

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  10/29/2013
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NAME OF PROVIDER OR SUPPLIER  PASSAGES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 343 WESTON DR 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: October 16, 17, 18, 21, 25, 28, and 29, 2013</p> <p>Facility Number: 000871 Provider Number: 15G356 AIM Number: 100248940</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed November 5, 2013 by Dotty Walton, QIDP.</p>	W000000		

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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W000112	<p>483.410(c)(2) CLIENT RECORDS</p> <p>The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records.</p> <p>Based on observation, record review, and interview, for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 4 additional clients (clients #5, #6, #7, and #8), the facility failed to keep each client's personal information confidential by posting clients #1, #2, #3, #4, #5, #6, #7, and #8's "Lunch Suggestion" for food selections and diet textures.</p> <p>Findings include:</p> <p>On 10/16/13 from 3:35pm until 5:40pm, and on 10/17/13 from 5:45am until 8:05am, observation and interviews were conducted at the group home. The sheet with client #1, #2, #3, #4, #5, #6, #7, and #8's suggested foods and diet textures information was posted at eye level on the refrigerator.</p> <p>On 10/17/13 at 7:30am, the RM (Residential Manager) and the QIDP (Qualified Intellectual Disabilities Professional) both indicated the posted sheet on the front of the refrigerator at eye level was a paper that indicated "Lunch Suggestion" which indicated:</p> <p>"Side A: [Client #1's name] and [client</p>	W000112	<p>What corrective actions will be accomplished for these residents found to have been affected by the deficient practice? Confidential information regarding client #1-4 has been removed from the refrigerator. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Confidential information regarding client #5-8 has been removed from the refrigerator. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur? Staff training will be provided to all staff in this home that confidential information shall not be posted so that visitors, staff and other clients have access to this information. 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 residential manager and QDDP will monitor information posted on the refrigerator to ensure that no confidential information is posted where visitors, staff, and other clients have access to it. What is the date by which the systemic</p>	11/28/2013	

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	<p>#3's name] both get juice, can have whatever. [Client #8's name] pudding, jello, applesauce, granola bar, cereal bar, cheese puffs, pringles, cookies, fruit cups, mandarin oranges mostly, snack cakes no juice (sic). [Client #6's name] pudding, jello, applesauce, cereal bar, soft cookies, cheese puffs, snack cakes, fruit cup, juice (sic).</p> <p>Side B: [Client #2's name] can have whatever, juice. [Client #5's name] pudding, jello, applesauce, fruit cup, cereal bar, cheese puffs, cookies, pringles, snack cakes, juice (sic). [Client #7's name] vanilla/butterscotch pudding, applesauce, jello, fruit cup, vanilla snack cakes, soft cookies chopped up in bowl, cereal bar chopped up in bowl, cheese puffs, juice (sic). [Client #4's name] Anything that can be pureed (sic) yogurt, applesauce, pudding, juice."</p> <p>At 7:30am, the RM and the QIDP both indicated client #1, #2, #3, #4, #5, #6, #7, and #8's names were on the posted sheet of paper with each client's personal diet and textures diet information. At 7:30am, the RM and QIDP both indicated visitors, staff, and other clients had access to the posted confidential information in the group home.</p> <p>9-3-1(a)</p>		changes will take place?11-28-13				

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W000225	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. Based on observation, record review, and interview, for 4 of 4 sampled clients (clients #1, #2, #3, and #4), the facility failed to assess client #1, #2, #3, and #4's vocational needs, skills, work history, and work interests.</p> <p>Findings include:</p> <p>On 10/17/13 from 8:30am until 10:30am, at the facility's workshop clients #1, #2, #3, and #4 were observed in classrooms.</p> <p>At 8:45am, client #2 was in the classroom and completed a math sheet to add single digits together to equal a sum.</p> <p>At 9:00am, client #1 sat at a table in the classroom and rolled dice to play a game of "Farkle" (adding dice together to collect sequences of numbers). At 9:00am, client #1 stated he "wanted to work" to get paid. WKS (Workshop Staff) #1 indicated the new workshop was a learning center and no longer offered work for clients at a piece rate. WKS #1 indicated client #1 had the opportunity to complete Janitorial work once a day from 12:30pm until 1:20pm and was paid for the work. At 9:15am, client #1 stated he liked the way he was paid before at the</p>	W000225	<p>What corrective actions will be accomplished for these residents found to have been affected by the deficient practice?The functional assessment for client's #1-4 will be reviewed and the program plans will be revised to include vocational skills, needs, work history, and work interests. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? The functional assessment for client's #5-8 will be reviewed and the program plans will be revised to include vocational skills, needs, work history, and work interests. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur?The program manager will review functional assessments, which are completed at least annually, and the program plans will be revised to include vocational skills, needs, work history, and work interests. 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 QDDP will review annual vocational plans to ensure they include vocational skills, needs, work history, and</p>	11/28/2013			

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	<p>workshop and he "wanted to work all the time."</p> <p>From 8:30am until 9:45am, client #3 sat on a chair watching other clients and workshop staff exercise to the music video and client #3 did not exercise. At 9:45am, client #3 walked in and out of the room, did not exercise, and returned to the room to sit down without activity offered. At 9:45am, client #3 indicated he liked to work.</p> <p>From 9:45am until 10:30am, client #4 sat at a table with a staff person, looked at himself in a mirror, and scooped with a spoon one half inch (1/2") by one half inch (1/2") white plastic chips from a bowl and placed each scoop into a pan. Once the pan became full of 1/2" by 1/2" white plastic chips, client #4 scooped the 1/2" by 1/2" white plastic chips from the pan back into the bowl. When asked the value of this activity WKS #2 stated "I don't know. He (client #4) likes to do it and it keeps him busy." WKS #2 stated "He's done that since I can remember, for years (sic)." WKS #2 indicated client #4 did not complete paid work at the workshop.</p> <p>On 10/17/13 at 10:50am, client #1's record was reviewed. Client #1's 9/11/13 ISP (Individual Support Plan) did not</p>		work interests. What is the date by which the systemic changes will take place?11-28-13				

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	<p>include a vocational goal/objective.</p> <p>Client #1's 9/10/13 "Vocational Assessment" did not indicate client #1's work skills. Client #1's vocational assessment did not include his work history or his work interests.</p> <p>On 10/17/13 at 1:25pm, client #2's record was reviewed. Client #2's 6/17/13 ISP (Individual Support Plan) did not include a vocational goal/objective. Client #2's 6/3/13 "Vocational Assessment" did not indicate client #2's work skills. Client #2's vocational assessment did not include his work history or his work interests.</p> <p>On 10/17/13 at 12:45pm, client #3's record was reviewed. Client #3's 5/28/13 ISP (Individual Support Plan) did not include a vocational goal/objective. Client #3's 5/28/13 "Vocational Assessment" did not indicate client #3's work skills. Client #3's vocational assessment did not include his work history or his work interests.</p> <p>On 10/17/13 at 11:45am, client #4's record was reviewed. Client #4's 6/17/13 ISP (Individual Support Plan) did not include a vocational goal/objective. Client #4's 6/17/13 "Vocational Assessment" did not indicate client #4's work skills. Client #4's vocational assessment did not include his work</p>			

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	<p>history or his work interests.</p> <p>On 10/28/13 at 2:37pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated the workshop was responsible for client #1, #2, #3, and #4's assessments and development of their vocational goals/objectives. The QIDP indicated client #1, #2, #3, and #4's assessments did not include their work history or work interests. The QIDP indicated clients #1, #2, #3, and #4 attended the previous workshop and had paid work by the piece until the workshop moved and no longer offered piece work. The QIDP indicated clients #1, #2, and #3 had the opportunity to be considered for janitorial work at an hourly rate which the workshop assigned. The QIDP indicated no further vocational information.</p> <p>9-3-4(a)</p>				

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W000240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview, for 1 of 4 sampled clients (client #1), the facility failed to develop a plan which included client #1's Melatonin (for sleep) medication.</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 10/17/13 at 10:50 AM. Client #1's 6/17/13 "Physician's Order" indicated client #1 received Melatonin for sleep every night. Client #1's 9/11/13 SMP (Self Management Plan) and 9/11/13 ISP (Individual Support Plan) and SMP did not indicate the use of Melatonin for sleep medication. Client #1's 7/22/13 Psychiatric Review indicated a physician's order to add Melatonin 3mg (milligrams) for sleep. Client #1's SMP/ISP did not include the Melatonin medication, methodologies for insomnia and did not include a plan to decrease his dependence on the medication.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 10/28/13 at 2:37 PM. The QIDP indicated client #1's ISP, SMP, and record did not contain the sleep medication</p>	W000240	<p>What corrective actions will be accomplished for these residents found to have been affected by the deficient practice? Client #1 plan has been revised to include relevant interventions including the use of Melatonin. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Client's #2-8 plans will be reviewed to determine if relevant interventions are included in the plans. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur? The QDDP will ensure all interventions are included in the individual's plans. 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 QDDP will review plans at least annually to ensure relevant interventions to support the individual toward independence are included in their plan. What is the date by which the systemic changes will take place? 11-28-13</p>	11/28/2013			

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	Melatonin, methodologies or a titration plan for the medication.  9-3-4(a)			

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W000316	<p>483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.</p> <p>Based on record review and interview, for 1 of 3 sampled clients (client #3) who received psychotropic medications, the facility failed to evaluate client #3's status for an annual decrease or contraindication of psychotropic medication.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 10/17/13 at 12:45 PM. Client #3's 1/29/13 and 5/28/13 SMP (Self Management Plan) and 5/28/13 ISP (Individual Support Plan) indicated the targeted behaviors of loud vocalizations, physical aggression, verbal aggression, and non compliance. Client #3's plans indicated the use of Risperadone 2mg (milligrams) every morning and 1mg every evening and Tenex 0.5mg three times a day for behaviors. Client #3's 5/6/13 and 2/4/13 "Psych (Psychiatric) Medication Reviews" did not indicate a change in client #3's psychiatric medications or a contraindication. Client #3's 6/17/13 and 5/30/2012 "Physician's Order" indicated client #3's Risperadone 2mg every morning and 1mg every evening and Tenex 0.5mg three times a day for behaviors. Client #3's record did</p>	W000316	<p>What corrective actions will be accomplished for these residents found to have been affected by the deficient practice? Client #3 had a quarterly review with his psychiatrist on 11-4-13. Client #3's behavioral data was reviewed with his psychiatrist. As a result of this, the psychiatrist increased his medication to address his increased behavioral incidents. 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 individuals who take drugs to control inappropriate behavior will have their medications evaluated at least annually to determine if the medication(s) can be gradually withdrawn. Staff will provide behavioral data to the psychiatrist so that an evaluation can be made as to whether the medication can be withdrawn. If the medication will not be considered to be withdrawn, staff will ask the psychiatrist to document the reason the medication is not being withdrawn, or indicate that it is contraindicated to do so. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur? The</p>	11/28/2013			

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	<p>not indicate the last psychotropic medication change or contraindication. No data of targeted behaviors was provided as evidence of contraindication for a drug withdrawal.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 10/28/2013 at 2:37 PM. The QIDP indicated client #3's psychiatric medication had not been changed in over a year and no contraindication for an attempt at a gradual reduction of client #3's psychiatric medication had been documented.</p> <p>9-3-5(a)</p>		<p>staff that accompanies clients for psychotropic drug review with the psychiatrist will provide updated monthly behavioral data to the psychiatrist. Additionally, a form will be developed for the psychiatrist to review and sign indicating whether a medication can be withdrawn or is contraindicated to do so. 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 QDDP will ensure that staff has monthly behavioral data to present to the psychiatrist during medication reviews and that the psychotropic drug review form is being reviewed and signed by the psychiatrist. What is the date by which the systemic changes will take place?11-28-13</p>	

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W000488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview, for 2 of 4 sampled clients (clients #2 and #4) and 2 additional clients (clients #5 and #7) who lived in the group home, the facility staff failed to teach and encourage clients to use dining utensils.</p> <p>Findings include:</p> <p>On 10/17/13 from 5:45am until 8:05am, clients #2, #4, #5, and #7 were at the group home on side B. From 6:10am until 6:30am, clients #2, #4, #5, and #7 ate breakfast of eggs, toast, oatmeal, and cereal with a spoon. Clients #2, #4, #5, and #7 had the table set with each place setting of 1 plate, 1 spoon, 1 napkin, and 3 glass. No knives and no forks were provided or encouraged. From 6:10am until 6:30am, clients #2, #4, #5, and #7 had their toast cut by facility staff with their spoons and staff cut clients #4 and #7's toast with a knife in the kitchen.</p> <p>On 10/28/13 at 2:37pm, an interview with the QIDP was conducted. The QIDP indicated clients #2, #4, #5, and #7 should have had a fork and a knife for their breakfast meal. The QIDP indicated clients #2, #4, #5, and #7 should have</p>	W000488	<p>What corrective actions will be accomplished for these residents found to have been affected by the deficient practice? Client #'s 2, 4, 5, 7 will be encouraged and taught to use dining utensils in a manner consistent with their developmental level. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Client #'s 1, 3, 6, 8 will be encouraged and taught to use dining utensils in a manner consistent with their developmental level. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur? Staff training will be provided regarding this deficient practice on 11-18-13. 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 Residential Manager and QDDP will monitor dining practices to ensure that individuals are encouraged and taught to use utensils in a manner consistent with their developmental level. What is the date by which the systemic changes will take place? 11-28-13</p>	11/28/2013			

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	<p>been taught and encouraged to use a fork and a knife to butter and cut their foods into bite sized pieces during the meal by the staff.</p> <p>9-3-8(a)</p>			