

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 12/06/2012
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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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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: December 4, 5, 6, 2012.</p> <p>Facility number: 009013 Provider number: 15G675 AIM number: 100234550</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/11/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0164	<p>483.430(b)(1) PROFESSIONAL PROGRAM SERVICES Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual program plan.</p> <p>Based on record review and interview for 1 of 4 sampled clients (client #2), the facility failed to assure the professional program services clinician (behavioral consultant) was available in the group home to ensure implementation of their plans.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disability Services) reports were reviewed on 12/4/12 at 4:50 PM. A report involving client #2 dated 5/7/12 indicated on 5/6/12 client #2 threw a phone and punched the wall after staff picked up the phone unaware client #2 was using the phone. Client #2's hand was assessed by staff after the incident and found to be slightly swollen and bruised. Client #2 called the house manager on 5/7/12 and indicated she had developed bruises from staff holding her during the incident. The house manager assessed client #2's arm on 5/8/12 and found dime sized bruises on the inner right and left biceps. Client #2 continued to indicate the bruises were a result of staff holding her arms, and the report indicated, "The</p>	W0164	<p>#164 What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice: Client #2 has been referred for professional program services by a behavioral specialist. How will we identify other residents having the potential to be affected by the same deficient practice: The IDT met on 12-14-12 to review each client in the home to determine if any other clients require additional professional program services. One other client was identified as in need of a physical therapy evaluation related to some recent falls. The physician will be contacted to obtain an order for an evaluation and treatment as needed. What measures will be put into place or what systemic changes will be made to ensure that the deficient practices do not recur: The IDT will review program plans on a monthly basis to identify other clients who are in need of additional professional program services to implement into the active treatment program. Individuals will be referred for the professional program services identified by the IDT. How will</p>	01/05/2013

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	bruises on her arm is (sic) a result of staff attempting to prevent [client #2] from hurting herself." A report dated 6/25/12 indicated client #2 became "upset" after staff #4 picked up the phone unaware client #2 was using the phone. Client #2 threw the phone, yelled at staff #4 and punched the wall. Staff #1 immediately intervened by verbal redirection. "This was ineffective, so [staff #1] linked her arm with the arm [client #2] was punching with, and [client #2] immediately stopped punching." The report indicated client #2 went out the front door with staff #1 following her. Staff #4 informed client #2 she would need to call the police if client #2 left the property. Client #2 ran toward staff #4 and hit her in the back of the head. After client #2 failed to respond to verbal redirection to stop, staff #1 linked her arm with the arm client #2 used to hit staff #1 and client #2 immediately stopped punching staff #4. Client #2 had 2 pin point sized cuts on the palm of her right hand and and near her right wrist. "These injuries were consistent with punching the wall." Client #2 was taken to the ER (emergency room) for evaluation and released after an X-ray was negative for fracture. Staff #4 had 2 small scratches to her upper back. The report indicated client #2 had a behavior management plan		the corrective actions be monitored to ensure the deficient practice will not recur: The QDDP will be responsible for documenting the teams' decision regarding the need for additional services. What is the date by which the systemic changes will be completed: 1-5-13				

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	<p>which addressed behavior indicators of verbal and physical aggression, self injurious behavior, and leaving without telling staff. Staff were retrained on client #2's plan. "There appeared to be a misunderstanding about the use of police intervention in [client #2's] plan. After review, they voiced understanding that as long as [client #2] was not putting her safety at risk, the police did not need to be called and she could continue to walk with staff as this was a technique that is effective for [client #2] in calming down." Staff were retrained on CPI techniques (behavior intervention system).</p> <p>A report dated 9/17/12 indicated client #2 refused her medications, scratched staff, got a knife, threatened to cut herself, pointed the knife at staff and threw it at the wall. The report indicated client #2 was transported to the hospital by police in handcuffs for safety and was admitted 9/17/12-9/24/12. The report indicated the knives were now locked in the house to protect client #2.</p> <p>A report dated 10/24/12 indicated client #2 left the eyesight of staff after returning from her boyfriend's house at 6:30 PM and "appeared to be unhappy." Staff checked on her every 5 minutes, until at 6:55 PM, staff found she was no longer sitting on the porch. After 15 minutes of</p>			

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	<p>looking for client #2, staff found her in the back yard while she was on the phone with the dispatcher for the police department. Client #2 indicated she had never left the property. The report indicated client #2's psychiatrist was contacted and an IDT (interdisciplinary team) meeting would be held to discuss her plan to determine if revisions were necessary.</p> <p>Client #2's records were reviewed on 12/5/12 at 12:35 PM. A Self Management Plan dated 5/15/12 and updated 9/25/12 indicated target behaviors of verbal outbursts, self abuse, leaving without telling staff and physical aggression. There was no evidence of a behavior specialist's involvement in the development or implementation of client #2's plan to address her behaviors.</p> <p>The QDDP (Qualified Developmental Disabilities Professional) was interviewed on 12/5/12 at 1:30 PM. When asked if a behavior specialist was involved in the development and implementation of client #2's plan, she indicated the plan may have been developed by a behavior clinician, but there was no involvement of a behavior clinician at this time with client #2.</p> <p>9-3-3(a)</p>			

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W0295	<p>483.450(d)(1)(i) PHYSICAL RESTRAINTS</p> <p>The facility may employ physical restraint only as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied.</p> <p>Based on interview and record review for 1 of 4 sampled clients (client #2), the facility failed to ensure specific intervention strategies were written in the behavioral intervention plan.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 12/5/12 at 12:35 PM. Client #2's Self Management Plan dated 5/15/12 and updated 9/25/12 included the use of CPI (a behavior intervention system) to address behaviors of verbal outbursts, physical aggression, self injurious behavior, and leaving without telling staff. The plan did not indicate which specific behavior intervention system techniques were to be used or a hierarchy of techniques to be used.</p> <p>The QDDP (Qualified Developmental Disabilities Professional) was interviewed on 12/5/12 at 1:30 PM. When asked about the CPI interventions in client #2's plan, she stated, "We don't list them specifically," and indicated the techniques</p>	W0295	<p>#295 What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice: The facility will only employ physical restraints when it is part of the individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior. Additionally, the individual program plan will be revised to include interventions which progress from least restrictive to more restrictive based on the demonstrated behavior of the individual. How will we identify other residents having the potential to be affected by the same deficient practice: On 12-14-12, the IDT reviewed other individual program plans within this home which include the use of physical restraints to determine if physical restraints remain necessary as part of the individual's plan. The plans identified will be revised to include interventions which progress from least restrictive to more restrictive based on the demonstrated behavior of the individual. Staff training will be provided on the revised plans by</p>	01/05/2013			

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	ranged from verbal redirection to a 2 person physical intervention. 9-3-5(a)		1-5-13. What measures will be put into place or what systemic changes will be made to ensure that the deficient practices do not recur: In the future, all individual program plans developed that include the use of physical restraints will include interventions which progress from least restrictive to more restrictive based on the demonstrated behavior of the individual. On 12-20-12, Passages Behavior Management Committee (BMC) reviewed the agency policy #101.D "Behavior Management". This policy outlines the procedures to be followed in developing and implementing self-management programs for persons served by Passages, Inc. The BMC recommended no changes in the policy as it does state: "restraint used as a part of a self-management plan must lead to a less restrictive way of managing and modifying the behavior for which the restraint is applied". How will the corrective actions be monitored to ensure the deficient practice will not recur: The QDDP will ensure that all plans are revised at this time, and that any plans in the future which include the use of physical restraint, includes interventions which progress from least restrictive to more restrictive based on the demonstrated behavior of the individual.		

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			<p>Passages Behavior Management Committee annually reviews the agency behavior management policies. Additionally, the BMC reviews new and revised self management plans monthly to ensure the plans adhere to the behavior management policy which outlines the procedures to be followed in developing and implementing self-management programs for persons served by Passages, Inc. The Passages Quality Improvement Team provides oversight to the Behavior Management Committee and provides recommendations to the BMC as needed. What is the date by which the systemic changes will be completed: 1-5-13</p>		

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W0304	<p>483.450(d)(5) PHYSICAL RESTRAINTS Restraints must be designed and used so as not to cause physical injury to the client. Based on record review and interview for 1 of 4 sampled clients (client #2), the facility failed to ensure client #2 was not injured during physical intervention applied by facility staff.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disability Services) reports were reviewed on 12/4/12 at 4:50 PM. A report involving client #2 dated 5/7/12 indicated on 5/6/12 client #2 threw a phone and punched the wall and an internal incident report was completed documenting the incident. On 5/7/12, client #2 contacted the house manager and indicated she had bruises on her arms where staff held her the day before to prevent her from punching the wall. The house manager investigated the incident and determined the bruises "were a direct result of staff attempting to prevent client #2 from harming herself." Staff involved (unidentified) reported client #2 failed to respond to verbal directions to stop punching the wall and were unable to get in front of client #2 to block her punches, so staff held client #2's arms from behind, just above the elbows to stop her from punching the wall and injuring herself.</p>	W0304	<p>#304 What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice: Passages staff will utilize the principles and techniques taught in the Nonviolent Crisis Intervention program when a physical restraint is appropriate for client #2. How will we identify other residents having the potential to be affected by the same deficient practice: Passages staff will utilize the principles and techniques taught in the Nonviolent Crisis Intervention program when a physical restraint is appropriate for individuals receiving services at a Passages facility. What measures will be put into place or what systemic changes will be made to ensure that the deficient practices do not recur: Staff receives training on the principles and techniques of the Nonviolent Crisis Intervention program when hired and annually thereafter. Staff re-training will be provided by CPI certified instructors to group home and day services staff by 1-5-13. How will the corrective actions be monitored to ensure the deficient practice will not recur: When a physical restraint</p>	01/05/2013	

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	<p>Client #2's hand was assessed by staff after the incident and found to be slightly swollen and bruised. The house manager assessed client #2's arm on 5/8/12 and found dime sized bruises on the inner right and left biceps. Client #2 continued to indicate the bruises were a result of staff holding her arms, and the report indicated, "The bruises on her arm is (sic) a result of staff attempting to prevent [client #2] from hurting herself." The report indicated staff were retrained on completion of incident reports.</p> <p>The QDDP (Qualified Developmental Disabilities Professional) was interviewed on 12/5/12 at 2:10 PM. She indicated the investigation into the incident determined staff had held client #2's arms from preventing her from hurting herself while punching the wall. She indicated staff had been retrained on proper CPI (behavior intervention system) to prevent injury to client #2.</p> <p>9-3-5(a)</p>		<p>is utilized, the QDDP will review the incident to ensure proper techniques were utilized. Additional training will be provided as appropriate. What is the date by which the systemic changes will be completed: 1-5-13</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

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