

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G411	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/12/2016
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NAME OF PROVIDER OR SUPPLIER MOSAIC	STREET ADDRESS, CITY, STATE, ZIP CODE 8205 & 8235 MAPLE AVE TERRE HAUTE, IN 47803
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W 0000 Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: April 7, 8, 11, 12, 2016</p> <p>Facility Number: 000925 Aim Number: 100244480 Provider Number: 15G411</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/18/16.</p>	W 0000		
W 0240 Bldg. 00	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on record review, observation and interview, the facility failed for 1 of 4 sampled clients (#4) and 1 non-sampled client (#6) to include interventions/methods in the clients' individual habilitation plans (IHP) in regard to client #4's van transportation needs and client #6's dining room seating.</p> <p>Findings include:</p>	W 0240	In regards to evidence cited by the medical surveyor, Mosaic has developed a plan that clearly defines the information and supports for both facility staff and person to teach when he should be out of his chair. . Retraining on the supports has been completed for all facility staff. To assure this deficiency does not recur in the facility, Mosaic has Policies and Procedures stating that each	04/22/2016

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>1. Record review of the facility's incident reports was done on 4/7/16 at 2:40p.m. Client #4 had two incident reports which involved his transportation on the facility van. An incident report on 2/17/16 indicated client #4 was exiting the van at the facility day service with a two staff assist. The report indicated client #4 had "lunged" himself out of his seat to the floor of the van and then out the van side door "with staff." Client #4 had 2 "small" abrasions, "less than 1 inch" on the left side of his head above his eye. The report indicated the nurse was contacted and head tracking was done. An incident report on 2/27/16 indicated client #4 had slid out of the van door while exiting the van at day service on 2/26/16.</p> <p>Record review for client #4 was done on 4/11/16 at 12:10p.m. Client #4's 1/23/16 IHP was reviewed. There was no documentation in client #4's IHP to address his identified assistance needs with exiting the facility van.</p> <p>Professional staff #3 was interviewed on 4/12/16 at 11:38a.m. Staff #3 indicated client #4 had a behavioral history of dropping himself to the floor. Staff #3 indicated this was addressed in client #4's IHP. Staff #3 indicated the facility had addressed, after the incidents during 2/16,</p>		<p>client served must have an individual program plan. This plan includes needed interventions and services to support achievement of goals and objectives identified in the plan through ongoing active treatment. Each staff receives training on this plan annually and as changes and updates to the plan are made. The training includes strategies that will enable the clients achieve each goal and objective To further ensure Mosaic prevents recurrence of this deficiency, the agency also conducts multiple visits each week to every facility by the house manager(Direct Support Manager) and the Program Coordinator (QIDP). During this visit, each assures that directcare staff provides continuous active treatment specifically that each clientreceives interventions and services in sufficient number and frequency tosupport the achievement of goals and objectives.</p>	

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	<p>the way client #4 was to be transported and assisted off the van. Staff #3 indicated the changes were not documented. Staff #3 indicated client #4 was now transported by riding in the front seat of the van and 2 person assistance with exiting the van. Staff #3 indicated he was not aware of any other incidents with exiting the van since 2/26/16.</p> <p>2. An observation was done on 4/7/16 at the group home from 3:34p.m to 5:30p.m. Client #6 was seated in a wheelchair throughout the observation, which included eating supper.</p> <p>Professional staff #2 was interviewed on 4/12/16 at 11:38a.m. Staff #2 indicated client #6 had a regular style dining room chair with side arms. Staff #2 indicated client #6 should have been transferred to her dining room chair when she did activities at the dining room table. Staff #2 indicated client #6's IHP did not have documentation in place to direct staff with identifying client #6's dining room seating. Staff #2 indicated all staff were aware of client #6's need to sit in her dining room room chair when at the dining room table. Staff #2 indicated there was no documented specific plan to direct staff on how to assist client #6 with her seating at the dining room table.</p>			

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W 0249 Bldg. 00	<p>9-3-4(a)</p> <p>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.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#4), to ensure client #4's identified individual habilitation plan (IHP) was implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation was done on 4/8/16 from 6:49a.m. to 8:04a.m. at the group home. Client #4 sat in wheelchair in the kitchen area throughout the observation. Client #4 was bent over in his wheelchair with his face on his arm rest. Client #4 was not prompted to an activity until it was time to leave for day services.</p>	W 0249	In regards to evidence cited by the medical surveyor, retraining on the specific goals identified in the evidence pertaining active treatment was conducted again for all facility staff. This training was conducted by the facility QIDP. This training session specifically identified the active treatment and support training for the person identified in programming and active treatment. Specifically, the facility staff was trained on the Individual Program Plan for client #4. Staff reviewed both the formal in informal objectives in each individual's IPP regarding medication administration. Furthermore, staff were retrained on using all formal and informal opportunities in order to implement a continuous active	04/22/2016

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	<p>Record review for client #4 was done on 4/11/16 at 12:10p.m. Client #4's current IHP (1/23/16) indicated client #4 had programs to walk for 10 minutes with 1 to 1 assist, review his daily schedule and participate in leisure activity of his choice.</p> <p>Professional staff #2 was interviewed on 4/12/16 at 11:38a.m. Staff #2 indicated client #4 should receive continuous staff interactions and be prompted to participate in an activity or with program training.</p> <p>9-3-4(a)</p>		<p>treatment program. To assure this deficiency does not recur in the facility, Mosaic has Policies and Procedures stating that each client served must have an individual program plan. This plan includes needed interventions and services to support achievement of goals and objectives identified in the plan through ongoing active treatment. Each staff receives training on this plan annually and as changes and updates to the plan are made. The training includes strategies that will enable the clients achieve each goal and objective. To further ensure Mosaic prevents recurrence of this deficiency, the agency also conducts multiple visits each week to every facility by the house manager (Direct Support Manager) and the Program Coordinator (QIDP). During this visit, each assures that direct care staff provides continuous active treatments specifically that each client receives interventions and services in sufficient number and frequency to support the achievement of goals and objectives.</p>		