, again with no success. [DPS #2] stated she did not want to infringe on [client #7's] rights by making him get up. She did report that [client #7] came out of restroom for supper; however he hardly ate anything, then returned to the restroom. She said she did not ask for assistance or advice from the staff on the other side of the house as she did not want to bother them...[DPS #1] was interviewed and reported that this incident did not happen. [DPS #1] reported [client #7] was in and out of the restroom several times during the evening and he refused to eat supper. He further reported to his coworker [DPS #2] that [client #7] must be constipated and was having stomach problems due to the fact that he refused dinner and had to use the restroom a lot. When asked he stated he did not consult with the other two staff working on the other side of the house, or the health services coordinator (nurse) about [client #7's] possible constipation or stomach		11-1-12. How will the corrective actions be monitored to ensure the deficient practice will not recur: QDDP will ensure training is provided regarding Passages abuse, neglect, and mistreatment policy upon hire annually thereafter by reviewing training documentation annually and when new employees are hired. QDDP will ensure all allegations of abuse, neglect, and mistreatment is reported immediately to the appropriate entities. What is the date by which the systemic changes will be completed: 11-4-12				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PASSAGES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>issues. [DPS #1] documented on 8/9/12 that [client #7] was prompted to use the restroom after supper and he sat in the restroom for a long time. [Client #7] is a 52 year old man with Profound Intellectual Disability who is unable to communicate his needs verbally. He is able to use the restroom with verbal reminders from staff. He does not have a diagnosis of constipation, and has regular bowel movements."</p> <p>A follow-up BDDS report dated 8/22/12 indicated "The investigation was completed...[DPS #1] failed to seek assistance /guidance from other staff or supervisor to address [client #7's] digestive problems. Passages has an On-Call policy and procedure in place which was not used in this case...no negative outcome was noted to [client #7] as staff documented he ate 100% of his breakfast the next day...resumed his usual bathroom habits...The allegation of neglect by [DPS #1] was substantiated...terminated from employment on 8/20/12.....[DPS #2] failed to seek assistance /guidance from other staff or supervisor to address [client #7's] digestive problems. The allegation of neglect by [DPS #1] was substantiated...terminated from employment on 8/21/12... Passages has a policy in place which requires employees</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PASSAGES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>to report incidents of suspected abuse, neglect, exploitation to their supervisor immediately. In this case [DPS #3] was aware of the incident on 8/10/12, and documented that she was going to notify her supervisor, but failed to do so until 8/16/12. A verbal warning was given to [DPS #3] on 8/22/12 ."</p> <p>The facility Adult Services Policy and Procedures dated 2/12 was reviewed on 10/1/12 at 2:48 P.M.. The policy indicated: "It is the policy of Passages, Inc. that abuse/neglect of clients served will not be tolerated, and that all reports of abuse/neglect or other incidents involving persons served be reported to the proper authorities to ensure the protection of human rights.... 2. Neglect- is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness. Neglect is further defined as the failure to provide supervision, training, appropriate care, food, medical care, or medical supervision...Reportable incidents are any event or occurrence characterized by risk or uncertainty resulting in having the potential to result in significant harm or injury to an individual, and must be reported to BDDS within 24 (twenty-four) hours, including the following: 1. Suspected or known abuse or neglect including physical, sexual,</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PASSAGES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>emotional/verbal, or domestic..."</p> <p>An interview was conducted with the Qualified Developmental Disabilities Professional (QDDP) on 10/5/12 at 12:40 P.M.. When asked if staff had followed the facility policy the QDDP stated, "They did not follow the policy." The QDDP stated, "Our standard of care was that they should have consulted with other staff and /or the nurse, they did not do this." The QDDP indicated staff did not report per policy and the administrator was not notified immediately, due to staff not reporting in a timely manner.</p> <p>9-3-2(a)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/05/2012	
NAME OF PROVIDER OR SUPPLIER PASSAGES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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			
W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview, the facility failed to immediately (within 24 hours) report 2 of 2 allegations of possible neglect/abuse involving 1 of 4 sampled clients (client #2), and 1 additional client (client #7) to the administrator and to other officials in accordance with State law.</p> <p>Findings include:</p> <p>Facility records were reviewed on 10/1/12 at 2:20 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports for the past year. The BDDS reports indicated the following:</p> <p>A BDDS report dated 8/17/12 for an incident on 8/9/12 at 3:30 P.M. indicated "On 8/16/12 [Direct Support Staff (DSP) #3] reported that on 8/9/12 her co-worker [DSP #2] documented in the staff log that [client #7] sat on the toilet for 3 (three) hours during [DSP #2's] shift. On 8/16/12 [DSP #3] reported in her statement that she spoke with [DSP #2] about the documentation and informed [DSP #2]</p>	W0153	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice: Staff #3 received a verbal warning for not reporting an allegation of neglect immediately. Staff #2 was retrained on the agency policy of reporting allegations of abuse immediately. How will we identify other residents having the potential to be affected by the same deficient practice: Staff training regarding Passages policy to prohibit abuse, neglect, and mistreatment was provided to all staff working in this home. It was stressed at these meetings the importance of reporting the alleged incidents immediately. What measures will be put into place or what systemic changes will be made to ensure that the deficient practices do not recur: Staff training regarding Passages policy to prohibit abuse, neglect, and mistreatment is provided upon hire and annually thereafter. Passages is currently developing a Quality Improvement Team that will be</p>	11/04/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/05/2012	
NAME OF PROVIDER OR SUPPLIER PASSAGES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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			
	she was going to inform the home manager about the situation. [DSP #2] was interviewed and reported that she prompted [client #7] every 1/2 hour (30 minutes) to get off the toilet and he would not get up. She also reported she attempted to physically prompt him by touching [client #7] on the back of the arm and she said this technique was not effective. While she (DPS #2) was cooking supper, she asked her co-worker [DSP #1] to prompt [client #7] to get up, again with no success. [DPS #2] stated she did not want to infringe on [client #7's] rights by making him get up. She did report that [client #7] came out of restroom for supper; however he hardly ate anything, then returned to the restroom. She said she did not ask for assistance or advice from the staff on the other side of the house as she did not want to bother them...[DPS #1] was interviewed and reported that this incident did not happen. [DPS #1] reported [client #7] was in and out of the restroom several times during the evening and he refused to eat supper. He further reported to his coworker [DPS #2] that [client #7] must be constipated and was having stomach problems due to the fact that he refused dinner and had to use the restroom a lot. When asked he stated he did not consult with the other two staff working on the other side of the house, or the health		evaluating data, trends, and policies related to areas such as behavior, abuse/neglect and medication errors. The team will begin meeting on 11-1-12. How will the corrective actions be monitored to ensure the deficient practice will not recur: QDDP will ensure training is provided regarding Passages abuse, neglect, and mistreatment policy upon hire annually thereafter by reviewing training documentation annually and when new employees are hired. QDDP will ensure all allegations of abuse, neglect, and mistreatment is reported immediately to the appropriate entities. What is the date by which the systemic changes will be completed: 11-4-12				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PASSAGES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>services coordinator (nurse) about [client #7's] possible constipation or stomach issues. [DPS #1] documented on 8/9/12 that [client #7] was prompted to use the restroom after supper and he sat in the restroom for a long time. [Client #7] is a 52 year old man with Profound Intellectual Disability who is unable to communicate his needs verbally. He is able to use the restroom with verbal reminders from staff. He does not have a diagnosis of constipation, and has regular bowel movements."</p> <p>A follow-up BDDS report dated 8/22/12 indicated "The investigation was completed...[DPS #1] failed to seek assistance /guidance from other staff or supervisor to address [client #7's] digestive problems. Passages has an On-Call policy and procedure in place which was not used in this case...no negative outcome was noted to [client #7] as staff documented he ate 100% of his breakfast the next day...resumed his usual bathroom habits...The allegation of neglect by [DPS #1] was substantiated...terminated from employment on 8/20/12.....[DPS #2] failed to seek assistance /guidance from other staff or supervisor to address [client #7's] digestive problems. The allegation of neglect by [DPS #1] was substantiated...terminated from</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PASSAGES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>employment on 8/21/12... Passages has a policy in place which requires employees to report incidents of suspected abuse, neglect, exploitation to their supervisor immediately. In this case [DPS #3] was aware of the incident on 8/10/12, and documented that she was going to notify her supervisor, but failed to do so until 8/16/12. A verbal warning was given to [DPS #3] on 8/22/12 ."</p> <p>A BDDS report dated 7/11/12 for an incident on 7/8/12 at 5:30 P.M. indicated the following: "On 7/10/12, [DPS #2] reported to her supervisor [Name of Group Home Manager (GHM)] that on 7/8/12 [DPS #1] was verbally abusive toward [client #2]. [DPS #2] reported that [client #2] was asking repetitive questions and [DPS #1] had told [client #2] to hush, be quiet, shut up and eventually '[Client #2], shut the f*** up.' [DPS #1] was suspended...denied making any derogatory statements to [client #2] or using foul language. [Client #2] was interviewed...and stated 'No' when asked if staff had said mean things to him. Other housemates were also interviewed...they denied hearing any mean comments or foul language toward [client #2]...the facility is unable to substantiate the allegation...[DPS #2] has been retrained on reporting incidents immediately. [DPS #1] will receive additional training</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PASSAGES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>regarding the facility policy on verbal abuse...."</p> <p>The facility Adult Services Policy and Procedures dated 2/12 was reviewed on 10/1/12 at 2:48 P.M.. The policy indicated: "It is the policy of Passages, Inc. that abuse/neglect of clients served will not be tolerated, and that all reports of abuse/neglect or other incidents involving persons served be reported to the proper authorities to ensure the protection of human rights.... 2. Neglect- is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness. Neglect is further defined as the failure to provide supervision, training, appropriate care, food, medical care, or medical supervision...Reportable incidents are any event or occurrence characterized by risk or uncertainty resulting in having the potential to result in significant harm or injury to an individual, and must be reported to BDDS within 24 (twenty-four) hours, including the following: 1. Suspected or known abuse or neglect including physical, sexual, emotional/verbal, or domestic..."</p> <p>An interview was conducted with the Qualified Developmental Disabilities Professional (QDDP) on 10/5/12 at 12:40 P.M.. When asked if staff had followed</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PASSAGES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>the facility policy the QDDP stated, "They did not follow the policy." The QDDP stated, "Our standard of care was that they should have consulted with other staff and /or the nurse, they did not do this." The QDDP indicated the facility does not tolerate any form of abuse or neglect. The QDDP indicated staff involved in both allegations had not reported immediately per facility policy and the administrator was not notified immediately, due to staff not reporting in a timely manner.</p> <p>9-3-1(b)(5) 9-3-2(a)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PASSAGES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
W0191	<p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs.</p> <p>Based on record review and interview, a facility staff failed to follow the approved self-management plan techniques for 1 of 4 sampled clients (client #2), while providing behavioral interventions.</p> <p>Findings include:</p> <p>Facility records were reviewed on 10/1/12 at 2:20 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports for the past year. The BDDS reports indicated the following:</p> <p>A BDDS report dated 5/30/12 for an incident on 5/29/12 at 9:23 P.M. indicated: "...[client #2] immediately began grabbing at the [staff #2's] face. She went to block his attempts and grabbed his wrists to prevent him from going for her face. While staff #2 held his wrists client #2 slid off the bed and began to kick staff. She attempted to utilize the CPI (Crisis Prevention Intervention) Interim control position, however she was unable to gain control as he continued scratching at her. She released him and he continued to grab at her legs to pull her closer. She removed herself from the</p>	W0191	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice: Staff retraining was provided to staff #2 regarding client #2 self management plan. Additionally, staff #2 attended a CPI refresher class. Client #2 self management plan was revised and all staff received training on this revision. How will we identify other residents having the potential to be affected by the same deficient practice: Passages group home staff received additional training by Certified CPI instructors on proper CPI practices. The CPI approved techniques of "Interim Control Position" and "Team Control Position" both require that staff maintain control of an individual's arms as necessary for a short period of time until the individual is able to calm down at their own pace. The emphasis of CPI interventions is the Care, Welfare, Safety and Security of both the individual and the staff. Staff training is provided for each self management plan, including the use of CPI approved physical interventions as needed. Additional staff training is provided when there is</p>	11/04/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/05/2012	
NAME OF PROVIDER OR SUPPLIER PASSAGES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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			
	<p>room, monitored from the door as he lay on the floor. He returned to his bed without further incident...[Client #2] has three cuts (scratches) on his left wrist. Two of them are approximately 1/2 inch long; the third is approximately one inch long...also noted a quarter sized bruise on the same wrist."</p> <p>Client #2's record was reviewed on 10/2/12 at 2:32 P.M.. Client #2's record indicated he was admitted to the group home on 5/29/12. Client #2's Individual Support Plan (ISP) dated 6/21/12 indicated his diagnoses included, but were not limited to, "Severe Developmental Delay, Autism, ADHD (Attention Deficit with Hyperactivity), Tourette's syndrome, and a Seizure disorder." Client #2's record indicated he had a Self-Management Plan (SMP) dated 6/21/12 which included the following restrictive interventions, psychotropic medications for behavior management, storing of electronic devices (games, etc.) in office, and CPI techniques. Client #2's ISP/SMP did not include the technique of grabbing client #2 by the wrists.</p> <p>An Inservice Training Sheet dated 5/31/12 was reviewed on 10/2/12 at 3:15 P.M.. The inservice sheet indicated "[staff #2] was retrained on proper CPI practices when dealing with a person who is acting</p>		<p>a revision of a self management plan. What measures will be put into place or what systemic changes will be made to ensure that the deficient practices do not recur: All staff receives Crisis Prevention Intervention (CPI) training upon hire, and annually thereafter. Staff receives training on proper techniques when physical intervention is required in an effort to ensure the Care, Welfare, Safety and Security of both the individual and the staff. Passages is currently developing a Quality Improvement Team that will be evaluating data, trends, and policies related to areas such as behavior, abuse/neglect and medication errors. The team will begin meeting on 11-1-12. How will the corrective actions be monitored to ensure the deficient practice will not recur: QDDP will ensure training is provided per facility policy, upon hire and annually thereafter. What is the date by which the systemic changes will be completed: 11-4-12</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PASSAGES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>out."</p> <p>An interview was conducted with the Qualified Developmental Disabilities Professional (QDDP) on 10/5/12 at 12:40 P.M.. When asked if client #2 had received injuries during behavior interventions the QDDP stated, "Yes he has." The QDDP indicated the facility was unable to determine exactly how the injuries had occurred. If they were self inflicted by client #2 flailing his arms during the behaviors, or possibly from staff's ring or fingernails. The QDDP indicated client #2's first physical aggression had occurred the first night, after he moved into the group home. The QDDP indicated staff #2 had not followed client #2's plan when she grabbed him by the wrists, and it was not an agency approved restraint.</p> <p>An interview was conducted with the Day Service Program Coordinator (PC) on 10/5/12 at 12:50 P.M.. The PC indicated he was one of the staff instructors for training CPI to the staff. The PC stated, "The CPI restraint techniques are performed as a last resort, and are to provide care, welfare, security, and respect for all involved." The PC stated, "There is always an inherent risk of a superficial injury possibly occurring during any restraint technique."The PC</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PASSAGES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>indicated staff were to follow the hierarchy of CPI techniques, and use the prior steps to assist client #2 to calm, but, "He (client #2) aggresses quickly." The PC indicated grabbing client #2 by the wrists was not an approved CPI intervention.</p> <p>9-3-3(a)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/05/2012
NAME OF PROVIDER OR SUPPLIER PASSAGES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	
W0285	<p>483.450(b)(2) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Interventions to manage inappropriate client behavior must be employed with sufficient safeguards and supervision to ensure that the safety, welfare and civil and human rights of clients are adequately protected. Based on record review and interview, the facility failed to provide sufficient safeguards to ensure the safety of 1 of 4 sampled clients (client #2), while staff provided behavioral interventions.</p> <p>Findings include:</p> <p>Facility records were reviewed on 10/1/12 at 2:20 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports for the past year. The BDDS reports indicated the following:</p> <p>A BDDS report dated 7/26/12 for an incident on 7/25/12 at 3:30 P.M. indicated: "...[Client #2] immediately pushed at staff...began to hit staff #4, as she was attempting to block his efforts [client #2] pushed...and they both fell into the van landing on the running boards...Two additional staff then attempted to verbally redirect [client #2] these efforts were unsuccessful as he continued to hit, kick, bite, and head butt staff #4. The additional staff then attempted to put [client #2] into a CPI</p>	W0285	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice: Client #2 Self Management Plan was revised on 7-27-12. This revision includes an intervention whereby targeted staff removes themselves from the situation as quickly as possible. It has been determined that once the target is removed, Client #2 is able to begin to calm on his own, with minimal physical aggression and physical intervention. Staff training has been provided on this revised plan.How will we identify other residents having the potential to be affected by the same deficient practice: Staff receives training on all self management plans as they are developed and revised. Additionally, all staff receives Crisis Prevention Intervention (CPI) training upon hire, and annually thereafter. Staff receives training on proper techniques when physical intervention is required in an effort to ensure the Care, Welfare, Safety and Security of both the individual and the staff. What measures will be put</p>	11/04/2012	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PASSAGES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>(Crisis Prevention Intervention) team control position, however they were unable to gain control...as he was swinging his arms very quickly... they stepped back and [client #2] began to calm...for 2 minutes then went after staff #4 again. The two additional staff again attempted the CPI technique, staff #4 got on the van and locked herself in to remove herself from the situation. At this point [client #2] sat on the ground until he was calm. Staff examined [client #2] " and found several superficial scratches on both of his knees, one small scratch on his left thigh, a small scratch on his left chest, and a reddish-purple mark approximately one inch long by 1/8th inch wide on his left temple near his hair line."</p> <p>A BDDS report dated 6/7/12 for an incident on 6/7/12 at 7:15 A.M. indicated: "...[Client #2] came out of the house and began scratching at staff, attempting to 'head butt', kick and bite staff. Staff #5 was attempting to block his aggression, and then implemented the CPI interim control hold until another staff arrived. Another staff came to assist, but could not gain control of his other arm as [client #2] was moving quickly. A third staff #3 approached and [client #2] began to calm and sat on the ground. Staff #5 left the situation as she was concerned that her presence was causing more agitation...</p>		<p>into place or what systemic changes will be made to ensure that the deficient practices do not recur: Passages is currently developing a Quality Improvement Team that will be evaluating data, trends, and policies related to areas such as behavior, abuse/neglect and medication errors. The team will begin meeting on 11-1-12. How will the corrective actions be monitored to ensure the deficient practice will not recur: QDDP will ensure training is provided per facility policy, upon hire and annually thereafter. What is the date by which the systemic changes will be completed: 11-4-12</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PASSAGES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>[Client #2] was examined...one scratch on his left arm approximately 1 (one) inch long and a small scratch on his right thumb approximately 1/4 inch long."</p> <p>A BDDS report dated 5/30/12 for an incident on 5/29/12 at 9:23 P.M. indicated: "...[client #2] immediately began grabbing at the [staff #2's] face. She went to block his attempts and grabbed his wrists to prevent him from going for her face. While staff #2 held his wrists client #2 slid off the bed and began to kick staff. She attempted to utilize the CPI Interim control position, however she was unable to gain control as he continued scratching at her. She released him and he continued to grab at her legs to pull her closer. She removed herself from the room, monitored from the door as he lay on the floor. He returned to his bed without further incident...[Client #2] has three cuts (scratches) on his left wrist. Two of them are approximately 1/2 inch long; the third is approximately one inch long...also noted a quarter sized bruise on the same wrist."</p> <p>Client #2's record was reviewed on 10/2/12 at 2:32 P.M.. Client #2's record indicated he was admitted to the group home on 5/29/12. Client #2's Individual Support Plan dated 6/21/12 indicated he diagnoses including, but not limited to,</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PASSAGES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>"Severe Developmental Delay, Autism, ADHD (Attention Deficit with Hyperactivity), Tourette's syndrome, and a Seizure disorder. Client #2's record indicated he had a Self-Management Plan dated 6/21/12 which included the following restrictive interventions, psychotropic medications for behavior management, storing of electronic devices (games, etc.) in office, and CPI techniques.</p> <p>An interview was conducted with the Qualified Developmental Disabilities Professional (QDDP) on 10/5/12 at 12:40 P.M.. When asked if client #2 had received injuries during behavior interventions the QDDP stated, "Yes he has." The QDDP indicated the facility was unable to determine exactly how the injuries had occurred. If they were self inflicted by client #2 flailing his arms during the behaviors, or possibly from staff's ring or fingernails. The QDDP indicated client #2's first physically aggression had occurred the first night, after he moved into the group home. The QDDP indicated staff #2 had not followed agency policy or client #2's plan when she grabbed him by the wrists, and it was not an agency approved restraint.</p> <p>An interview was conducted with the Day Service Program Coordinator (PC) on</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PASSAGES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>10/5/12 at 12:50 P.M.. The PC indicated he was one of the staff instructors for training CPI to the staff. The PC stated, "The CPI restraint techniques are performed as a last resort, and are to provide care, welfare, security, and respect for all involved." The PC stated, "There is always an inherent risk of a superficial injury possibly occurring during any restraint technique. "The PC indicated staff were to follow the hierarchy of CPI techniques, and use the prior steps to assist client #2 to calm, but, "He (client #2) aggresses quickly."</p> <p>9-3-5(a)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/05/2012	
NAME OF PROVIDER OR SUPPLIER PASSAGES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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			
W0368	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview, the facility failed to establish a system of transcription of medication changes which insured all medications were administered in compliance with physician's orders for 1 of 4 sampled clients (client #2).</p> <p>Findings include:</p> <p>Facility records were reviewed on 10/1/12 at 2:20 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports for the past year. The BDDS reports indicated the following:</p> <p>A BDDS report dated 8/15/12 for an incident on 8/11/12 at 8:00 A.M. indicated the following: "[Client #2] went to the psychiatrist on 8/10/12. His Risperdal (anti-psychotic) was changed from 1.5 mg (milligrams) AM (morning) and 1 mg HS (hour of sleep) to 2 mg AM and 1 mg HS. Staff added the new order of 2 mg to the MAR (medication administration record) and discontinued 1 mg of the AM dose but did not discontinue the 0.5 mg dose for the AM. (The 1 mg and 0.5 mg were listed separately on the MAR). Therefore,</p>	W0368	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice: The MAR was changed to accurately reflect the current physician's orders. The incorrect medication "punch cards" were removed from the medication cabinet. Staff was reminded to complete the "passer/checker" system which is in place and initial the MAR that both steps of the process have been completed within one hour of passing the medications. Staff has also been reminded to carefully read the physician orders, making changes to the MAR to reflect the current physician orders. How will we identify other residents having the potential to be affected by the same deficient practice: A 3-check system is in place in order to prevent medication errors. Additionally, the staff log is used to alert staff to a change in medication. What measures will be put into place or what systemic changes will be made to ensure that the deficient practices do not recur: Passages has a system in place to prevent medication errors from occurring. Staff re-training will be provided to</p>	11/04/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/05/2012
NAME OF PROVIDER OR SUPPLIER PASSAGES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	
	<p>[client #2] received an extra 0.5 mg AM dose on 8/11, 8/12, 8/13, 8/14. The error was discovered yesterday afternoon (8/14) and was immediately corrected on the MAR. The 0.5 mg punch card was removed from the cabinet...Staff will receive corrective action according to the Medication Error Policy...Staff have been reminded to use the 'passer/checker' system...reminded to carefully read the Physician's Order...[client #2] has not exhibited any ill effects from this medication error."</p> <p>An interview was conducted with the Qualified Developmental Disabilities Professional (QDDP) on 10/5/12 at 12:40 P.M.. When asked if client #2 had received his medication per his Physician's Order (PO) the QDDP stated, "No he did not get his medications per his PO."</p> <p>9-3-6(a)</p>		<p>ensure that all drugs are administered in compliance with the physician's orders. Passages is currently developing a Quality Improvement Team that will be evaluating data, trends, and policies related to areas such as behavior, abuse/neglect and medication errors. The team will begin meeting on 11-1-12.</p> <p>How will the corrective actions be monitored to ensure the deficient practice will not recur: The MAR's are reviewed routinely by the group home managers and the Health Services Coordinator to ensure the policies are being followed in order to prevent medication errors. What is the date by which the systemic changes will be completed: 11-4-12</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PASSAGES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/05/2012	
NAME OF PROVIDER OR SUPPLIER PASSAGES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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			
W0392	<p>483.460(m)(3) DRUG LABELING Drugs and biologicals packaged in containers designated for a particular client must be immediately removed from the client's current medication supply if discontinued by the physician.</p> <p>Based on record review and interview, the facility failed to establish a system to insure immediate removal of discontinued medications from the current medication supply to prevent medications being given in error for 1 of 3 sampled clients (client #2) after the medications were changed by his physician.</p> <p>Findings include:</p> <p>Facility records were reviewed on 10/1/12 at 2:20 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports for the past year. The BDDS reports indicated the following:</p> <p>A BDDS report dated 8/15/12 for an incident on 8/11/12 at 8:00 A.M. indicated the following: "[Client #2] went to the psychiatrist on 8/10/12. His Risperdal (anti-psychotic) was changed from 1.5 mg (milligrams) AM (morning) and 1 mg HS (hour of sleep) to 2 mg AM and 1 mg HS. Staff added the new order of 2 mg to the MAR (medication administration record) and discontinued 1 mg of the AM dose but did not</p>	W0392	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice: The discontinued drug dosage designated for this particular individual was removed from the current medication supply. How will we identify other residents having the potential to be affected by the same deficient practice: Passages currently has a system in place for staff to remove medication cards from the individual's medication supply should a change in dosage occur or should a medication be discontinued by the physician. What measures will be put into place or what systemic changes will be made to ensure that the deficient practices do not recur: Passages currently has a system in place for staff to remove medication cards from the individual's medication supply should a change in dosage occur or should a medication be discontinued by the physician. Staff re-training will be provided to ensure that staff remove changed or discontinued</p>	11/04/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/05/2012
NAME OF PROVIDER OR SUPPLIER PASSAGES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	
	<p>discontinue the 0.5 mg dose for the AM. (The 1 mg and 0.5 mg were listed separately on the MAR). Therefore, [client #2] received an extra 0.5 mg AM dose on 8/11, 8/12, 8/13, 8/14 (2012). The error was discovered yesterday afternoon (8/14) and was immediately corrected on the MAR. The 0.5 mg punch card was removed from the cabinet...Staff will receive corrective action according to the Medication Error Policy...Staff have been reminded to use the 'passer/checker' system...reminded to carefully read the Physician's Order...[client #2] has not exhibited any ill effects from this medication error."</p> <p>An interview was conducted with the Qualified Developmental Disabilities Professional (QDDP) on 10/5/12 at 12:40 P.M.. When asked if client #2 had received his medication per his Physician's Order (PO) the QDDP stated, "No he did not get his medications per his PO." When asked about a system for removing discontinued medications the QDDP stated, "We have a system for disposal of medications, when the staff person transcribed the new order on the MAR the one card (0.5 mg punch card) was not removed from the cabinet."</p> <p>9-3-6(a)</p>		<p>medications from the individual's medication supply. Passages is currently developing a Quality Improvement Team that will be evaluating data, trends, and policies related to areas such as behavior, abuse/neglect and medication errors. The team will begin meeting on 11-1-12.How will the corrective actions be monitored to ensure the deficient practice will not recur: The medication supply is routinely checked by the Group Home Manager and Health Services Coordinator to ensure the policies are being followed and that changed or discontinued medications are removed from the individual's medication supply. What is the date by which the systemic changes will be completed: 11-4-12</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G356	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PASSAGES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR COLUMBIA CITY, IN 46725
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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