STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	15G675		02/19/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PASSAGES INC	990 E HANNA ST 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
K 000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 02/19/15 Facility Number: 009013 Provider Number: 15G675 AIM Number: 100234550 Surveyor: Amy Kelley, Life Safety Code Specialist At this Life Safety Code survey, Passages Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies. The one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, sleeping rooms and common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.	K 000		

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

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

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	Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.4. Quality Review by Dennis Austill, Life Safety Code Specialist on 02/27/15. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K 130 Bldg. 01	Based on record review and interview, the facility failed to maintain 2 of 4 battery operated smoke alarms installed in the client's bedroom. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required by the Code, shall be maintained. This deficient practice affects 4 of 8 clients. Findings include: Based on observation on 02/19/15 from 2:19 p.m. to 2:30 p.m., the residential manager acknowledged the battery was missing from the battery operated smoke alarm in bedroom #1 and the battery	K 130	**Tag #K130** What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice? The batteries of 2 of 4 battery operated smoke alarms installed in the client's bedrooms have been replaced. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Other battery operated smoke detectors in the home have been checked to ensure batteries are	03/21/2015

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	operated smoke alarm in bedroom #2 failed to alarm when the test button was pressed.		present and functional. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur? The battery operated smoke detectors will be checked and batteries changed every 6 months. How the corrective action(s) will be monitored to ensure the deficient practice will not recur? A checklist has been developed to indicate when the batteries are to be changed and documented when completed. What is the date by which the systemic changes will be completed? 3-21-15	
K 041 Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Every sleeping room and living area has access to a primary means of escape located to provide a safe path of travel to the outside. 33.2.2.2.1. Where sleeping rooms or living areas are above or below the level of exit discharge, the primary means of escape is an interior stair in accordance with 32.2.2.4 and 33.2.2.4, an exterior stair, a horizontal exit, or a fire escape stair. 32.2.2.2. Based on observation and interview, the	K 041	**Tag #K0041** What corrective action(s) will be	03/21/2015

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	facility failed to ensure 1 of 4 direct exit doors from each sleeping room was readily accessible. The deficient practice could affect 2 of 8 clients. Findings include: Based on observation and interview on 02/19/15 at 2:39 p.m., the residential manager acknowledge she had to push on the exit door from bedroom #1 several times before she was able to get the door open. She commented the maintenance man would have to come take a look at the door.		accomplished for these residents found to have been affected by the deficient practice? The exit door in bedroom #1 has been repaired and able to be easily opened. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Other exit doors have been checked and are all able to be easily opened. 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 check the doors at least one time per month to ensure the exit doors from the sleeping rooms are readily accessible. How the corrective action(s) will be monitored to ensure the deficient practice will not recur? The results of this check will be documented on the QDDP home visit checklist. What is the date by which the systemic changes will be completed? 3-21-15	

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K 046 Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1 1. Based on observation and interview, the facility failed to ensure 2 of 2 electrical receptacles observed were maintained in a safe operating condition. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, 1999 Edition, Article 370-28(c) requires all junction boxes shall be provided with covers compatible with the box. This deficient practice could affect all clients. Findings include: Based on observation and interview on 02/19/15 at 2:37 p.m. and then again at 2:40 p.m., the residential manager acknowledged the electrical receptacle behind the dryer and above the freezer in the garage lacked a cover. 2. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords, such as an extension cord were not used as a substitute for fixed wiring. LSC 33.2.5.1 requires utilities to comply	K 046	**Tag #K0046** What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?-The electrical receptacle behind the dryer and above the freezer in the garage are now equipped with covers. -The extension cord providing power to a candle warmer in bedroom #1 has been removed. 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 other electrical receptacles have been checked in the home to ensure covers are in place.-The home has been checked for other extension cords, and no others were found. 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 ensure that any broken or missing receptacle covers are replaced as needed, and that extension cords are not to be used as a substitute for fixed wiring. How the corrective action(s) will be monitored to ensure the deficient practice will	03/21/2015

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	with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 2 clients. Findings include: Based on observation and interview on 02/19/15 at 2:23 p.m., the residential manager confirmed and removed the extension cord that was providing power to a candle warmer in bedroom #1.		not recur?The group home manager will check the home every 6 months to ensure no extension cords are being used and that the electrical receptacles have covers as required. This will be documented on a checklist. What is the date by which the systemic changes will be completed?3-21-15	
K 053 Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3. Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10,			

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	that are powered by the building electrical system. Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms.			
	Based on record review and interview, the facility failed to ensure 5 of 5 smoke detectors had been sensitivity tested. LSC 9.6.2.10.1 refers to NFPA 72, the National Fire Alarm Code. NFPA 72, at 7-3.2.1 states Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range it	K 053	**Tag #K0053** What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice? The two smoke detectors that had a sensitivity testing below the accepted range and the remaining three aged detectors are on order and will be replaced by 3-21-15. 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 two smoke detectors that had a sensitivity testing below the accepted range and the remaining three aged detectors are on order and will be replaced by 3-21-15. What measures will be put into	03/21/2015

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	shall be tested using any of the following methods: (1) Calibrated test method, (2) Manufacturer's calibrated sensitivity test instruments, (3) Listed control equipment arranged for the purpose, (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside the listed sensitivity range, (5) Other calibrated sensitivity test methods approved by the authority having jurisdiction. Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or be replaced. NOTE: The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector. This deficient practice could affect all occupants. Findings include: Based on record review with the residential manager on 02/19/15 at 2:05 p.m., the smoke detector sensitivity test report from Shambaugh & Sons dated 11/25/14 showed the two smoke		place or what systemic changes you will make to ensure that the deficient practices does not recur. The vendor that completes the sensitivity inspections has been notified that the sensitivity testing is required to be completed every two years. Additionally, a new checklist will be created by the Passages Creative Learning Center (CLC) Supports Coordinator that will include all safety inspections (including sensitivity testing), dates the inspections are due, and vendor responsible for the inspections. This checklist will be coordinated with the vendors to ensure Passages and safety inspection vendors have the same schedule of inspections. The CLC Supports Coordinator will schedule appropriate inspections with the appropriate vendors for required inspections as they are due. How the corrective action(s) will be monitored to ensure the deficient practice will not recur? The Passages CLC Supports Coordinator will monitor the inspection checklist to ensure the required inspections are scheduled and completed timely. The Passages Community Living Manager will be informed	

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	detectors read .59 v and .42 v. The range for these devices was listed as 1.5 v-3.66 v. No information was provided for the remaining three smoke detectors. Based on interview after placing a phone call to Shambaugh & Sons at the time of record review, the residential manager confirmed two smoke detectors tested below the sensitivity range and the remaining three could not be tested due to the age of the smoke detector.		of scheduled inspections. What is the date by which the systemic changes will be completed? 3-21-15	