

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G675	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/14/2014
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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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(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
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K010000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 03/14/14</p> <p>Facility Number: 009013 Provider Number: 15G675 AIM Number: 100234550</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>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.</p> <p>The one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in sleeping rooms and in common living areas. The facility has a capacity of 8 and had a census of 7 at the time of this survey.</p>	K010000		
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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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K010130	<p>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 1.8.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/18/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Based on observation and interview, the facility failed to ensure the 3 of 3 fire extinguishers were mounted no less than 4 inches from the bottom of the fire extinguisher to the floor. NFPA 101, Section 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. NFPA 10, Section 1-6.10 states in no case shall the clearance between the bottom of the fire extinguisher and the floor be less than 4 inches.</p> <p>Finding include:</p>	K010130	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</p> <p>The fire extinguishers in this facility will be mounted no less than 4 inches off of the floor.</p> <p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All other fire extinguishers located in other group homes will be mounted no less than 4 inches off of the floor.</p>	03/30/2014

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	Based on observation with the Residential Manager on 03/14/14 from 12:30 p.m. to 12:45 p.m., the fire extinguisher in the garage and the two fire extinguishers in the utility closets of the facility were stored directly on the floor. Based on an interview with the Qualified Developmental Disabilities Professional at 12:50 p.m., the fire extinguishers have always been stored on the floor.		<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> <p>Any newly acquired or replaced fire extinguishers will be mounted no less than 4 inches off of the floor.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur? The Maintenance Director will ensure the fire extinguishers are mounted properly when completing the monthly fire extinguisher checks.</p> <p>What is the date by which the systemic changes will be completed? 3-30-14</p>	