

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 01/20/2015
--	---	--	---

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
W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 12, 13, 14, and 20, 2015</p> <p>Facility number: 000751 Provider number: 15G227 AIM number: 100248910</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed January 22, 2015 by Dotty Walton, QIDP.</p>	W000000		
W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility failed to implement their abuse/neglect policy to immediately report 1 of 3 reviewed abuse/neglect allegations involving 1 of 3 sampled clients (client #3) to the facility's administrator.</p>	W000149	Mosaic has policies and procedures that prohibit abuse, neglect, exploitation, or mistreatment of the individuals the agency serves and to inform employees of their responsibilities as mandatory reporters. Each employee complete straining as a part of new staff orientation and annual reviews on the agency	01/23/2015

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.

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 01/20/2015	
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			
	<p>Findings include:</p> <p>The facility's records were reviewed on 1/12/15 at 1:15 P.M. The following abuse/neglect allegation was reviewed:</p> <p>- "Name: [Client #3], Incident Date: 01/08/2015, Date of knowledge: 01/12/2015, Narrative: During phone report on 1/12/2015 it was reported by observing staff (direct care staff #7) that staff in question (direct care staff #10) told [client #3] 'No Pushing' when [client #3] was seen pushing other housemate and [direct care staff #10] proceeded to push him (client #3) from behind causing him (client #3) to hit his face against the wall. He (client #3) was later sent to his room and reminded by staff in question (direct care staff #10) to not push when he (client #3) joined other housemates again in the living room later. Plan to Resolve: Following phone report, investigation was opened, protocol of suspending the staff (direct care staff #10), filing IR (incident report), and contacting guardian proceeded."</p> <p>Further review of the abuse/neglect allegation indicated the incident occurred on 1/8/15 and was reported to the facility's administrator on 1/12/15.</p> <p>Associate Director #1 (associate facility</p>		<p>Abuse, Neglect, Mistreatment and Exploitation Policy and Procedure. Mosaic policy is that all staff are to report any potential incident immediately</p> <p>All home staff were retrained on 1/23/2015 See attached meeting notes</p> <p>To further assure this deficiency does not recur, weekly visits by the facility manager and QIDDP are conducted to assure each person living at Cherry Tree Lane is free from ANME</p>				

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 01/20/2015
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	
W000153	<p>administrator) was interviewed on 1/15/15 at 11:22 A.M. Associate Director #1 stated, "Yes, the incident (1/8/15 abuse/neglect allegation) wasn't reported to me until January 12th (2015)."</p> <p>The facility's records were further reviewed on 1/16/15 at 1:58 P.M. Review of the facility's "Abuse, Neglect, Exploitation or Mistreatment Policy and Procedure," dated 1/8/08 indicated, in part, the following: "Report (incident) immediately to the supervisor or the administrator on-call."</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview, the facility failed to immediately report 1 of 3 reviewed abuse/neglect allegations involving 1 of 3 sampled clients (client #3) to the facility's administrator.</p>	W000153	See W149 for the plan of correction Mosaic has policies in place and supervisors will conduct routine visits to monitor safety retraining occurred on 1/23/2015	01/23/2015	

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 01/20/2015	
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			
	<p>Findings include:</p> <p>The facility's abuse/neglect allegations from 1/12/14 to 1/12/15 were reviewed on 1/12/15 at 1:15 P.M. The review indicated the following abuse/neglect allegation:</p> <p>- "Name: [Client #3], Incident Date: 01/08/2015, Date of knowledge: 01/12/2015, Narrative: During phone report on 1/12/2015 it was reported by observing staff (direct care staff #7) that staff in question (direct care staff #10) told [client #3] 'No Pushing' when [client #3] was seen pushing other housemate and [direct care staff #10] proceeded to push him (client #3) from behind causing him (client #3) to hit his face against the wall. He (client #3) was later sent to his room and reminded by staff in question (direct care staff #10) to not push when he (client #3) joined other housemates again in the living room later. Plan to Resolve: Following phone report, investigation was opened, protocol of suspending the staff (direct care staff #10), filing IR (incident report), and contacting guardian proceeded."</p> <p>Further review of the abuse/neglect allegation indicated the incident occurred on 1/8/15 and was reported to the</p>		for reporting and Mosaic's Abuse/Neglect/Mistreatment/Exploitation policy and Incident reporting				

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 01/20/2015	
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			
W000455	<p>facility's administrator on 1/12/15.</p> <p>Associate Director #1 (associate facility administrator) was interviewed on 1/15/15 at 11:22 A.M. Associate Director #1 stated, "Yes, the incident (1/8/15 abuse/neglect allegation) wasn't reported to me until January 12th (2015)."</p> <p>9-3-2(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, the facility failed to assure 2 of 3 sampled clients (clients #1 and #2), washed their hands prior to handling food items and setting a dining table.</p> <p>Findings include:</p> <p>Client #1 was observed during the group home observation period on 1/12/15 from 3:05 P.M. until 5:35 P.M. From 3:49 P.M. until 4:49 P.M., client #1 sat on a settee in the dining room. While seated in the dining room, client #1 periodically</p>	W000455	In regards to evidence cited by the medical surveyor, Mosaic's Infection Control Policy and Procedure stipulates that each client and staff within the facility must be encouraged to wash their hands to minimize the risk of exposure to and transmission of communicable diseases. Specifically, client #1 & 2's assessment identifies the need to support him to wash his hands prior to making his lunch or eating. On January 23, 2015, Mosaic staff received retraining on infection control procedures and hand washing expectations. To ensure Mosaic prevents	01/23/2015			

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 01/20/2015	
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			
	<p>wiped his nose with his hand. At 4:40 P.M., direct care staff #2 prompted client #1 to set placemats for the evening meal on the dining room table which client #1 did. Direct care staff #2 did not prompt or assist client #1 to wash his hands prior to placing the placemats on the dining room table.</p> <p>Client #2 was observed during the group home observation period on 1/13/15 from 6:38 A.M. until 8:10 A.M. From 6:38 A.M. until 7:41 A.M., client #2 periodically picked up pieces of dust and paper from the living room and dining room floors. At 7:42, direct care staff #7 prompted client #2 to serve himself breakfast foods of cold cereal, toast, fruit, juice and milk. Direct care staff #7 did not prompt or assist client #2 to wash his hands prior to serving himself breakfast.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 1/13/15 at 9:13 A.M. QIDP #1 stated, "Staff (direct care staff #2 and #7) should have assured (clients #1 and #2) washed their hands prior to handling placemats and food items."</p> <p>9-3-7(a)</p>		<p>recurrence of this deficiency, the agency also conducts multiple visits each week to every facility by the house manager (Direct SupportManager) and the Program Coordinator (QIDP). During this visit, each assures that direct care staff provides both formal and informal opportunities to teach clients on proper infection control procedures. Furthermore, the DSM and PC routinely observe staff to assure a active program for the prevention and control of communicable diseases is implemented specifically as it pertains to meal preparation.</p>				

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 01/20/2015
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	
W000460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review and interview, the facility failed to assure 1 of 3 sampled client's (client #3) diet recommendations were followed for the evening meal.</p> <p>Findings include:</p> <p>Client #3 was observed during the 1/12/15 group home observation period from 3:05 P.M. until 5:35 P.M. At 5:03 P.M., direct care staff #7 assisted client #3 to serve himself portions of fish, french fries, mixed vegetables, and orange segments. Client #3 then sat and ate his meal. After eating his meal, direct care staff #7 assisted client #3 in serving himself second portions of fish, french fries, and mixed vegetables. Direct care staff #7 did not prompt or assist client #3 in limiting his portions to single portions only (one portion of each food for client #3's meal).</p> <p>Client #3's records were reviewed on 1/13/15 at 9:39 A.M. Review of the client's 9/12/14 Nutritional Assessment indicated the client was on a regular diet</p>	W000460	<p>In regards to evidence cited by the medical surveyor, Mosaic's Dietary Policy and Procedure states that each client must receive a balanced diet including modified and specially prescribed diets as prescribed by the agency RegisteredDietician. On 1/23/2015, Mosaic staff received retraining on client #3's regular diet with single portions as specified in the IPP and the Annual Nutritional Assessment. The staff were also retrained on each client's dietary plan to assure all residents in the facility receive nourishing, well balanced meals. To ensure Mosaic prevents recurrence of this deficiency, the agency also conducts multiple visits each week to every facility by the house manager (Direct SupportManager) and the Program Coordinator (QIDP). During this visit, each assures that direct care staff provides nourishing, well balanced meals in accordance with each individual's dietary plan.</p>	01/23/2015	

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 01/20/2015	
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			
	<p>with single portions only.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 1/13/15 at 9:39 A.M. QIDP #1 stated, "Staff (direct care staff #7) should have prompted (client #3) in having only one portion of each food for his meal. If (client #3) was adamant about having second portions, staff (direct care staff #7) could have let him (client #3) have some then, but staff should have tried to have (client #3) limit his portions to only one portion of each (food)."</p> <p>9-3-8(a)</p>						