

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G676	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/21/2012
NAME OF PROVIDER OR SUPPLIER MOSAIC			STREET ADDRESS, CITY, STATE, ZIP CODE 1703 WOODMONT DR SOUTH BEND, IN 46614		
(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 fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 26, 27, 30 and December 21, 2012.</p> <p>Facility number: 009969 Provider number: 15G676 AIM number: 200129000</p> <p>Surveyors: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed January 2, 2013 by Dotty Walton, 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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the governing body failed for 4 of 5 clients (clients #2, #3, #4 and #5) living at the group home, to exercise general operating direction in a manner to ensure clients did not pay for haircuts.</p> <p>Findings include:</p> <p>A financial record review was conducted on 11/30/12 at 1:00 P.M.. A review of client #2's financial record indicated he paid for a haircut on 6/16/12 in the amount of \$10.00. Further review of the record failed to indicate he had been reimbursed for the expenditure. A review of client #3's financial record indicated he paid for a haircut on 6/16/12 in the amount of \$10.00. 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 6/16/12 in the amount of \$10.00. Further review of the record failed to indicate he had been reimbursed for the expenditure. A review of client #5's financial record indicated he paid for a haircut on 6/16/12 in the amount of \$10.00. Further review of the record failed to indicate he had been</p>	W0104	<p>In response to the issues identified by the medical surveyor, Mosaic has implemented the following protocols: In response to the issue regarding people served paying for their own haircuts, Clients #2, #3, #4, and #5 were each reimbursed for their expenses immiately upon discovery of the error. Furthermore, On January 30, 2013, all faculty staff are scheduled to be retrained by the agency financial manager regarding the procedures regarding haircut reimbursement. On January 14, the facility QIDP and home manager were retrained on reimbursement of client haircuts. In order to further assure both deficiencies do not recur in this facility, Per Mosaic policy and procedure, biweekly visits will be conducted by the agency group home manager for each facility Mosaic operates. As a part of this visit, Mosaic assures client finances are properly managed. Furthermore, As a further means to assure this deficiency does not recur, Mosaic management conducts multiple weekly visits to each facility to assure proper management of client finances. Finally, the agency house manager and the QIDP complete monthly audits of</p>	01/14/2013			

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	<p>reimbursed for the expenditure.</p> <p>An interview with Financial Manager (FM) was conducted on 11/30/12 at 2:05 P.M.. The FM indicated the facility is responsible for paying for clients haircuts and further indicated clients should not be paying for haircuts. The FM further indicated the clients had not been reimbursed for the mentioned expenditures.</p> <p>9-3-1(a)</p>		<p>the client finances. Quarterly audits of client finances are conducted by the finance manager. Review of spending, specifically the reimbursement of haircuts is a component of these two audits.</p>		

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W0137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview, the facility failed to provide age appropriate activities for 1 of 3 sampled clients (client #2), and 1 additional client (client #4).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 11/27/12 from 6:00 A.M. until 8:45 A.M.. At 7:40 A.M., Direct Support Professional (DSP) #5 handed client #2 a plastic children's see and say toy. DSP #5 placed a wooden children's puzzle and a plastic light up musical toy, on the table in front of client #4. DSP #5 prompted both clients to play with the toys. Clients #2 and #4 were not provided any other activities during the observation.</p> <p>An interview with the Executive Director (ED) was conducted on 12/21/12 at 10:25 A.M.. The ED indicated clients #2 and #4 should be offered age appropriate activities.</p> <p>9-3-2(a)</p>	W0137	<p>Mosaic has policies and procedures that define and describe the rights of persons served. To promote the rights, interests, and well-being of all persons served and to specify how any individual or their guardian may seek enforcement of these rights on behalf of the individual. This policy and procedure explains how all residents are educated on their rights and will describe how every individual served has the right to privacy during treatment and care of personal needs. Each client and guardian signs a receipt which documents the annual review of the rights of each person served by Mosaic. In regards to the evidence provided by the medical surveyor, the facility QIDP will order age appropriate alternative activities on or before 1/20/13. To further assure this deficiency does not recur, weekly visits by the facility manager and QMRP are conducted to assure each person living at Woodomont Avenue's right to retain and use appropriate personal possessions is not violated. Finally, all facility staff will be trained on assuring age appropriate activities are provided</p>	01/20/2013			

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			to each client at the facility on or before January 30, 2013.		

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to implement written objectives during times of opportunity for 3 of 3 sampled clients (clients #1, #2 and #3).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 11/27/12 from 6:00 A.M. until 8:45 A.M.. During the entire observation period, clients #2 and #3 sat in the dining room. Client #1, who used a wheelchair for mobility, wheeled back and forth from the bedroom hallway to the dining room. Direct Support Professionals (DSP) #2, #4 and #5 would occasionally walk through and visually check on clients #1, #2 and #3 but did not offer meaningful active treatment activities or implement client objectives.</p> <p>A review of client #1's records was conducted on 11/27/12 at 12:40 P.M.. A review of the client's 5/1/12 Individual Program Plan (IPP) indicated the</p>	W0249	<p>In regards to evidence cited by the medical surveyor, retraining on the specific goals identified in the evidence pertaining active treatment was conducted again on 1/30/13 for all facility staff. This training will be conducted by the facility QIDP. This training session specifically identified the active treatment and support training for each client in mobility, communication, household tasks, selfmedications, range of motion exercises, and active treatment. Specifically, the facility staff was trained on the Individual Program Plan for client #2 and client #4. To assure this deficiency does not recur in the facility, Mosaic has Policies and Procedures stating that each client served must have an individual program plan. This plan includes needed interventions and services to support achievement of goals and objectives identified in the plan through ongoing active treatment. Each staff receives training on this plan annually and as changes and updates to the plan are made. The training includes strategies that will</p>	01/20/2013	

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	<p>following objectives which could have been implemented during the 11/27/12 morning observation period: "Will improve his communication skills by answering questions...Will participate in the household task of taking his plate to the kitchen when done with his meal...Will increase his self-medicating skills by holding his med cup...Will participate in range of motion exercises."</p> <p>A review of client #2's records was conducted on 11/27/12 at 1:15 P.M.. A review of the client's 1/19/12 IPP indicated the following objectives which could have been implemented during the 11/27/12 morning observation period: "Will prepare his applesauce before taking his medications...will place items into his lunch box...Will participate in gross motor activities."</p> <p>A review of client #3's records was conducted on 11/27/12 at 1:50 P.M.. A review of the client's 2/9/12 Individual Support Plan indicated the following objectives which could have been implemented during the 11/27/12 morning observation period: "Will pack items in his lunch box...Will participate in range of motion exercises while out of his chair."</p> <p>The Executive Director (ED) was</p>		<p>enable the clients achieve each goal and objective. Documentation of this training is maintained in each employee's management file.To further reassure this deficiency does not recur, the facility manager and QIDP conduct routine visits to the home (both announced and unannounced) to shifts throughout the day to assure continuous active treatment programming is provided.</p>		

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	<p>interviewed on 12/21/12 at 10:25 A.M.. The ED stated client objectives should be implemented "during all times of opportunity." The ED further indicated clients #1, #2 and #3 should have been provided with meaningful active treatment activities during the 11/27/12 morning observation period.</p> <p>9-3-4(a)</p>				

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W0322	<p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview, the facility failed to assure 1 of 3 sampled clients (client #2), had a follow up exam as recommended by the physician.</p> <p>Findings include:</p> <p>A review of client #2's medical record was conducted on 11/27/12 at 1:15 P.M.. Client #2's record indicated a most current vision evaluation/assessment dated 1/12/11 which indicated a recommendation by the optometrist to return in 1 year. Review of client #2's record failed to indicate he had a follow up completed. No further documentation was available for review to indicate client #2 had a follow up visit as recommended.</p> <p>An interview with the Executive Director (ED) was conducted 12/21/12 at 10:25 A.M.. The ED indicated there was no documentation in the client's record to show the follow up visit occurred as recommended by the optometrist.</p> <p>9-3-6(a)</p>	W0322	<p>In regards to evidence cited by the medical surveyor in part 1, the vision screening was completed on 1/14/2013 for client #2. Findings and recommendations will be incorporated into Client #2's IPP immediately after the assessment. A summary will be maintained in the client's master file after the assessment has been completed. To assure this deficiency does not recur, the agency RN completes the annual health summary for each person served in the facility. The RN tracks the completion of each required screening. The RN communicates to the facility manager when a required screening or assessment is due. This is completed on agency nursing notes. The manager schedules and assures each screening or assessment is completed and reports back to the facility RN via facility nursing notes. To further assure this deficiency does not recur, Mosaic has a records review committee conducts a quarterly audit reviewing a 10% sample of client records to assure the file is up to date and accurate. This audit assures that all medical evaluations are current and the IPP reflects the findings of the those evaluations.</p>	01/14/2013	

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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 for 1 of 3 clients observed during the morning medication administration (client #3) to ensure staff administered 1 of 12 of the clients' medications, as ordered without error.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 11/27/12 from 6:00 A.M. until 8:45 A.M.. At 7:15 A.M., Direct Support Professional (DSP) #2 was observed administering client #3's prescribed medications. DSP #2 administered client #3's "Tamsulosin .4 mg (milligram) capsule (Urination)." Review of the medication packet label and the Medication Administration Record (MAR) dated 11/2012 was done at 7:18 A.M. and indicated "Tamsulosin .4 mg capsule...1 capsule orally twice a day...Take 1/2 hour after same meal each day. Client #3 was observed to eat breakfast at 8:30 A.M..</p> <p>An interview with the Executive Director (ED) was conducted at the facility's</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 and updated annually or as needed. To assure this deficiency does not recur, Mosaic retrained all facility staff will be retrained on the agency medication administration policy and procedure on 1/30/13. 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 (QIDP). 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</p>	01/20/2013			

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	<p>administrative office on 12/21/12 at 10:20 A.M.. The ED indicated the client should have been given his medication 1/2 hour after his breakfast. The ED further indicated staff should have followed the directions on the label.</p> <p>9-3-6(a)</p>		reported to the facility QMRP.		

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W0460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, interview and record review for 2 of 3 sampled clients (clients #2 and #3), and 1 additional (client 4), the facility failed to assure the staff provided food in accordance with clients' diet orders.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 11/26/12 from 5:00 P.M. until 6:30 P.M.. At 6:00 P.M., Direct Support Professional (DSP) #1 cut up a whole pork chop into bite size pieces for client #3. DSP #1 assisted clients #2 and #4 with preparing their plates which consisted of loaded mashed potatoes (with cheese and mushrooms). Client #3's pork chop was not of a mechanical soft consistency and clients #2 and #4's mashed potatoes were not of a pureed consistency.</p> <p>A morning observation was conducted at the group home on 11/27/12 from 6:00 A.M. until 8:45 A.M.. Beginning at 7:20 A.M., Direct Support Professional (DSP) #2 put English muffins into the toaster, fried eggs and prepared sausage links. At 8:15 A.M., DSP #2 put the prepared meal</p>	W0460	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 Registered Dietician. On 1/30/2013, Mosaic staff will be retrained on client diet orders for Cliets #2, #3 and #4. The staff were also retrained on the other facility client's dietary plans 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 Support Manager) and the Program Coordinator (QMRP). During this visit, each assures that direct care staff provides nourishing, well balanced meals in accordance with each individual's dietary plan.	01/20/2013			

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	<p>on the dining table where the client #3 sat. DSP #4 assisted client #3 with serving himself and cut client #3's fried egg, sausage links into bite size pieces. Client #3's meal was not of a mechanically soft consistency.</p> <p>A review of client #2's record was conducted on 11/27/12 at 1:15 P.M.. Review of client #2's most current Nutritional Assessment dated 6/6/12 indicated: "Pureed diet."</p> <p>A review of client #3's record was conducted on 11/27/12 at 1:50 P.M.. Review of client #3's most current Nutritional Assessment dated 6/6/12 indicated: "Mechanical Soft with thin liquids."</p> <p>A review of client #4's record was conducted on 11/27/12 at 2:45 P.M.. Review of client #3's most current Nutritional Assessment dated 6/6/12 indicated: "Pureed diet."</p> <p>An interview with the Executive Director (ED) was conducted on 12/21/12 at 10:20 A.M.. The ED indicated staff should have followed each client's prescribed diet.</p> <p>9-3-8(a)</p>			

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W0488	<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, record review and interview, the facility failed to assure 5 of 5 clients observed eating breakfast (clients #1, #2, #3, #4 and #5) were involved in meal preparation and assisted in packing their lunches.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 11/27/12 from 6:00 A.M. until 8:45 A.M.. At 7:00 A.M., DSP #4 packed clients #1, #2, #3, #4 and #5's lunches into their lunch boxes, as the clients sat in the living area with no activity. Beginning at 7:20 A.M., Direct Support Professional (DSP) #2 put English muffins into the toaster, fried eggs and prepared sausage links while clients #1, #2, #3, #4 and #5 sat with no activity. At 8:15 A.M., DSP #2 put the prepared meal on the dining table where the clients sat. Clients #1, #2, #3, #4 and #5 ate independently. Clients #1, #2, #3, #4 and #5 did not assist in meal preparation.</p> <p>An interview with the Executive Director (ED) was conducted at the facility's administrative office on 12/21/12 at 10:25</p>	W0488	Mosaic's Dietary Policy and Procedure states that each individual served should participate in the preparation and service during all meals. On 1/30/13, Mosaic staff will receive training on conducting meal time goals and objectives in accordance with each individual's Individual Program Plan. Additionally, all facility staff will be trained on taking advantage of both formal and informal opportunities to involve clients in meal preparation as well as assuring people served assist in packing their lunches. 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 direct care staff encourage and allow clients to participate in meal preparation and family style dining. These visits occur both announced and unannounced with varying times and days.	01/20/2013			

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	A.M.. The ED indicated the clients were capable of assisting in meal preparation and further indicated they should be assisting in meal preparation at meal times. 9-3-8(a)				

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W9999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-2 Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is:</p> <p>(3) conviction of a crime substantially related to a dependent population or any violent crime.</p> <p>The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, SECTION 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on record review and interview, for 1 of 3 staff (staff #13) personnel files reviewed, the facility failed to ensure</p>	W9999	<p>In reference to evidence cited by the medical surveyor, upon review of staff #13 employee file, all three references were present and obtained prior to employment. References can be found in each staff's personnel file.</p> <p>To assure recurrence of this deficiency does not recur, Mosaic has hiring practice policy and procedure that specifically identifies references must be completed prior to employment. In order to assure the agency meets this standard, Mosaic conducts quarterly audits of a 10% random sample of employee files to assure all required personnel documents are maintained.</p>	01/14/2013			

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	<p>three references were obtained prior to employment.</p> <p>Findings include:</p> <p>The facility's administrative records were reviewed on 11/30/12 at 1:40 P.M.. Review of the personnel file for staff #13 indicated 1 completed reference. The personnel files for staff #13 did not include three references.</p> <p>The Executive Director (ED) was interviewed on 12/21/12 at 10:25 A.M. and indicated there were not three completed references for staff #13. No additional references were available to review.</p> <p>9-3-2(c)(3)</p>						