

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G227	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/20/2014
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NAME OF PROVIDER OR SUPPLIER MOSAIC	STREET ADDRESS, CITY, STATE, ZIP CODE 723 CHERRY TREE LN SOUTH BEND, IN 46617
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 15, 16, 17, and 20, 2014</p> <p>Facility number: 000751 Provider number: 15G227 AIM number: 100248910</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9. Quality Review completed 1/24/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed to conduct evacuation drills on the day shift for staff (7:00 A.M. to 4:00 P.M.) during the third quarter of 2013 (July 1st through September 30th) which affected 3 of 3 sampled clients (clients #1, #2, and #3) and 3 additional clients living in the</p>	W000440	In regards to evidence cited by the medical surveyor, it is Mosaic policy to schedule safety drills at varying times and under varying conditions. The schedule was established by the agency Safety Committee Chairman. Once the drill has been completed, the drill is submitted to the Safety Committee Chairman for review	02/19/2014

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>facility (clients #4, #5, and #6.)</p> <p>Findings include:</p> <p>The facility's records were reviewed on 1/15/14 at 1:15 P.M. The review failed to indicate the facility held an evacuation drill for clients #1, #2, #3, #4, #5, and #6 on the day shift for staff during the third quarter of 2013.</p> <p>Associate Director #1 was interviewed on 1/16/14 at 2:11 P.M. Associate Director #1 stated the facility was to "have evacuation drills on every shift during every quarter."</p> <p>9-3-7(a)</p>		<p>prior to the end of each month. If a drill is not submitted, corrective actions to agency employees are completed. In addition, facility staff will be trained safety drill procedures on or before 2/19/2014 to assure each understood their responsibility for protecting clients during a fire in the facility. Additionally, the agency investigated the pervasiveness of the missed drill and it appears that this was an isolated incident across all facilities operated by the agency. Mosaic has implemented systematic changes to ensure the findings of this survey do not recur. Per policy and procedure, each safety drill completed is reviewed by the agency Safety Committee Chairman for accuracy, to assure varying conditions and times were submitted, ensuring all personnel are trained to perform each disaster plan and procedure, to assure the facility evacuates clients and provides supports as designed by the safety plan for the facility, and problems are thoroughly investigated. The findings of each drill are reviewed by the agency Safety the committee itself.</p>		