

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 02/15/2012	
NAME OF PROVIDER OR SUPPLIER MOSAIC				STREET ADDRESS, CITY, STATE, ZIP CODE 723 CHERRY TREE LN SOUTH BEND, IN 46617			
(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 post-certification revisit (PCR) to the fundamental recertification and state licensure survey completed December 22, 2011.</p> <p>Dates of Survey: February 13, 14, and 15, 2012.</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP.</p> <p>Provider Number: 15G227 AIM Number: 100248910 Facility Number: 000751</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 2/17/12 by Ruth Shackelford, 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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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION</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 to ensure medications were administered without error for 2 of 7 medication doses administered on 2/13/12 during the evening medication pass (clients #1 and #6).</p> <p>Findings include:</p> <p>1. On 2/13/12 from 3:05pm until 5:55pm, observation and interview were completed at the group home. From 3:55pm until 5:55pm, client #1 arrived home from workshop and no food/meal was provided at that time. At 4:22pm, DCS (Direct Care Staff) #1 asked client #1 to come to the medication room. At 4:22pm, DCS #1 selected client #1's "Calcium (for Osteoporosis) 500mg (milligram) w/vit D (with vitamin D) take 1 tab (tablet) 4 (four) times a dly (daily)," and the pharmacy cautionary label on client #1's medication bubble pack indicated "take w/food/meal (take with food or a meal)." At 4:22pm, client #1 took the medication with eight (8) ounces of water, left the medication room, and no food was provided. At 4:50pm, client #1 stated he last ate at lunch time at workshop "I don't eat between meals." At 5:20pm, DCS #3 indicated client #1 ate lunch at workshop and no food had been provided at the group home from 4pm to 5:20pm. At 5:55pm, client #1 consumed his first bite of food.</p> <p>On 2/13/12 at 4:30pm, client #1's 2/2012 MAR (Medication Administration Record) and client #1's 2/2/12 "Physician's Order" both indicated</p>	W0369	<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 and Core B medication administration at new staff orientation as well as an annual retraining. In February, 2012, upon discovery of the error, the facility took steps to assure this deficiency does not recur, Mosaic retrained all facility staff on the agency medication administration policy and procedure on February 24, 2012. Specifically, staff were retrained on assuring all medications are dispensed as ordered. Additionally, in regards to issues number 1, staff now give client #1 a pudding cup or apple sauce with the medication. The second issue was resolved by replacing the teaspoon measuring tool with a tablespoon to assure proper dosages of the medication.</p> <p>To further ensure Mosaic prevents recurrence of this deficiency, the agency continues to conduct multiple visits each week to every facility by the house manager (Direct Support Manager) and the Program</p>	03/02/2012			

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	<p>"Calcium 500mg w/vit D take 1 tab 4 times a day."</p> <p>On 2/14/12 at 9:15am, an interview with the agency Administrative Staff (AS) #1 and QDP (Qualified Developmental Professional) was completed. AS #1 and the QDP both indicated staff should follow the cautionary labels on each medication administered.</p> <p>On 2/15/12 at 8:30am, an interview with the agency AS #1 was completed. AS #1 indicated the facility followed Core A/Core B Medication Administration training. AS #1 indicated Core A/Core B training indicated pharmacy cautionary labels should be followed. AS #1 indicated the pharmacy added the cautionary label to client #1's medication.</p> <p>2. On 2/13/12 at 4:40pm, DCS #1 asked client #6 to come to the medication room. At 4:40pm, DCS #1 selected client #6's medication "Fiber Powder (for constipation) give 1 Tablespoon in 6oz. (ounces) of liquid daily." DCS #1 selected a metal kitchen teaspoon, measured and stated "two (2) level" teaspoons, and inserted the two (2) teaspoonfuls into a glass of water. At 4:40pm, client #6 stirred and drank the mixture. At 4:45pm, client #6's 2/2012 MAR indicated "Fiber Powder (for constipation) give 1 Tablespoon in 6oz. of liquid daily."</p> <p>On 2/13/12 at 3:30pm and on 2/14/12 at 9:30am, client #6's 2/1/2012 "Physician's Order" indicated "Fiber Powder (for constipation) give 1 Tablespoon in 6oz. of liquid daily."</p> <p>On 2/14/12 at 9:15am, an interview with the agency Administrative Staff (AS) #1 and QDP (Qualified Developmental Professional) was completed. AS #1 and the QDP both indicated a</p>		<p>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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	<p>Tablespoon equaled three teaspoons of medication. AS #1 and the QDP both indicated client #6's physician's order was not followed when client #6 did not receive enough medication.</p> <p>This deficiency was cited on 12/22/2011. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>			