

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G280	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/13/2014
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NAME OF PROVIDER OR SUPPLIER MOSAIC	STREET ADDRESS, CITY, STATE, ZIP CODE 2820 BENHAM AVE ELKHART, IN 46517
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K010000	<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: 01/13/14</p> <p>Facility Number: 000800 Provider Number: 15G280 AIM Number: 100243460</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist, Liberty Fruth, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Mosaic was found not in compliance with Requirements for Participation in Medicare/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 fire alarm system with smoke detection in the corridors and in common living areas, excluding the living room. The facility has a capacity of 7 and had a census of 7 at the time of</p>	K010000		
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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>this visit.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.32.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/23/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K01S053	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.</p> <p>Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system.</p> <p>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 living areas were provided with a smoke detector. This deficient practice affects all clients.</p>	K01S053	On 1/16/2014, a wired smoke detection device was installed in the living room at the facility. As a result of this survey, Mosaic contracted with third party inspectors to review each facility operated by Mosaic to assure each facility is in compliance with	02/07/2014			

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	<p>Findings include:</p> <p>Based on observation with Property Manager on 01/13/14 at 2:20 p.m., the living room was not provided with a smoke detector. Based on an interview at the time of observation, the Property Manager acknowledged the living room lacked a smoke detector.</p>		<p>this standard. Mosaic has implemented systematic changes to ensure the findings of this survey do not recur. Per policy and procedure, Mosaic conducts safety inspections at each facility operated by the agency on a quarterly basis. Assuring each room is provided with an approved smoke alarm is reviewed as a part of that inspection. The findings of each inspection are reviewed by the agency Safety Committee Chairperson and the committee itself.</p>		

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K01S056	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in</p>						

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	<p>Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p>			

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	<p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All</p>						

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	<p>habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on record review, observation and interview; the facility failed to ensure 3 of 3 sprinkler gauges were tested every five years or replaced. LSC 33.2.3.5.2 requires sprinkler systems to be in accordance with 9.7 and 9.7.5 requires automatic sprinkler systems be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 2-3.2 states gauges shall be replaced every five years or tested every five years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Property Manager on 01/13/14 at 1:00 p.m., the three sprinkler gauges on the sprinkler</p>	K01S056	On 1/16/2014, the sprinkler gauges were tested throughout the facility. As a result of this survey, Mosaic contracted with third party inspectors to review each facility operated by Mosaic to assure each facility is in compliance with this standard. Mosaic has implemented systematic changes to ensure the findings of this survey do not recur. Per policy and procedure, Mosaic conducts safety inspections at each facility operated by the agency on a quarterly basis. The safety committee chair is responsible for assuring testing occurs every five years or sooner.	02/07/2014	

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K01S150	<p>system were manufactured in 2007 and 2008. Based on record review and interview at 1:30 p.m. on 01/13/14, the Property Manager acknowledged the facility's sprinkler inspection documentation did not have any reference to the sprinkler gauges and there was no additional documentation available to verify the sprinkler gauges have been tested or replaced.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities are in accordance with provisions of 10.3.1. 32.7.5.1, 33.7.5.1</p> <p>Based on interview and observation, the facility failed to ensure all curtains were flame resistant. LSC Section 10.3.1 requires that draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films. This deficient practice could affect all clients in the</p>	K01S150	<p>On or before 2/11/2014, facility modified all window treatments to assure they were flame resistant. Mosaic has implemented systematic changes to ensure the findings of this survey do not recur. Per policy and procedure, Mosaic conducts safety inspections at each facility operated by the agency on a quarterly basis. As a part of this inspection, the safety committee chair assures all window treatments are flame resistant.</p>	02/11/2014

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	<p>facility.</p> <p>Findings include</p> <p>Based on observations made between 2:15 p.m. and 2:30 p.m. on 01/13/14 with the Property Manager, window curtains were provided in the dining room, living room and family room which lacked documentation of flame resistance. Based on interview, it was acknowledged by the Property Manager at the time of observation, the curtains were new and documentation of flame resistance for the window curtains was not available.</p>				

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K01S152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (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 - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (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. Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 2 of the last 4 quarters. This deficient practice could affect all occupants.</p> <p>Findings include: Based on review of the fire drill</p>	K01S152	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 prior to the end of each month. If a drill is not submitted, corrective	02/18/2014	

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	documentation at 1:30 p.m. on 01/13/14 with the Property Manager, there was no record of fire drills for the second shift during the third and fourth quarters of 2013 or the third shift during the fourth quarter of 2013. This was acknowledged by the Property Manager at the time of record review.		actions to agency employees are completed. In addition, facility staff will be trained safety drill procedures on or before 2/18/2014 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.		