

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 12/22/2011
NAME OF PROVIDER OR SUPPLIER MOSAIC			STREET ADDRESS, CITY, STATE, ZIP CODE 723 CHERRY TREE LN SOUTH BEND, IN46617		
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W0000	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: December 20, 21 and 22, 2011. Facility number: 000751 Provider number: 15G227 AIM number: 100248910 Surveyors: Christine Colon, Medical Surveyor III/QMRP - Team Leader The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12-29-11 by C. Neary, Program Coordinator.	W0000			
W0104	The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview, the governing body failed for 6 of 6 clients (clients #1, #2, #3, #4, #5 and #6) living at the group home, to exercise general operating direction in a manner to ensure routine maintenance was completed and to ensure clients did not pay for haircuts.	W0104	Mosaic policy and procedure assures regular inspections take place assuring Compliance with sanitation, health and environmental safety codes. In response to the issues identified by the medical surveyor, Mosaic has implemented the following protocols: In response to concerns over the ceiling light fixture with a missing cover in the medication/laundry room, Mosaic has scheduled this to be repaired by 1/20/12. Additionally, the two light fixtures with the	01/20/2012	

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>Findings include:</p> <p>1. A morning observation was conducted on 12/20/11 from 6:00 A.M. until 8:45 A.M.. Upon entering the medication/laundry room of client #1, #2, #3, #4, #5 and #6's home, the ceiling light fixture was observed to have a missing cover. The dining room light fixture was observed to have 2 blown light bulbs.</p> <p>An interview with Direct Support Professionals (DSP) #1 and #2 was conducted on 12/20/11 at 6:55 A.M. and 7:45 A.M.. DSP #2 indicated the light fixture cover had been missing for over a month. DSP #1 indicated the light bulbs needed to be replaced.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 12/21/11 at 1:25 P.M.. The QMRP indicated the light fixture should have a cover and the light bulbs needed changing and staff were responsible for doing so. The QMRP further indicated there were no maintenance repair request forms for this group home. No further documentation was available for review to indicate when the repairs would be completed.</p> <p>2. A financial record review was conducted on 12/21/11 at 1:50 P.M.. A</p>		<p>blown light bulb in the dining area do not work. There is a ceiling fan with a light that provides adequate lighting for this room. Mosaic will put covers on each of these lights. In response to the error in failure to reimburse client #2 and #6 for haircuts, both people were reimbursed on 12/22/12. Furthermore, facility management was retrained on the procedure on 12/22/12. An immediate audit was conducted on all facility residents to assure expenditures were appropriate for the last 12 months. No additional errors were found. to further reassure this deficiency does not recur, audits of facility expenditures occur on a semi annual basis or as needed. Additionally, the facility home manager and QIDP review all spending each month to assure clients do not pay for haircuts. Furthermore, on January 17, 2012 all staff at the facility were retrained on environmental safety procedures, specifically regarding identifying and resolving home maintenance needs. In addition, to assure this deficiency does not recur, each home is inspected by a member of Mosaic's safety committee for the purpose of assuring the home is in Compliance with sanitation, health and environmental safety codes. Findings are reviewed by the agency Safety Committee and a plan of correction is put into place. This process occurs on a</p>		

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W0369	<p>review of client #2's financial record indicated he paid for a haircut on 3/2/11 in the amount of \$7.00. Further review of the record failed to indicate he had been reimbursed for the expenditure. A review of client #4's financial record indicated he paid for a haircut on 7/27/11 in the amount of \$3.00. Further review of the record failed to indicate he had been reimbursed for the expenditure. A review of client #6's financial record indicated he paid for a haircut on 3/9/11 in the amount of \$7.00. Further review of the record failed to indicate he had been reimbursed for the expenditure.</p> <p>An interview with Executive Director (ED) was conducted on 12/21/11 at 2:15 P.M.. The ED indicated the clients should have been reimbursed for the haircuts but had not been reimbursed yet.</p> <p>9-3-1(a)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview, the facility failed for 3 of 3 clients observed during medication administration (clients #1, #4 and #6) to</p>	W0369	<p>quarterly basis or as needed. In order to further assure both deficiencies do not recur in this facility, per Mosaic policy and procedure, Mosaic management conducts multiple weekly visits to each facility to assure the home meets all sanitation, health and environmental safety codes.</p> <p>In regards to evidence cited by the medical surveyor, Mosaic policy and procedure specifies all medication administered, are administered without error. All Mosaic Staff are trained on this policy in conjunction with Core A</p>	01/20/2012

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	<p>ensure staff administered 6 of 16 of the clients' medications, as ordered without error.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 12/20/11 from 6:00 A.M. until 8:45 A.M.. At 6:40 A.M., Direct Support Professional (DSP) #2 was observed administering client #4's prescribed medications, Levothyroxine 100 mg (milligram) (hypothyroidism) tablet and Potassium 10 mg capsule (prevent hypokalemia) with a 1 ounce dixie cup of water. At 6:45 A.M., a review of the medication punch card dated 12/11 indicated: "Levothyroxine 100 mg tablet...1 tablet orally once a day...take with plenty of water...Potassium 10 mg capsule...3 capsules orally once a day...take with plenty of water...take with food or meal." Client #4 did not eat any food during the morning observation. At 6:55 A.M., client #6 was observed receiving his prescribed medications. Client #6 was observed receiving his Thera M tablet (supplement) and Calcium 500 mg with Vitamin D (osteoporosis) with a 1 ounce dixie cup of water. At 7:00 A.M., a review of the medication punch card dated 12/11 indicated: "Thera M tablet...1 tablet daily...Take with plenty of water...Calcium 600 mg plus Vitamin</p>		<p>and Core B medication administration at new staff orientation and updated annually or as needed. To assure this deficiency does not recur, Mosaic is scheduled to retrain all facility staff on the agency medication administration policy and procedure on January 17, 2012. This training specifically reviewed the findings of the medical surveyor. Facility staff were trained on assuring adequate water (8oz) is provided when dispensing medications taken with an order of "take with plenty of water.". To further ensure Mosaic prevents recurrence of this deficiency, the agency also conducts multiple visits each week to every facility by the house manager (Direct Support Manager) and the Program Coordinator (QMRP). During this visit, the manager assures medications are administered in accordance with Mosaic policy and procedure. Furthermore, the agency Registered Nurse conducts monthly reviews. During this time, the RN reviews the facility's medication administration records to assure medications are administered in accordance with Mosaic Policy. Any potential concern identified is immediately reported to the facility QMRP</p>		

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W0440	<p>D tablet...1 tablet four times a day...Take with food." Client #6 was observed to eat breakfast at 8:15 A.M.. At 7:10 A.M., client #1 was observed receiving his Potassium 8 mg tablet (prevent hypokalemia) and Levothyroxine 125 mg tablet (hypothyroidism) with a 1 ounce dixie cup of water. At 7:15 A.M. a review of the medication punch card dated 12/11 indicated: "Potassium 8 mg tablet...2 tablets every morning...take with food...Take with plenty of water...Levothyroxine 125 mg tablet...1 tablet daily...Take with plenty of water." Client #1 was observed to eat breakfast at 8:15 A.M..</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted at the facility's administrative office on 12/21/11 at 1:25 P.M.. The QMRP indicated the clients should have been given their medications with at least 8 ounces of water and with food. The QMRP further indicated staff should have followed the directions on the label.</p> <p>9-3-6(a)</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p>				

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	<p>Based on record review and interview, the facility failed to conduct evacuation drills during the day shift (8:00 A.M. to 4:00 P.M.) during the fourth quarter (October 1st through December 31st) of 2010 which effected 6 of 6 clients living in the facility (clients #1, #2, #3, #4, #5, and #6.)</p> <p>Findings include:</p> <p>The facility's records were reviewed on 12/20/11 at 11:20 A.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 during the fourth quarter of 2010.</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 12/21/11 at 1:25 P.M.. The QMRP indicated evacuation drills are to be run during each quarter for each shift.</p> <p>9-3-7(a)</p>	W0440	<p>In response to evidence cited by the medical surveyor, Mosaic initiated procedures to schedule safety drills at varying times and under varying conditions. The schedule was established by the agency Safety Committee Chairman both in the month of January and ongoing. 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 actions to agency employees are completed.</p> <p>In addition, facility staff are scheduled for training on safety drill procedures on 1/17/12 to assure each understood their responsibility for protecting clients during a fire in the facility. 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. To assure there</p>	01/20/2012	

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W0484	<p>The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview, the facility failed for 4 of 6 clients (clients #1, #2, #3 and #6) living in the group home to provide condiments at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 12/20/11 from 6:00 A.M. until 8:50 A.M.. At 8:15 A.M., clients #1, #2, #3 and #6 were observed serving themselves breakfast with staff assistance which consisted of a bowl of oatmeal, unsweetened cereal, bacon and toast. The table was observed to have no butter, jelly or sugar/sugar substitute. Group home staff #1, #2 and #3 failed to have butter, jelly or sugar/sugar substitute available for the clients to use.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 12/21/11 at 1:25 P.M.. The QMRP indicated condiments should be</p>	W0484	<p>will not be recurrence of this deficiency, Mosaic policy and procedure requires committee meeting records to be reviewed on a quarterly basis to assure all evaluations are current.</p> <p>Mosaic's Dietary procedure stipulates that each individual served should have the proper equipment, eating utensils, condiments, etc. that would meet both the developmental and dietary needs of each person served. On or before 1/17/12, facility staff are scheduled to be retrained on this policy, specifically on assuring each client has condiments (salt, pepper, butter, jelly, sugar/sugar substitute, etc.) available at every meal. Furthermore, staff were also trained to encourage each client to use the condiments as desired as outlined by their dietary plan. To ensure Mosaic prevents recurrence of this deficiency, the agency also conducts multiple visits each week to every facility by the house manager (Direct Support Manager) and the Program Coordinator (QMRP). During this visit, each assures that clients have the proper dishes, utensils, condiments and other equipment available to meet their dietary needs. Furthermore, during their observation, each assures direct support staff encourage clients to</p>	01/20/2012	

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	put on the table for the clients to use at all meals. 9-3-8(a)		use condiments, utensils, glasses, and other equipment as desired.		