

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G121	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  10/09/2013
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NAME OF PROVIDER OR SUPPLIER  PASSAGES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 125 N 200 E COLUMBIA CITY, IN 46725
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K020000	<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: 10/09/13</p> <p>Facility Number: 000658 Provider Number: 15G121 AIM Number: 100234300</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 32, New Residential Board and Care Occupancies.</p> <p>This 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>	K020000		

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>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches of Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.9.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K02S046	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 wet location client care areas was provided with a ground fault circuit interrupter (GFCI) protection against electric shock. LSC sections 9.1.2 requires all electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, Article 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, in 210.8(A), Dwelling Units, requires ground-fault circuit-interrupter (GFCI) protection for all personnel in bathrooms and kitchens where the receptacles are intended to serve the countertop surfaces. Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice affects 1 of 8 clients.</p> <p>Findings include:</p> <p>Based on observation with the Residential Director on 10/09/13 at 12:00 p.m., the shower side bathroom had a GFCI receptacle on the wall within three feet of the hand sink. The test button was broken and the GFCI receptacle could not be tested therefore the Residential Director could not confirm the receptacle would</p>	K02S046	<p>What corrective actions will be accomplished for these residents found to have been affected by the deficient practice?The ground fault circuit interrupter to protect against electric shock was repaired on 10-10-13. 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 group fault circuit interrupters in this home and other agency group homes have been checked and are in working order. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur?A safety review is completed on a quarterly basis. A check of the ground fault circuit interrupter is included in this safety review at all bathrooms and kitchens where the receptacles are intended to serve the countertop surfaces. Additionally a monthly check sheet has been developed whereby the staff at the group home will check the GFI receptacles and will complete a maintenance repair request form and submit it to the director of maintenance. Staff training will be provided regarding this new procedure. How the corrective actions will be monitored to</p>	11/01/2013			

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	operate properly.		ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?The residential manager will ensure this is being completed on a monthly basis. What is the date by which the systemic changes will take place?11-1-13		

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K02S147	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating person from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff no less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p> <p>Based on record review and interview, the facility administration failed to ensure all employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan for special staff response, including fire protection procedures needed to ensure the safety of 7 of 7 clients. Such instruction is reviewed by the staff at least every two months. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of "Disaster Drill Report" documentation with the</p>	K02S147	<p>What corrective actions will be accomplished for these residents found to have been affected by the deficient practice?The staff will be instructed and kept informed with the respect to their duties and responsibilities, particularly in relation to providing instruction on fire drills at least every two months to protect the safety of all individuals in this home. 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 were affected by this deficient practice; therefore, the staff will be instructed and kept informed with</p>	11/01/2013	

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	Residential Manager on 10/09/13 at 11:46 a.m., lapses in staff fire safety training times were more than the two months allowed as evidenced by the lack of any training or fire drill records for the 10:00 p.m. to 7:00 a.m. shift during the fourth quarter of 2012. The Residential Manager said at the time of record review, there was no other fire drill or other training documentation for this period.		the respect to their duties and responsibilities, particularly in relation to providing instruction on fire drills at least every two months to protect the safety of all individuals in this home. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur?In this case, the fire drill had been scheduled on the last day of the month/quarter, and when the staff documented the fire drill, the wrong date was entered on the fire drill documentation form. To prevent this from occurring in the future, fire drills will not be scheduled on the last or first day of the month in an effort to prevent the staff from documenting the wrong date on the form when their shift crosses over two days. 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 will not schedule fire drills to be held on the last or first day of the month in an effort to prevent the staff from documenting the wrong date on the form when their shift crosses over two days. What is the date by which the systemic changes will take place?11-1-13		

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K02S152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities; (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action; and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize. Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:  Based on review of the "Disaster Drill Report" and interview with the Residential Manager on 10/09/13 at 11:45</p>	K02S152	What corrective actions will be accomplished for these residents found to have been affected by the deficient practice? Quarterly fire drills will be conducted for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks and are familiar with the facility's emergency and disaster plans and procedures. How you will identify other residents having the	11/01/2013	

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	a.m., fire drill documentation for the third shift fire drill for the fourth quarter of 2012 was not available for review.		potential to be affected by the same deficient practice and what corrective action will be taken?All individuals in this home were affected by this deficient practice; therefore, quarterly fire drills will be conducted for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks and are familiar with the facility's emergency and disaster plans and procedures. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur?In this case, there was a fire drill had been scheduled on the last day of the month/quarter, and when the staff documented the fire drill, the wrong date was entered on the fire drill documentation form. To prevent this from occurring in the future, fire drills will not be scheduled on the last or first day of the month in an effort to prevent the staff from documenting the wrong date on the form when their shift crosses over two days. 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 ensures fire drills are conducted for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained		

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			to perform assigned tasks and are familiar with the facility's emergency and disaster plans and procedures. Also, the residential manager will not schedule fire drills to be held on the last or first day of the month in an effort to prevent the staff from documenting the wrong date on the form when their shift crosses over two days. What is the date by which the systemic changes will take place?11-1-13		