

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G430	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/17/2012
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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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K0000	<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: 02/17/12</p> <p>Facility Number: 000944 Provider Number: 15G430 AIM Number: 100239750</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Mosaic 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 33, Existing Residential Board and Care Occupancies.</p> <p>This one story facility was sprinklered. The facility has a monitored fire alarm system with smoke detection in the corridors,</p>	K0000		

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>sleeping rooms, and common living areas. The facility has a capacity of six and had a census of six at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Impractical with an E-Score of 5.4.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/20/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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KS147	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD 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 persons 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 not 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 6 of 6 clients. Such instruction is reviewed by the staff not less than every two months. This deficient practice could affect all clients.</p> <p>Findings include:</p>	KS147	<p>Based on the State surveyor's citations, the facility will review safety plans and fire evacuation plans on a monthly basis with staff during house meetings. The training will cover the following staff objectives;1. learn and understand what types of assistance each individual who resides at the facility need in case of a fire.2. learn what to do and who to contact in case the fire alarm/Sprinkler system fail.3. Learn what steps to be taken during the time the fire alarm/sprinkler system is down.Learn how to fill the "fire watch" sheet as specified in the policy.To ensure that this deficiency does not recur, these trainings will be reviewed monthly</p>	03/16/2012	

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	<p>Based on interview during review of the facility's Evacuation and Fire Plan on 02/17/12 at 10:15 a.m., the Maintenance Supervisor indicated employees are 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 any resident, however, the Maintenance Supervisor indicated such instructions are not reviewed by the staff every two months. The two most recent reviews of the Evacuation and Fire Plan by staff were on 01/20/12 and 12/13/11, however, previous to those dates the only other times the Plan was reviewed by staff during the past twelve months were on 07/05/11 and 01/30/11. The facility was lacking written documentation of a fire drill for the first shift (day) during the second quarter (April, May, June) of 2011.</p>		<p>during client monthly meetings and also during the monthly safety inspections.</p>		

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KS152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill:</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(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>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>1. Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on 1 of 3 shifts during 1 of 4 quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of the facility's</p>	KS152	The facility has a new Safety Committee Chairperson to ensure that the fire evacuation drills are done during varying shifts and conditions. This will ensure that the facility has run fire evacuation drills quarterly for each shift of personnel and varied conditions. The facility will ensure that clients are actually evacuated at least one drill on each shift and make special provisions for clients with physical disabilities. Reports will	03/16/2012	

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	<p>Fire Drill folder on 02/17/12 at 10:30 a.m. with the Maintenance Supervisor present, the facility lacked documentation a fire drill was conducted during the first shift (day) of the second quarter (April, May, and June) of 2011. Based on interview at the time of record review, the Maintenance Supervisor said there was no fire drill performed during the first shift of the second quarter of 2011.</p> <p>2. Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 2 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Fire Drills folder on 02/17/12 at 10:30 a.m. with the Maintenance Supervisor present, three of three first shift (day) fire drills performed since February of 2011 were held between 3:35 p.m. and 3:55 p.m., and four of four third shift (night) fire drills performed</p>		<p>be made for each separate fire drills. To ensure that this deficiency does not recur, the Safety Committee will review all fire drill reports to ensure they meet all the requirements.</p>				

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	since February of 2011 were held between 12:00 a.m. and 12:30 a.m. Based on interview at the time of record review the Maintenance Supervisor acknowledged the times of the first and third shift fire drills were not varied.				