

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G411	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/10/2015
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NAME OF PROVIDER OR SUPPLIER MOSAIC	STREET ADDRESS, CITY, STATE, ZIP CODE 8205 & 8235 MAPLE AVE TERRE HAUTE, IN 47803
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K 0000 Bldg. 02	<p>An Initial Life Safety Code Certification and Environmental Preoccupancy Survey for a replacement facility was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 09/10/15</p> <p>Facility Number: 000925 Provider Number: 15G411 AIM Number: 100244480</p> <p>At this Life Safety Code and Environmental Preoccupancy survey, Mosaic was found not in compliance with Requirements for Participation in 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 32, New Residential Board and Care Occupancies and with 410 IAC 9, Community Residential Facilities for Persons with Developmental Disabilities.</p> <p>This one story facility was fully sprinklered. The facility has a monitored fire alarm system with hardwired smoke detection in corridors and sleeping</p>	K 0000		

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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K S046 Bldg. 02	<p>rooms. The facility has a capacity of 8 and had a census of 0 at the time of this survey.</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 4.6.</p> <p>Quality Review completed on 09/14/15 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 receptacles in the west half bath, a wet location client care areas. was provided with a ground fault circuit interrupter (GFCI) protection against electric shock. LSC sections 9.1.2 requires all electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, Article 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, in 210.8(A), Dwelling Units, requires ground-fault circuit-interrupter (GFCI) protection for all personnel in bathrooms and kitchens where the receptacles are intended to serve the</p>			K S046	<p>The builder replaced the GFI receptacle on 9/18/2015 The property manager was out at the home and tested it to ensure that it was in fact working properly. No further actions are needed on this tag.</p>		09/18/2015

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K S051 Bldg. 02	<p>countertop surfaces. Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice affects any of the 8 clients.</p> <p>Findings include:</p> <p>Based on observation with the Property Manager on 09/10/15 at 10:15 a.m., the button on the GFCI receptacle could not be depressed in the west half bath. When tested with a GFCI testing device power was not interrupted indicating the GFCI receptacle was wired improperly. At the time of observation, the Property Manager acknowledged the GFCI receptacle was not operating properly and the receptacle was located within two feet of the hand sink.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6. 32.2.3.4.1. 1. Based on observation and interview, the facility failed to properly test and maintain 1 of 1 fire alarm systems in accordance with NFPA 72 the National Fire Alarm Code. Section 9.6.1.4 requires fire alarm systems comply with NFPA 72, National Fire Alarm Code. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires</p>	K S051	<p>Mosaic has been working with the builder to correct the following items The builder will move the smoke detectors that are not in the proper location by 10/02/2015 The property manager will oversee the completion of the project The alarm company has been consulted and they are working on installing an announcement</p>	10/02/2015

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	<p>fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Property Manager on 09/10/15 at 10:25 a.m., the fire alarm panel was located in the west garage mechanical room. Based on an interview with the Property Manager at the time of observation, he stated a trouble signal could not be heard by staff working on the opposite side of the house.</p> <p>2. Based on observation and interview, the facility failed to ensure the smoke detectors in 2 of 2 smoke detectors living rooms were installed where air flow would not adversely affect their operation. Section 9.6.1.4 requires fire alarm systems comply with NFPA 72, National Fire Alarm Code. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect any future residents.</p> <p>Findings include:</p> <p>Based on an observation with the</p>		<p>beeper that the staff will be able to hear the trouble button regardless of their location in the house This will be installed and tested by the 10/02/2015 date The agency completes monthly drills so this will be monitored by the homes management and reviewed by the safety committee If there are any other designated issues the safety committee will make recommendations and the property manager will fix address any needs found</p>	

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	Property Manager on 09/09/15 during the tour from 10:05 a.m. to 10:20 a.m., the smoke detector in both living rooms were located within three feet of a ceiling fan. This was acknowledged by the Property Manager at the time of observation.				