

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G430	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/15/2012
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NAME OF PROVIDER OR SUPPLIER MOSAIC	STREET ADDRESS, CITY, STATE, ZIP CODE 475 WOODBINE TERRE HAUTE, IN 47803
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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
W0000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: February 6, 7, 9, 10, 14, 15, 2012</p> <p>Provider Number: 15G430 Aims Number: 100239750 Facility Number: 000944</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>This deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 2/23/12 by Tim Shebel, 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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W0289	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (#3) with a restrictive behavior management plan, to ensure that all interventions (locked knives) to manage client #3's behavior was included in the client's behavior support plan (BSP).</p> <p>Findings include:</p> <p>Record review for client #3 was done on 2/14/12 at 11:18a.m. Client #3 had human rights committee approval for locked knives in the group home. Client #3's 11/16/11 BSP did not address the facility behavior intervention of locking of the group home knives.</p> <p>Interview of staff #1 (QMRP) on 2/14/12 at 3:18p.m., indicated client #3's inappropriate social behavior was the reason for the facility knives to be kept locked. Staff #1 indicated the facility intervention practice of locking the knives had not been included in client #3's current BSP.</p>	W0289	Client #3's BSP has been revised to reflect the need to lock all knives. Agency staff were retrained on client #3's BSP by 3/01/2012. To ensure that this citation does not recur, agency QMRP will revise treatment plans in accordance with client needs.	03/09/2012			

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	9-3-5(a)				