

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 01/08/2015
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 5, 7 and 8, 2015.</p> <p>Facility number: 009013 Provider number: 15G675 AIM number: 100234550</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/15/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 1 of 4 sampled clients (client #3), the governing body failed to exercise general policy and operating direction over the facility to ensure the client's funds were not used to purchase adaptive equipment</p>	W000104	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice? Client #3 will be reimbursed for the cost of her glasses which are costs the facility should have</p>	02/07/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>(eyeglasses).</p> <p>Findings include:</p> <p>Client financial records were reviewed on 1/5/15 at 6:28 PM. Client #3's record indicated an entry dated 10/8/14 for \$135.00, "[Name of Store], Flexible Glasses."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 1/5/15 at 6:40 PM and indicated client #3 had paid to replace her glasses as she had broken them. She stated, "She had to pay for them. Medicaid paid for them to be repaired. When she broke them again, (it was decided) [client #3] can pay for them." She indicated the guardian had approved for client #3 to pay for her glasses as Medicaid would not pay for the replacement of her glasses.</p> <p>9-3-1(a)</p>		<p>incurred.</p> <p>How you will identify other residents have the potential to be affected by the same deficient practice and what corrective action will be taken? Finances for other clients in this home will be reviewed to determine if clients paid for services which should have been paid by the facility and reimbursed if noted.</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? Staff training will be provided regarding the state regulation and agency policy related to personal funds.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? Client's personal funds and checking accounts are reviewed and reconciled monthly by Passages; fiscal department. The Fiscal Department will report any variances to this policy to the Community Living Manager.</p> <p>What is the date by which the</p>	

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W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review, observation and interview, the facility failed for 1 of 4 sampled clients (client #1) to encourage and assist the client to provide unimpeded access to the home's furniture and engage in an identified preferred activity.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 1/7/15 from 7:02 AM until 8:18 AM. After breakfast, client #1 sat in a recliner/rocking chair with a cup of coffee in the living room adjacent to the kitchen. Staff #2 prompted client #1 to brush her teeth, but client #1 did not respond. Client #4 walked toward the rocking recliner client #1 sat in and staff #2 stated, "She (client #4) will want to sit in her chair." Staff #2 asked for client #1's coffee cup and stated, "If you want to</p>	W000125	<p>systemic changes will be completed? 2-7-15</p> <p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice? Client #1 will be encouraged and assisted to have unimpeded access to the home's furniture and engage in an identified preferred activity.</p> <p>How you will identify other residents have the potential to be affected by the same deficient practice and what corrective action will be taken? Client #'s 2-8 will be encouraged and assisted to have unimpeded access to the home's furniture and engage in an identified preferred activity.</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>	02/07/2015

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	<p>finish your coffee, you have to brush your teeth. I guess you lose your sticker. You're not following the rules. We won't get to CLC (Creative Learning Center) on time." Staff #2 indicated to client #1 she was not to have a coffee cup in the living room.</p> <p>Staff #2 was interviewed on 1/7/15 at 7:15 AM and indicated she was uncertain if the rocking recliner chair that client #1 sat in was client #4's personal rocking chair.</p> <p>The House Manager was interviewed on 1/7/15 at 7:25 AM and indicated she was uncertain if the rocking recliner chair was client #4's personal property. She stated, "It has always been set up that the larger recliner is [client #5's] and the smaller one is [client #4's]."</p> <p>Client #1's record was reviewed on 1/7/15 at 11:40 AM. Annual Update to Diagnostic Evaluation dated 7/29/14 indicated "It's apparent she feels very at home there when she makes coffee or gets a snack and sits in the rocking chair there." House Rules signed by client #1's guardian on 7/31/14 did not indicate a rule against drinking coffee in the common living room of the group home.</p> <p>The QIDP (Qualified Intellectual</p>		<p>Staff will be retrained on agency policy and client rights to ensure the clients are allowed and encouraged to exercise their rights as clients of the facility and as citizens of the United States.</p> <p>How the corrective action(s) 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 visit the home at least 2 times per month to ensure the clients are allowed and encouraged to exercise their rights. Observation will be documented on the QDDP home visit checklist.</p> <p>What is the date by which the systemic changes will be completed? 2-7-15</p>	

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W000227	<p>Disabilities Professional) was interviewed on 1/7/15 at 1:31 PM. She stated, "We do ask the clients to drink at the table. When we got new carpet, we asked them not to drink in the living room." She indicated the rule was not included in the house rules for the group home. She indicated client #1 had been moved from one side of the duplex group home to the other side and clients #4 and #5 had become accustomed to sitting in the recliners prior to client #1's move. She indicated there was no personal furniture in the common living room of the group home. She indicated client #1 was moved to the other side of the group home to ensure clients of similar age and interests were matched together, and while client #1 had not requested the move, she had been asked permission prior to the move.</p> <p>9-3-2(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the</p>						

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	<p>specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based upon observation, record review, and interview, the facility failed for 1 of 4 sampled clients (client #3) to address an identified behavior of property destruction.</p> <p>Findings include:</p> <p>Client financial records were reviewed on 1/5/15 at 6:28 PM. Client #3's record indicated an entry dated 10/8/14 for \$135.00, "[Name of store], Flexible Glasses."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 1/5/15 at 6:40 PM and indicated client #3 had paid to replace her glasses with unbreakable frames as she had willfully broken them on multiple occasions.</p> <p>Client #3's record was reviewed on 1/7/15 at 10:35 AM. A Visual Summary Report dated 8/20/14 indicated "Recommend new glasses to improve left eye acuity significantly." A Behavior Support Plan dated 8/6/14 indicated target behaviors of verbal aggression identified as verbal outbursts, verbal attacks directed at others in the form of yelling, cursing or threatening, gestural aggression defined as raising her middle fingers and directing them at others when angry, and physical aggression defined as</p>	W000227	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice? Client #3's Self Management Plan will be revised to include targeted behavior of Property Destruction. How you will identify other residents have the potential to be affected by the same deficient practice and what corrective action will be taken? Client #'s 1, 2, 4-8 plans will be reviewed to ensure identified needs are addressed in their plans. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur? Client #'s 1-8 plans will be reviewed monthly by the IDT to ensure identified needs are addressed in their plans. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? Monthly review will be documented on the ISP Monthly Review Sheet. What is the date by which the systemic changes will be completed? 2-7-15</p>	02/07/2015

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W000249	<p>hitting/slapping, pushing, or any physical contact with the intent of harming." An Annual Update to Diagnostic Evaluation dated 8/6/14 indicated client #3 obtained new eyeglasses after an 8/19/13 eye examination. "She has needed her glasses repaired several times this year due to her throwing them and breaking them. Her [relative] has purchased a back up pair for [client #3] to have when her glasses are being repaired." Client #3's ISP (Individual Support Plan) dated 8/6/14 did not address her behavior of breaking her glasses. There was no evidence in the record that client #3's plans addressed her behavior of property destruction.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 1/7/15 at 1:31 PM and stated, "We should have included property destruction (in client #3's plan)."</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan,</p>			

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	<p>each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based upon observation, record review and interview, the facility failed to ensure 1 of 4 sampled client's (client #1) self management plan was implemented as written.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 1/7/15 from 7:02 AM until 8:18 AM. After breakfast, client #1 sat in a recliner/rocking chair with a cup of coffee in the living room adjacent to the kitchen. Staff #2 prompted client #1 to brush her teeth, but client #1 did not respond. Staff #2 asked for client #1's coffee cup and stated, "If you want to finish your coffee, you have to brush your teeth. I guess you lose your sticker. You're not following the rules. We won't get to CLC (Creative Learning Center) on time." Client #1 drank her coffee using a 8 ounce coffee cup/mug without using a cup to cup method (pour no more than 1 inch into a 4 ounce cup) or a spouted cup.</p> <p>Client #1's record was reviewed on 1/7/15 at 11:40 AM. A self management</p>	W000249	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice? Client #1 Individual Program Plan will be implemented as developed by the IDT.</p> <p>How you will identify other residents have the potential to be affected by the same deficient practice and what corrective action will be taken? Client #'s 2-8 Individual Program Plans will be implemented as developed by the IDT.</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? Staff training will be provided to ensure the Individual Program Plans are implemented as developed by the IDT. The QDDP will visit the home at least 2 times per month to ensure the Individual Program Plans are implemented at developed by the IDT.</p> <p>How the corrective action(s) will</p>	02/07/2015

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	<p>plan dated 7/29/14 indicated target objectives of non-compliance and self injurious behavior. The plan indicated "in the past I have occasionally had periods of time that I became more nervous, irritable and emotional than usual. I will cry for no reason or I might laugh, and then start crying. When I am irritable, I have become more non-compliant. This means I won't participate in my daily chores or activities...." The plan indicated client #1 had required hospitalization in the past to adjust psychotropic medications to address her behaviors. "If I become nervous, grouchy, non-compliant, or overly emotional...and not sleeping, these are signs that I am having more difficulty with my mood." Strategies indicated in part, "If I seem to be acting upset or appear irritable (such as being non-compliant with my chores, etc.) staff will talk to me in a friendly, calm manner to ask what might be bothering me...They can suggest an activity to do with them or in a group that might calm me down or help me focus on something such as baking cookies, playing cards, having a cup of decaffeinated coffee, or going for a walk...." There was no evidence of a reinforcement program using stickers to address client #1's behavior, and no evidence staff were to remind her she would make the clients late to day</p>		<p>be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? Observation of Program Implementation will be documented on the QDDP home visit checklist.</p> <p>What is the date by which the systemic changes will be completed? 2-7-15</p>	

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	<p>services, that client #1 could lose a sticker as reinforcement if she didn't respond to requests, or that she would not be able to finish her coffee if she did not brush her teeth.</p> <p>A Dysphagia/Choking Risk Plan revised 12/11/14 in client #1's record indicated client #1 had a barium swallow (swallowing assessment) on 8/9/14. The assessment indicated client #1 "presented with precautions involving solids and liquids...Recommendations included remaining at regular diet, but presenting at 1 tsp (teaspoon) amounts...A specialty spouted cup will be used to present liquids in 5 cc (cubic centimeters) (1 teaspoon) sized swallows or a cup-to-cup presentation can be used for liquids to control the intake amount. If using a cup-to-cup process, staff will pour no more than 1" (inch) of liquids into a 4 oz (ounce) cup and allow [client #1] to drink it before adding more...."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 1/7/15 at 1:31 PM and indicated staff should have implemented client #1's plan to address her non-compliant behavior and followed her dysphagia/choking risk plan.</p> <p>9-3-4(a)</p>			

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W000250	<p>483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2 #3 and #4), the facility failed to provide individualized active treatment schedules to implement the clients' ISPs (Individual Support Plans).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 1/7/15 at 11:40 AM. Client #1's ISP dated 7/29/14 indicated objectives to dust furniture, identify medication, respond/participate in social conversation, put clothes in hamper, and keep spending money in billfold. There was no evidence of an active treatment schedule in the record.</p>	W000250	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice? An active treatment schedule that outlines the current active treatment program will be developed for client #'s 1-4 and made readily available for review by relevant staff.</p> <p>How you will identify other residents have the potential to be affected by the same deficient practice and what corrective action will be taken? An active treatment schedule that outlines the current active treatment program will be developed for client #'s 5-8 and made readily available for review by relevant staff.</p>	02/07/2015

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	<p>Client #2's record was reviewed on 1/7/15 at 2:44 PM. Client #2's ISP dated 2/26/14 indicated objectives to stay in designated area, handle knives safely, learn about medication by finding date on calendar, shower in the morning when incontinent, compliment peers, calculate change from \$1.00 and use reactive methods when angry. There was no evidence of an active treatment schedule in the record.</p> <p>Client #3's record was reviewed on 1/7/15 at 10:35 AM. Client #3's ISP dated 8/6/14 indicated objectives to follow directions given by instructors, identify Glipizide, exit for drills, complete deep breathing exercises before dental appointments, shampoo hair with 3 verbal prompts, cut food into bite sized pieces, stick finger (for blood sugar checks), turn correct burner off, stay in assigned class, brush teeth thoroughly for 2 minutes. There was no evidence of an active treatment schedule in the record.</p> <p>Client #4's record was reviewed on 1/7/15 at 2:21 PM. Client #4's ISP dated 3/27/14 included eat slowly during meal, hand money to cashier, exit for drills, brush teeth, come to the medication room to medication room with prompt. There was no evidence of an active treatment</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? The QDDP Annual ISP Checklist will be revised to include updating the current active treatment schedule. The Active Treatment Schedule will be revised as needed with change in program plan or daily routine.</p> <p>How the corrective action(s) 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 the Active Treatment Schedule monthly to ensure the schedule is up to date and that it is available for review by relevant staff.</p> <p>What is the date by which the systemic changes will be completed? 2-7-15</p>	

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W009999	<p>schedule in the record.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 1/7/15 at 1:31 PM and indicated the staff utilized a duty schedule that implemented each client's ISP goals, but there were no individualized active treatment schedules.</p> <p>9-3-4(a)</p> <p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>460 IAC 9-3-2(c)(3) Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person</p>	W009999	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</p> <p>The residential provider will ensure three references are obtained prior to employment.</p> <p>How you will identify other residents have the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All future candidates for</p>	02/07/2015

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 01/08/2015
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NAME OF PROVIDER OR SUPPLIER PASSAGES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 990 E HANNA ST COLUMBIA CITY, IN 46725
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	<p>would be employed where there is: (3) conviction of a crime substantially related to a dependent population or any violent crime.</p> <p>The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, SECTION 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on record review and interview, for 2 of 3 staff (staff #4 and #6) personnel files, the facility failed to ensure three references were obtained prior to employment.</p> <p>Findings include:</p> <p>The facility's personnel files were reviewed on 1/7/15 at 3:00 PM. There were only two complete references for staff #6 and only one complete reference for staff #4.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was</p>		<p>employment at Passages, Inc. will have a minimum of 3 references which are NOT merely employment verifications.</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? The Human Resources Coordinator will request and obtain employment verifications and personal references to meet the state requirement for all candidates seeking employment at Passages, Inc.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? The Human Resources Coordinator will review pre-hire file to ensure 3 references are in place prior to extending an offer of employment.</p> <p>What is the date by which the systemic changes will be completed? 2-7-15</p>	

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	interviewed on 1/7/15 at 9:37 AM. She indicated the facility had attempted to get complete references, but were unable to do so. She stated, "We have a system in place," and indicated it was difficult to get the required references at times. 9-3-2(c)(3)				