STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G121	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/02/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PASSAGES INC	125 N 200 E 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
W000000	This visit was for a fundamental annual recertification and state licensure survey. Dates of Survey: September 23, 24, 25, 26, 30, October 1, and 2, 2013 Facility Number: 000658 Provider Number: 15G121 AIM Number: 100234300 Surveyor: Susan Eakright, QIDP These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/10/13 by Ruth Shackelford, QIDP.	W000000		

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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W000125	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. Based on observation, interview, and record review, for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 3 additional clients (clients #5, #6, and #7), the facility failed to allow and encourage unimpeded access to packed lunches and the snack pantry at the group home. Findings include: On 9/23/13 from 4:05pm until 6:15pm, the group home snack pantry located in the hallway by the dining room across from the kitchen was locked and staff had the key on their person. On 9/24/13 from 6:10am until 7:07am, clients #1, #2, #3, #4, #5, #6, and #7 were at the group home. At 6:35am, GHS (Group Home Staff) #4 unlocked the medication room. Inside the medication room was a refrigerator which contained seven individual baggies each with client #1, #2, #3, #4, #5, #6, and #7's initials.	W000125	What corrective actions will be accomplished for these residents found to have been affected by the deficient practice? The identified individuals in this home will be reassessed using the Functional Assessment Tool to determine their ability to have access to the locked snack pantry and the medication room where their lunches for day services are kept. The individuals that are determined to be safe with accessing the snack pantry and medication room will be given a key so they can obtain items from these areas as they choose. Individuals who demonstrate a health or safety risk with having access to the snack pantry/medication room will be notified of the restriction and an "Individual Rights Modification" form will be completed and signed by the individual/guardian/health care representative as appropriate. The rights modification will be reviewed by the Human Rights Committee. A training objective will be implemented to the program plans of individuals restricted in an effort to reduce or	11/01/2013

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	At 6:35am, GHS #4 stated client #1, #2, #3, #4, #5, #6, and #7's lunches were "kept locked" inside the medication room because of client #3's behaviors of taking other clients' items and lunches. GHS #4 stated "All clients have to have their lunches kept locked." Client #1's record was reviewed on 9/24/13 at 11:55am and on 9/25/13 at 11:30am. Client #1's 1/21/13 FAT (Functional Assessment Tool) did not indicate the identified need for locked food. Client #2's record was reviewed on 9/25/13 at 12:10pm. Client #2's 3/26/13 FAT did not indicate the identified need for locked food. Client #3's record was reviewed on 9/25/13 at 9:50am. Client #3's 3/12/13 FAT did not indicate the identified need for locked food. Client #4's record was reviewed on 9/25/13 at 11:30am. Client #4's 10/4/12 FAT did not indicate the identified need for locked food. On 9/24/13 at 11:10am, an interview with		eliminate the restricted practice. Individuals will receive training for properly and safely carrying and storing their keys. 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 in this home will be reassessed using the Functional Assessment Tool to determine their ability to have access to the locked snack pantry and the medication room where their lunches for day services are kept. The individuals that are determined to be safe with accessing the snack pantry and medication room will be given a key so they can obtain items from these areas as they choose. Individuals who demonstrate a health or safety risk with having access to the snack pantry/medication room will be notified of the restriction and an “Individual Rights Modification” form will be completed and signed by the individual/guardian/health care representative as appropriate. The rights modification will be reviewed by the Human Rights Committee. A training objective will be implemented to the program plans of individuals restricted in an effort to reduce or eliminate the restricted practice. Individuals will receive training for properly and safely carrying and storing their keys. What measures will be put into place or	

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	client #2 was conducted. At 11:10am, client #2 stated lunches at the group home were "kept locked because [client #3] would eat them." Client #2 stated the snack pantry "was always locked" and indicated he did not have a key. On 9/24/13 at 10:55am, an interview with client #4 was conducted. Client #4 indicated the lunches and snack pantry were kept locked by the facility staff. On 9/25/13 at 12:40pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated clients #1, #2, #3, #4, #5, #6, and #7 had their lunches kept locked inside the medication room to prevent problems with client #3. The QIDP indicated no plans to decrease the need for the restriction of locked lunches had been developed for clients #1, #2, #3, #4, #5, #6, and #7. The QIDP indicated the snack pantry should not have been locked. On 9/26/13 at 2:30pm, the QIDP provided 9/26/13 verbal consents from clients #1, #2, #3, #4, #5, #6, and #7 and their		what systemic changes you will make to ensure that the deficient practices does not recur?A Functional Assessment will be completed annually. The QDDP will review the Functional Assessment Tool. Should any areas be identified which creates a restrictive practice, the individual/guardian/health care representative will be notified of the restriction and an “Individual Rights Modification” form will be completed and signed by the individual/guardian/health care representative as appropriate. The rights modification will be reviewed by the Human Rights Committee. A training objective will be implemented to the program plans of individuals restricted in an effort to reduce or eliminate the restricted practice. 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 the Functional Assessment Tools annually to identify any areas which create a restrictive practice. The QDDP will add “rights modification” to the annual ISP checklist to ensure any rights restrictions has been appropriately identified and policies which govern rights restrictions are being implemented and appropriate training is being provided. What is the date by which the systemic	

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	representatives for locked lunches, locked snack pantry, and stated "The men all agreed with them being locked there. They said they do not have a problem asking for a snack from the pantry, and that the staff opens the pantry when they ask. Their packed lunches for the next day are stored in the refrigerator in the medication room due to the fact that there is not always enough room for their lunches in the main refrigerator." 9-3-2(a)		changes will take place?11-1-13.	

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W000137	483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. Based on observation, record review, and interview, for 3 of 4 sampled clients (clients #1, #2, and #3) and 2 additional clients (clients #5 and #6) with locked personal belongings, the facility failed to allow and encourage client #1, #2, #3, #5, and #6's unimpeded access to their personal belongings. Findings include: On 9/23/13 from 4:05pm until 6:15pm, and on 9/24/13 from 6:10am, until 7:55am, client #1, #2, #3, #5, and #6's electric razors were locked inside the medication room. On 9/24/13 at 6:35am, GHS (Group Home Staff) #4 indicated client #1, #2, #3, #5, and #6's electric razors were kept locked inside the medication room. GHS #4 indicated clients #1, #2, #3, #5, and #6 did not have keys to access their personal electric razors. Client #1's record was reviewed on 9/24/13 at 11:55am and on 9/25/13 at 11:30am. Client #1's 1/21/13 FAT (Functional Assessment Tool) did not	W000137	What corrective actions will be accomplished for these residents found to have been affected by the deficient practice?The identified individuals in this home will be reassessed using the Functional Assessment Tool to determine their ability to have access to their personal belongings including their electric razors. The individuals that are determined to be safe with having their razors in their rooms will have their razors returned to them. Individuals who demonstrate a safety risk or who are careless with their razors will be notified of the restriction and an “Individual Rights Modification” form will be completed and signed by the individual/guardian/health care representative as appropriate. The rights modification will be reviewed by the Human Rights Committee. A training objective will be implemented to the program plans of individuals restricted in an effort to reduce or eliminate the restricted practice. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?	11/01/2013

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	indicate the identified need for his locked electric razor. Client #2's record was reviewed on 9/25/13 at 12:10pm. Client #2's 3/26/13 FAT did not indicate the identified need for his locked electric razor. Client #3's record was reviewed on 9/25/13 at 9:50am. Client #3's 3/12/13 FAT did not indicate the identified need for his locked electric razor. On 9/25/13 at 12:40pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated clients #1, #2, #3, #5, and #6 had their electric razors kept locked inside the medication room. The QIDP indicated no plans to decrease the need for the restriction of locked electric razors had been developed for clients #1, #2, #3, #5, and #6. On 9/26/13 at 2:30pm, the QIDP provided 9/26/13 verbal consents from clients #1, #2, #3, #5, and #6 and their representatives for locked electric razors and stated "The men all agreed with them being locked there...Some of the men also		Other individuals residing in this home will also be reassessed using the Functional Assessment Tool to determine their ability to have access to their personal belongings including their electric razors. The individuals that are determined to be safe with having their razors in their rooms will have their razors returned to them. Individuals who demonstrate a safety risk or who are careless with their razors will be notified of the restriction and an “Individual Rights Modification” form will be completed and signed by the individual/guardian/health care representative as appropriate. The rights modification will be reviewed by the Human Rights Committee. A training objective will be implemented to the program plans of individuals restricted in an effort to reduce or eliminate the restricted practice. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur?A Functional Assessment will be completed annually. The QDDP will review the Functional Assessment Tool. Should any areas be identified which creates a restrictive practice, the individual/guardian/health care representative will be notified of the restriction and an “Individual Rights Modification” form will be completed and signed by the individual/guardian/health care	

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	told me their electric razors are stored in the medication room on the charger. They have no problem asking for them when they are ready to shave. Typically these men need prompts and assistance to shave from staff." 9-3-2(a)		representative as appropriate. The rights modification will be reviewed by the Human Rights Committee. A training objective will be implemented to the program plans of individuals restricted in an effort to reduce or eliminate the restricted practice. 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 the Functional Assessment Tools annually to identify any areas which create a restrictive practice. The QDDP will add “rights modification” to the annual ISP checklist to ensure any rights restrictions has been appropriately identified and policies which govern rights restrictions are being implemented and appropriate training is being provided. What is the date by which the systemic changes will take place?11-1-13	

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W000249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, 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. Based on observation, record review, and interview for 1 of 4 sample clients (client #3), the facility failed to implement client #3's SMP's (Self Management Plan) and ensure staff supervision for client safety. Findings include: On 9/23/13 at 2:20pm, the facility's BDDS (Bureau of Developmental Disabilities Services) reports from 9/2012 through 9/23/13 were reviewed and indicated the following for client #3: -A 9/3/13 BDDS report for an incident on 9/2/13 at 9:15am indicated staff checked on client #3 who was sitting out on the back deck and when staff went back to check on client #3 "15 minutes" later client #3 "was talking to his mother" on his personal cell phone. The report indicated "staff overheard [client #3] telling his mother that he had walked to the driving range on the golf course and purchased a can of pop from the vending machine." The report indicated client #3	W000249	What corrective actions will be accomplished for these residents found to have been affected by the deficient practice?The individual that was affected by the deficient practice will be kept within line of sight when outside of the group home and at day services. When the individual goes outside, staff will sit outside with this individual to ensure he does not leave the home without supervision. At day services, staff will maintain line of sight when in his classrooms, during “passing periods”, and lunch period. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Individual program plans will be reviewed to evaluate the implementation of the program plan. Staff training will be provided on the implementation of the program 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 visit the group home at	11/01/2013

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	was truthful and "honestly told staff that he went off of the back deck and walked down the street within the neighborhood to the driving range and returned to the home after purchasing a can of pop." The report indicated client #3 "had a self management plan (SMP) that includes AWOL (Absent Without Leave) as one of his behavioral indicators." The report indicated client #3 "will attempt to leave when he is upset about something or trying to hide something from staff, and he will walk away from the area when staff is present." The report indicated client #3 was not upset on 9/3/13. -A 9/10/13 Follow Up Description to client #3's 9/3/13 BDDS report indicated the following. 1. Client #3 "is monitored every 15 minutes and staff maintains line of sight supervision when he is sitting on the deck. He is allowed personal time alone in his room." 2. Client #3 had "targeted behaviors in his self management plan, he could have stolen, masturbated in public, or due to his ADHD (Attention Deficit Hyperactivity Disorder) could have become distracted and put himself at risk of getting lost or walking unsafely." 3. Client #3's plan was revised to include "a schedule to ensure he receives pop each day."		least to two times per month to ensure the objectives of the program plans are being implemented. Staff training will be provided for any new objectives to the individual's program 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?During visits to the group home, the QDDP will document the implementation of the individual's program plans. What is the date by which the systemic changes will take place?11-1-13	

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	4. Client #3's plan was revised to include "Staff will sit with [client #3] or maintain line of sight when he is outside of the home or day services program." During observation on 9/23/13 from 4:05pm until 6:15pm, client #3 was at the group home. From 4:05pm until 5:00pm, client #3 was out on the back deck alone. Client #3 sat at the picnic table on the deck and no staff was present. At 5:00pm, client #3 got up and independently went inside the group home, walked around from room to room, and then returned to the outside back deck picnic table. At 5:10pm, the QIDP (Qualified Intellectual Disabilities Professional) exited the kitchen door onto the back deck and sat down to talk with client #3. At 5:25pm, client #3 was alone on the back deck without facility staff. At 5:45pm, Group Home Staff (GHS) #3 indicated he was in the kitchen close to the window to the back deck from 4:05pm until 5:45pm. GHS #3 indicated client #3 was to be supervised by the facility staff within the line of sight when outside. GHS #3 stated he (GHS #3) did turn his back to the kitchen window and client #3 was not kept within his line of sight "at all times" when out on the back deck. Client #3's record was reviewed on			

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	9/25/13 at 9:50am. Client #3's 9/9/13 SMP (Self Management Plan) included a targeted behavior of "Going AWOL...staff will sit with him or maintain line of sight at all times." An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 9/25/13 at 12:40pm. The QIDP indicated the facility staff should have kept client #3 within their line of sight when client #3 was out on the back deck of the group home on 9/23/13. The QIDP stated client #3's SMP indicated client #3 had targeted behaviors of AWOL, was at risk in the community when not supervised by the facility staff, and should have been within staff eye sight supervision "at all times." 9-3-4(a)			

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W000368	483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on observation, record review, and interview, for 1 of 4 sample clients (client #2), the facility failed to administer medications as prescribed by client #2's physician. Findings include: On 9/23/13 at 4:25pm, Group Home Staff (GHS) #3 asked client #2 to come to the medication room. GHS #3 asked client #2 to retrieve his medication tote inside the medication room. Client #2 unlocked his medication tote, removed an unlabeled "Sunday" through "Saturday" plastic medication container, selected the "Monday" at 4pm tab, opened the tab, removed two (2) tablets, stated the tablets were "Metformin" for diabetes, and took the medication. At 4:25pm, client #2's 9/2013 MAR (Medication Administration Record) and 6/17/13 "Physician's Orders" indicated "Metformin 500mg (milligrams) give 2 tabs by mouth twice daily before breakfast and supper" for diabetes. At 6:05pm, client #2 took his first bite of food at the supper meal. On 9/25/13 at 12:10pm, client #2's record was reviewed. Client #2's 6/17/13	W000368	What corrective actions will be accomplished for these residents found to have been affected by the deficient practice? The physician's order for client #2 Metformin has been clarified to "administer medication with meals" so that the medications will be administered in compliance with the physician's orders. 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 medications for all other individuals residing in this home have been reviewed and residents #4 and #5 had orders clarified to ensure the medications were being administered in compliance with the physician's orders. 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 assure medications are being administered in compliance with the physician's orders. Any new physicians' orders are "flagged" in the MAR to draw attention to the new medication and how the medication is to be administered. All new staff receives Core A and B training upon hire and all staff	11/01/2013

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	"Physician's Order" indicated "Metformin 500mg (milligrams) give 2 tabs by mouth twice daily before breakfast and supper" for diabetes. An interview with the agency's RN (Registered Nurse) was conducted on 9/25/13 at 12:40pm. The Agency RN indicated the facility followed the Core A/Core B Medication Training for staff to administer medications. The agency RN indicated facility staff should follow each client's physician's orders when administering medications in the group home. The RN stated client #2's physician orders were followed when facility staff gave client #2's Metformin "before" the meal. The agency RN indicated facility staff should have given client #2's medication before he consumed his meal up to thirty minutes. The Agency RN stated client #2 took his medication at 4:25pm and did not consume food until 6:05pm, and that "would not be a concern" for her. On 9/25/13 at 9:35am, a record review was completed of the facility's policy and procedures, 08/11 "Medication Administration" which indicated facility staff should follow physician's orders to administer medications to clients who lived in the group home.		receives an annual refresher course on the “6 rights of medication administration”. 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 Health Services Coordinator will review all physicians’ orders monthly to ensure the medications are being administered per the physician’s orders. A pharmacy consult is completed every 6 months. The Health Services Coordinator will review the recommendations and consult with the physician. Any order changes will be communicated to the pharmacy and the group home by the Health Services Coordinator to ensure that medications are being administered in compliance with the physicians’ orders. What is the date by which the systemic changes will take place?11-1-13	

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	On 9/25/13 at 10:15am, the 2004 "Core A/Core B Medication Training" indicated "Lesson 3 Principles of Administering Medications." The Core A/Core B policy and procedure indicated the facility should follow physician orders. On 9/30/13 at 1pm, a review of "Drugs.com at http://www.drugs.com/metformin.html" indicated "...Take metformin exactly as prescribed by your doctor....Take metformin with a meal...." The drug information indicated metformin should have been administered "thirty (30) minutes" before the meal. 9-3-6(a)			

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W000369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review, and interview for 2 of 13 doses of medications administered at the evening and morning medication administration times, the facility failed to administer medications without error for client #2. Findings include: On 9/24/13 at 6:50am, client #2 consumed breakfast at the dining room table. At 7:15am, the Residential Manager (RM) asked client #2 come into the medication room for his morning medications. At 7:15am, the RM asked client #2 to retrieve his medication tote inside the medication room. Client #2 unlocked his medication tote, removed an unlabeled "Sunday" through "Saturday" plastic medication container, selected the "Tuesday" at 8:00am tab, opened the tab, removed two (2) tablets, stated the tablets were "Metformin" for diabetes, and took the medication. At 7:15am, client #2's 9/2013 MAR (Medication Administration Record) and 6/17/13 "Physician's Orders" indicated "Metformin 500mg (milligrams) give 2 tabs by mouth twice daily before breakfast and supper" for diabetes. At	W000369	What corrective actions will be accomplished for these residents found to have been affected by the deficient practice?The physician's order for client #2 Metformin has been clarified to "administer medication with meals" so that the medications will be administered without error. 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 medications for all other individuals residing in this home have been reviewed and residents #4 and #5 had orders clarified to ensure the medications were being administered without error. 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 assure medications are being administered without error. Any new physicians' orders are "flagged" in the MAR to draw attention to the new medication and how the medication is to be administered. All new staff receives Core A and B training upon hire and all staff receives an annual refresher course on the "6	11/01/2013

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	6:50am, client #2 ate his breakfast meal. On 9/25/13 at 12:10pm, client #2's record was reviewed. Client #2's 6/17/13 "Physician's Order" indicated "Metformin 500mg (milligrams) give 2 tabs by mouth twice daily before breakfast and supper" for diabetes. An interview with the agency's RN (Registered Nurse) was conducted on 9/25/13 at 12:40pm. The Agency RN indicated the facility followed the Core A/Core B Medication Training for staff to administer medications. The agency RN indicated facility staff should follow each client's physician's orders when administering medications in the group home. The RN stated client #2's physician orders were not followed when facility staff gave client #2's Metformin "before" the meal. On 9/25/13 at 9:35am, a record review was completed of the facility's policy and procedures, 08/11 "Medication Administration" which indicated facility staff should follow physician's orders to administer medications to clients who lived in the group home. On 9/25/13 at 10:15am, the 2004 "Core A/Core B Medication Training" indicated		rights of medication administration". The agency has a system in place whereby medication errors are communicated to the Health Services Coordinator for follow up including investigating, incident reporting, and corrective actions. 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 Health Services Coordinator will review all physicians' orders monthly to ensure the medications are being administered per the physician's orders and without error. A pharmacy consult is completed every 6 months. The Health Services Coordinator will review the recommendations and consult with the physician. Any order changes will be communicated to the pharmacy and the group home by the Health Services Coordinator to ensure that medications are being administered in compliance with the physicians' orders and without error. The Health Services Coordinator will monitor medication errors monthly for trends, recommend and develop any systemic changes in policy or procedures. What is the date by which the systemic changes will take place?11-1-13	

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	"Lesson 3 Principles of Administering Medications." The Core A/Core B policy and procedure indicated the facility should follow physician orders. On 9/30/13 at 1pm, a review of "Drugs.com at http://www.drugs.com/metformin.html" indicated "...Take metformin exactly as prescribed by your doctor....Take metformin with a meal...." The drug information indicated metformin should have been administered "thirty (30) minutes" before the meal. 9-3-6(a)			

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W000391	483.460(m)(2)(ii) DRUG LABELING The facility must remove from use drug containers with worn, illegible, or missing labels. Based on observation, record review, and interview, for 3 of 13 medications observed administered at the morning and evening medication administration (clients #2, #3, and #5), the facility failed to ensure each medication was labeled. Findings include: 1. On 9/23/13 at 4:15pm, GHS (Group Home Staff) #3 and client #5 selected an unlabeled medication container from client #5's medication tote of Vicks Vapor Rub ointment. GHS #1 verbally encouraged client #5 to open the unlabeled medication container, scooped a finger covering of ointment, and apply the Vicks Vapor Rub ointment to his toe nails on both client #5's right and left feet. At 4:25pm, GHS #1 and client #5 both indicated there was no label on the Vicks Vapor Rub medication container to identify it as belonging to client #5 and no directions for its use. At 4:25pm, client #5's 9/2013 MAR (Medication Administration Record) indicated "Vicks Vapor Rub, apply to affected areas/toe nails TID (three times a day)" to treat toenail.	W000391	What corrective actions will be accomplished for these residents found to have been affected by the deficient practice?Medications for the identified individuals have been properly labeled to include the name of the individual, the name of the medication and instructions for use, and the date the medication was purchased and 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?All medications that did not come from the pharmacy have been properly labeled to include the name of the individual the medication belongs to, the name of the medication and instructions for use, and the date the medication was purchased and opened. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur?Passages has developed a system whereby any new medication order for medication that does not come from the pharmacy will be forwarded to the Health Services Coordinator. The Health Services Coordinator will ensure that labels have been placed on the medication indicating the name of	11/01/2013

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	2. On 9/23/13 at 4:35pm, GHS #3 unlocked the medication overhead cabinet, removed a plastic bin with 24 unlabeled individual packages of "Polyethylene Glycol 3350 17 gm (grams)" each, opened one (1) unlabeled package, emptied the one 17 gram package into a glass of liquid fluid, and client #3 drank the unlabeled mixture. At 4:35pm, client #3's 9/2013 MAR indicated "Polyeth. Glyc Pow (Polyethylene Glycol Powder) 3350 Miralax, give 1 packet dissolved in liquid by mouth daily" for constipation. 3. On 9/24/13 at 7:15am, the Residential Manager (RM) and client #2 selected client #2 unlabeled pre set "Sunday" through "Saturday" medication holder. Client #2 opened the plastic labeled tab on the container for "Tuesday" morning, identified his medications inside the tab with the RM which included a "Vitamin" and took the medications. At 7:15am, client #2 located inside his locked medication tote and then handed for review the vitamin medication bottle which indicated "Nature Made D3 vitamin" a health supplement. Client #2's unlabeled vitamin medication bottle did not have a pharmacy label, did not have client #2's name, and did not contain directions for the medication use. At 7:15am, client #2's 9/2013 MAR		the individual the medication belongs to, the name of the medication and instructions for use, and the date the medication was purchased and opened. Staff training will be provided regarding this system. 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?Any new medication order for medication that does not come from the pharmacy will be forwarded to the Health Services Coordinator. The Health Services Coordinator will ensure that labels have been placed on the medication indicating the name of the individual the medication belongs to, the name of the medication and instructions for use, and the date the medication was purchased and opened. What is the date by which the systemic changes will take place?11-1-13	

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	indicated "Vitamin D3 1000 units, take 1 tab (tablet) daily." On 9/25/13 at 12:40pm, an interview with the agency RN (Registered Nurse) was conducted. The RN indicated the agency staff followed the "Living in the Community: Core A/Core B" medication training. The RN indicated client #2, #3, and #5's medications were purchased over the counter. The RN indicated client #2, #3, and #5's medications did not have an identification label or marking to signify it belonged to each client and should have had identification on the bottles. On 9/25/13 at 12:40pm, a review of the 2004 "Living in the Community" medication administration training manual, Core Lesson 2: Responsibilities in the Area of Medication Administration indicated medications should be labeled. 9-3-6(a)			

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W000436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review, and interview, for 3 of 4 sampled clients (clients #1, #2, and #3) with adaptive equipment, the facility failed to teach and encourage clients #1, #2, and #3 to wear their prescribed eyeglasses. Findings include: Observations were conducted at the group home on 9/23/13 from 4:05pm until 6:15pm, and on 9/24/13 from 6:10am until 7:55am. Clients #1, #2, and #3 did not wear their prescribed eye glasses during the observation periods. Clients #1, #2, and #3 were not taught and/or encouraged to wear their prescribed eyeglasses. At 7:25am, GHS (Group Home Staff) #4 asked client #2 "Have you found your eyeglasses yet?" Client #2 replied "No." During both observation periods clients #1, #2, and #3 walked independently throughout the group home, watched television, assisted with medication administration, fed themselves, played a dice game, and shaved.	W000436	What corrective actions will be accomplished for these residents found to have been affected by the deficient practice?Training goals will be developed for the individuals identified to teach and encourage them to wear their eye glasses. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? QDDP will complete an evaluation of the home to determine if other individuals in the home require training on the use of eyeglasses and braces. Any individuals identified in need of training or encouragement to wear their adaptive equipment will have a training goal included in their program plan. 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 on the updated program plans and implementation thereof. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be	11/01/2013

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	On 9/24/13 at 11:55am, client #1's record review was conducted. Client #1's 1/22/13 ISP (Individual Support Plan) indicated he wore prescribed eye glasses and did not indicate a goal/objective to wear his prescribed eye glasses. Client #1's 3/12/12 vision evaluation indicated he wore prescribed eye glasses and "refuses to wear" his prescribed eye glasses. On 9/25/13 at 12:10pm, client #2's record review was conducted. Client #2's 3/25/13 ISP indicated he wore prescribed eye glasses and did not indicate a goal/objective to wear his prescribed eye glasses. Client #2's 12/17/12 vision evaluation indicated he wore prescribed eye glasses and to wear his eye glasses daily. On 9/25/13 at 9:50am, client #3's record review was conducted. Client #3's 9/12/12 and 3/12/13 ISP reviews both indicated client #3 wore prescribed eye glasses. Client #3's 3/1/13 vision evaluation indicated client #3 had a new pair of prescription eye glasses. On 9/25/13 at 12;40pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) and Agency Registered Nurse (RN) was conducted.		put into place?The QDDP will monitor the training goals on a monthly basis and make revisions in the training goals as needed. What is the date by which the systemic changes will take place?11-1-13	

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	The QIDP and RN both indicated clients #1, #2, and #3 wore prescribed eye glasses. The QIDP indicated clients #1, #2, and #3 should have been taught and encouraged to wear their prescribed eye glasses at the group home. The QIDP indicated she did not know the status of client #2's eyeglasses. 9-3-7(a)			

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W000454	483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. Based on observation and interview, for 1 of 4 sampled clients (client #1), the facility staff failed to ensure client #1's tooth brush was kept clean and not stored uncovered with topical medications. Findings include: On 9/24/13 at 7:05am, the Residential Manager (RM) asked client #1 to come to the medication room. The RM asked client #1 to remove his uncovered electric tooth brush from his medication tote. Client #1 opened his medication tote, removed an electric toothbrush which lay uncovered inside the medication tote with client #1's topical medicated ointments. At 7:15am, client #1, with the RM watching, brushed his teeth with the same electric uncovered tooth brush and at the completion of brushing for two (2) minutes, client #1 replaced the same toothbrush back into his medication tote uncovered with the same topical medicated ointments. At 7:15am, client #1 and the RM both indicated client #1's toothbrush was kept in his medication tote inside the medication administration room and was stored uncovered with client #1's medicated ointments.	W000454	What corrective actions will be accomplished for these residents found to have been affected by the deficient practice?The identified individual's toothbrush has been placed in a plastic bag to provide a sanitary environment and to avoid sources and transmission of infections. 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 storage containers for others in this home have been checked and all toothbrushes have been placed in a plastic bag to provide a sanitary environment and to avoid sources and transmission of infections. 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 instruct staff in the proper storage of individual's belongings in order to provide a sanitary environment and to avoid sources and transmission of infections. The QDDP will visit the group home at least two times per month to ensure the proper storage of individual's belongings in order to provide a sanitary environment and to avoid sources and transmission of infections. How	11/01/2013

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	An interview with the QIDP (Qualified Intellectual Disabilities Professional) and the Agency Registered Nurse (RN) was conducted on 9/25/13 at 12:40pm. The QIDP and the RN both indicated client #1's toothbrush should have been covered when stored with his topical medications. 9-3-7(a)		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 document the findings of the visits and provide staff training as needed regarding the sanitary safekeeping of individual's belongings. What is the date by which the systemic changes will take place?11-1-13	

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W000455	483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation, record review, and interview, for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and for 3 additional clients (clients #5, #6, and #7), the facility failed to teach personal hygiene practices for the prevention of infection control and a maintain a sanitary environment when opportunities existed. Findings include: On 9/24/13 from 6:10am until 7:07am, clients #1, #2, #3, #4, #5, #6, and #7 were at the group home. From 6:35am until 6:50am, Group Home Staff (GHS) #4 retrieved bowls and plates from the kitchen cabinets and asked client #5 to set the dining room table for breakfast and client #5 did not wash his hands. At 6:40am, client #5 held the plates against his shirt and carried them to the dining room table. Client #5 placed his fingers into each of the seven stacked bowls to set the bowls on the table. At 6:40am, clients #3 and #5 placed their fingers into each of the glasses to unstack them and placed two glasses at each of the seven (7) place settings around the dining room table. From 6:40am until 6:50am, clients #3 and #5 handled the knives, forks, and	W000455	What corrective actions will be accomplished for these residents found to have been affected by the deficient practice?The identified individuals will receive training on personal hygiene practices for the prevention of the spread of infection and to maintain a sanitary environment. 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 individuals in the home will also receive training on personal hygiene practices for the prevention of the spread of infection and to maintain a sanitary environment. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur?All staff in this home will receive training on personal hygiene practices for the prevention of the spread of infection and to maintain a sanitary environment. This training will include proper hand washing techniques, when to wash hands, and proper handling of utensils and dinnerware. Staff will be trained to provide ongoing training and prompts when opportunities exist for proper hand washing and handling of	11/01/2013

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	spoons by the food contact ends for each of the seven place settings. At 6:50am, client #5 was prompted by GHS #4 to make toast. Client #5 handled 14 slices of bread, buttered the toast, and no handwashing was taught or encouraged. From 6:50am until 7:07am, clients #1, #2, #3, #4, #5, #6, and #7 were at the dining room table, were not prompted or encouraged to wash their hands, and consumed their breakfast. Clients #1, #2, #3, #4, #5, #6, and #7 ate toast with their fingers, no staff redirection was completed, and no handwashing was taught or encouraged. An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 9/25/13 at 12:40pm. The QIDP indicated staff should have redirected clients #1, #2, #3, and #4 to wash their hands before eating their meal and before setting to set the dining room table. Client #1's record was reviewed on 9/24/13 at 11:55am and on 9/25/13 at 11:30am. Client #1's 1/21/13 FAT (Functional Assessment Tool) indicated he was independent to wash his hands before meals.		utensils and dinnerware to the individuals in this home. 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 and house manager will observe staff and the individuals in this home weekly to ensure ongoing training and prompts when opportunities exist for proper hand washing and handling of utensils and dinnerware to the individuals in this home is being provided. What is the date by which the systemic changes will take place?11-1-13	

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	Client #2's record was reviewed on 9/25/13 at 12:10pm. Client #2's 3/26/13 FAT indicated client #2 needed verbal reminders from staff to wash his hands before meals. Client #3's record was reviewed on 9/25/13 at 9:50am. Client #3's 3/12/13 FAT indicated client #3 needed verbal reminders from the facility staff to wash his hands before meals. Client #4's record was reviewed on 9/25/13 at 11:30am. Client #4's 10/4/12 FAT indicated he needed verbal reminders from the facility staff to wash his hands before meals. 9-3-7(a)			

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W000460	483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, interview, and record review for 1 of 4 sample clients (client #3) who was on a mechanically altered diet, the facility failed to ensure client #3 received the recommended mechanically altered diet as prescribed. Findings include: During observations at the group home on 9/23/13 at 6:05pm, client #3 sat at the dining room table eating bread with butter cut into one inch by one inch (1" x 1") squares. Client #3's bread and butter was not softened with milk or fluid. At 6:05pm, GHS (Group Home Staff) #3 indicated he assisted client #3 to cut his bread and butter into one inch squares. During observation at the group home on 9/24/13 at 6:50am, client #3 sat at the dining room table eating toast with butter cut into one inch (1") squares by GHS #1. Client #3's toast with butter was not softened with milk or fluid. On 9/25/13 at 12:40pm, an interview with the Qualified Intellectual Disabilities Professional (QIDP) and the Agency Registered Nurse (RN) was conducted.	W000460	What corrective actions will be accomplished for these residents found to have been affected by the deficient practice?The record of the individual identified was reviewed. The physician was notified of the swallow study recommendations from 6-20-13 which recommended a regular diet. The consulting dietician revised her assessment from 8-11-13 and recommended that this individual's diet be changed to regular diet with foods cut into bite sized pieces. On 10-8-13 an order was received to change this individual's diet to regular diet with liquids of regular consistency. This individual's plan was updated including a revised dining and risk plan. Staff has been trained on the revised plan. 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 records of the other individuals in this home were reviewed to ensure the proper diet was recorded on the physician's order and that the individuals are receiving the correctly prescribed diet. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur?When	11/01/2013

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	The QIDP and the RN both indicated client #3 was on a mechanical diet. The QIDP indicated staff should have followed the agency guidelines for a mechanical soft diet. The QIDP indicated client #3 was a choking risk. On 9/25/13 at 9:50am, client #3's record indicated a 6/17/13 "Physician's Order" for a mechanically altered diet. Client #3's 3/26/13 "Choking/Dysphagia Assessment" indicated client #3 had a history of choking and was at risk to choke. Client #3's On 9/25/13 at 1pm, the facility's 9/26/12 "Guidelines for Mechanical Soft Diet" policy/procedure was reviewed. The policy/procedure indicated "...Using the regular menu or a special diet such as low cholesterol as a guide, prepare the Mechanical Soft Diet foods on this diet are easy to chew, cut into 1/4" to 1/2" (one fourth inch to one half inch) cubes, moist and mashable in the mouth...Toast, Bread...break into pieces and moisten with milk until soft...Lunch and Supper...." 9-3-8(a)		diets are changed, the Health Services Coordinator will be responsible to obtain revised diet orders, revise risk plans, and staff training will be provided. 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 Health Services Coordinator will review physician's orders on a monthly basis and update the physician's orders and make changes to the individual's plan as needed. What is the date by which the systemic changes will take place?11-1-13	

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W000488	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. Based on observation, interview, and record review, for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6, and #7) who lived in the facility, the facility failed to teach and encourage clients #1, #2, #3, #4, #5, #6, and #7 to prepare their evening meal when opportunities existed. Findings include: On 9/23/13 from 4:05pm until 6:15pm, client #1, #2, #3, #4, #5, #6, and #7's observations and interview were completed at the group home. During the observation period clients #1, #2, #3, #4, #5, #6, and #7 watched Group Home Staff (GHS) #3 prepared the evening meal of Broccoli with chicken and cheese casserole, Bread and Butter, and Koolaid. From 4:05pm until 6:05pm, GHS #3 completed the preparation of the meal and no clients were prompted or encouraged to participate. From 4:05pm until 6:05pm, clients #1, #2, #3, #4, #5, #6, and #7 walked into and out of the kitchen, asked if they could help and were not	W000488	What corrective actions will be accomplished for these residents found to have been affected by the deficient practice?A revised cooking and serving task chart has been completed with the input from the individuals in this home. The individuals in this home will be provided opportunities for training in cooking and serving their meals according to their developmental level. Staff training has been provided for staff to provide opportunities for training in cooking and serving their meals according to 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?All individuals were affected by this deficient practice. A revised cooking and serving task chart has been completed with the input from the individuals in this home. The individuals in this home will be provided opportunities for training in cooking and serving their meals according to their developmental level. Staff training has been provided for staff to provide opportunities for training in serving their meals according to their developmental level. What measures will be	11/01/2013

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	involved in cooking or meal preparation. GHS #3 retrieved and assembled the food items to be prepared, opened the packages, opened the canned goods, located and removed from cabinet pots and pans, set the oven, set the stove burner, stirred the items on the stove, set and used the microwave, and prepared the items for serving without client involvement. On 9/25/13 at 12:40pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated clients #1, #2, #3, #4, #5, #6, and #7 should have the opportunity to cook and prepare the evening meal. At 12:40pm, the QIDP indicated clients #1, #2, #3, #4, #5, #6, and #7 all had formal and/or informal objectives/goals to participate in meal preparation for the group home. Client #1's record was reviewed on 9/24/13 at 11:55am and on 9/25/13 at 11:30am. Client #1's 1/21/13 FAT (Functional Assessment Tool) indicated he had the skill to stir, open packages, retrieves ingredients needed for a recipe,		put into place or what systemic changes you will make to ensure that the deficient practices does not recur?Staff training has been provided to staff to ensure that opportunities for training in cooking and serving their meals is being provided according to their developmental level. 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?Staff will document in the individual's progress notes the opportunities for training in cooking and serving their meals according to their developmental level. The QDDP and house manager will observe staff and review the progress notes weekly to ensure opportunities for training is being provided. What is the date by which the systemic changes will take place?11-1-13	

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	use the microwave independently, and needed verbal instructions to mix and assemble food that required cooking. Client #2's record was reviewed on 9/25/13 at 12:10pm. Client #2's 3/26/13 FAT indicated client #2 had the skill to stir, open packages, retrieves ingredients needed for a recipe, use the microwave, mix, and assemble food with the verbal instructions of the facility staff. Client #3's record was reviewed on 9/25/13 at 9:50am. Client #3's 3/12/13 FAT indicated client #3 needed verbal prompts from the facility staff to stir, open packages, use of the microwave, mix, assemble food, and was independent with retrieves ingredients needed for a recipe. Client #4's record was reviewed on 9/25/13 at 11:30am. Client #4's 10/4/12 FAT indicated he had the skill to stir, open packages, retrieves ingredients needed for a recipe, use the microwave, mix, and assemble food. 9-3-8(a)			