

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G373	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/21/2013
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NAME OF PROVIDER OR SUPPLIER MOSAIC	STREET ADDRESS, CITY, STATE, ZIP CODE 8556 S US HWY 41 TERRE HAUTE, IN 47802
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W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: March 11, 12, 15, 20 and 21, 2013</p> <p>Provider Number: 15G373 Aims Number: 100249240 Facility Number: 000887</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed March 28, 2013 by Dotty Walton, Medical Surveyor III.</p>	W000000		

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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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#1) to ensure the qualified mental retardation professional (QMRP) coordinated client #1's treatment program in regards to her use of a chair alarm.</p> <p>Findings include:</p> <p>An observation was done on 3/11/13 from 4:29p.m. to 6:28p.m. at the facility. Throughout the observation, client #1 was in a recliner and also in a dining room chair without a chair alarm being used.</p> <p>Record review for client #1 was done on 3/20/13 at 1:22p.m. Client #1's 2/26/13 physician's orders indicated client #1 was to use a chair alarm and a bed alarm. Client #1's 3/13 medication administration record indicated client #1 had a chair alarm and a bed alarm. There was no documentation the QMRP had attempted follow up contact with the interdisciplinary team (IDT) to identify the use/non-use of the alarms.</p> <p>Staff #1 (QMRP/Coordinator) was</p>	W000159	In reference to the evidence cited by the medical surveyor, the bed and chair alarm was discontinued by the Dr. The QDDP failed to follow up with the Dr and get documentation after the alarm order had been discontinued. The order to discontinue was obtained on 3/27/13 and placed in the client's file. The client in question no longer needs the alarm. To prevent this from recurring, Mosaic QDDP will follow up with treatment team when an order has been discontinued.	04/10/2013	

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	<p>interviewed on 3/20/13 at 1:50p.m. Staff #1 indicated client #1 did not use a chair/bed alarm. Staff #1 indicated they thought the chair/bed alarm use had been discontinued a few months ago and were not aware it was still on client #1's physician's orders. Staff #1 indicated there was no documentation to indicate (program coordination) the alarm use had been discussed by the IDT and discontinued. Staff #1 indicated they felt client #1 was not currently in need of chair/bed alarms.</p> <p>9-3-3(a)</p>				

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W000488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 3 of 4 sampled clients (#1, #2, #3) and 3 additional clients (#5, #6, #8), the facility failed to encourage clients to participate in meal preparation and family style dining to the extent they were capable.</p> <p>Findings include:</p> <p>During the 3/11/13 observation period between 4:29p.m. to 6:28p.m. at the group home, facility staff did not encourage clients, who were available to assist (#1, #2, #3, #5, #6, #8), to participate in all aspects of the meal preparation and family style dining. At 5:18p.m., staff #4 custodially put servings of meatballs, noodles and cabbage on client #3 and #4's plates while clients #3 and #4 were seated at the dining room table. Staff #4 custodially cut up client #3 and #4's food on their plates. Staff #5 asked clients #3 and #6 if they wanted pepper and both indicated they did. Staff #5 custodially put pepper on their food. At 5:33p.m., staff cleared off the supper table and put aluminum foil over the food serving bowls. Staff washed some of the supper dishes with no clients in the kitchen with them. Clients #1, #2, #3, #5,</p>	W000488	In reference to the deficiencies cited by the Medical Surveyor, Mosaic staff did not provide active treatment through encouraging clients to participate (as much as they are capable) in meal preparation, participating in family style dining, allowing them to add their own table seasoning onto their food, clearing the table, and helping with cleaning dishes after the meal. The agency QDDP will re-train all facility staff on the following active treatment activities; 1. Clients will be given an opportunity to participate in meal preparation. 2. Clients will be given an opportunity to participate in family style dining. 3. Clients will be given an opportunity to participate in chores such as cleaning after meals and washing dishes. To ensure follow through, house manager and QDDP will do house visits during different meals for observations.	04/20/2013			

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	<p>#6 and #8 were at home and available to assist.</p> <p>Interview of professional staff #1 on 3/20/12 at 1:50p.m. indicated all the clients were capable of assisting with serving themselves with some staff assistance. Staff #1 indicated all the clients were capable of assisting with the meal clean up. Staff #1 indicated the clients should have been more involved with the family style meal.</p> <p>9-3-8(a)</p>				