

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G252	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/28/2015
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NAME OF PROVIDER OR SUPPLIER MOSAIC	STREET ADDRESS, CITY, STATE, ZIP CODE 1319 LAWN AVENUE ELKHART, IN 46514
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: September 21, 22, 23, 24, and 28, 2015.</p> <p>Facility number: 000772 Provider number: 15G252 AIM number: 100234940</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed by #09182 on 9/29/2015.</p>	W 0000		
W 0249 Bldg. 00	<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 active treatment programs during times of opportunity for 1 of 2 sampled clients (client #1).</p>	W 0249	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 for all facility staff. This training was conducted by the facility QIDP. This training	10/05/2015

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.

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	<p>Findings include:</p> <p>Client #1 was observed at the group home during the 9/21/15 observation period from 6:04 A.M. until 8:15 A.M. Upon entering the group home, client #1 was seated in the TV room of the facility. Client #1 sat and watched TV until direct care staff #2 called the client to come and take his medications at 7:23 A.M. During medication administration, client #1 did not identify his name on his medications and direct care staff #2 did not prompt or assist client #1 in identifying his name on his medications. Client #1 went back to watching TV until 8:05 A.M. when called to the dining room for breakfast. Client #1 sat at the dining room table while direct care staff #1 prepared and served the client breakfast. After eating his breakfast, direct care staff #1 cleared the eating utensils and plates for client #1. The client went back to the TV room and watched TV.</p> <p>Client #1's record was reviewed on 9/22/15 at 9:01 A.M. Review of client #1's 9/19/14 Individual Support Plan indicated the client had the following active treatment objectives which could have been implemented during the 9/21/5 observation period: "1. Identify his name on his medications. 2. Complete physical</p>		<p>session specifically identified the active treatment and support training for each individual in medication administration and their program goals. Specifically, the facility staff was trained on the Individual Program Plan for client #1. Staff reviewed both the formal in informal objectives in each individual's IPP regarding medication administration. Furthermore, staff were retrained on using all formal and informal opportunities in order to implement a continuous active treatment program, specifically as it relates to medication administration. 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. The DSM will monitor the staff's implementation of formal and informal active treatment at least twice a week thru direct observation. The PC will observe it at least twice a month for 5 months, then monthly there after</p>		

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W 0289 Bldg. 00	<p>therapy finger stretches. 3. Participate in (structured) leisure activities with peers. 4. Understand coins. 5. Complete chores around home. 6. Learn how to spell and write his name by tracing it."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 9/23/15 at 10:27 A.M. QIDP #1 stated, "Staff (direct care staff) should have been implementing client objectives and engaging the clients in active treatment."</p> <p>9-3-4(a)</p> <p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on observation, record review, and interview, the facility failed to incorporate searching the dresser drawers and closet for regurgitated medications into the Behavior Support Plan of 1 of 2 additional client (client #4) with a Behavior Management Plan.</p>	W 0289	In regards to the evidence cited by the medical surveyor, Mosaic has implemented . All facility staff will received training on the changes to the behavior plan and the plan will be re-reviewed by HRC. To assure there will not be recurrence of this deficiency, Mosaic policy and procedurerequires developmental	10/05/2015

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	<p>Findings include:</p> <p>Client #4 was observed at the group home during the 9/21/15 observation period from 6:04 A.M. until 8:15 A.M. At 7:47 A.M., direct care staff #2 administered medications to client #4. At 7:51 A.M., direct care staff #1 stated to direct care staff #2, "[Client #4] went into his room. Go check his closet and dresser drawers." Direct care staff #2 went into client #4's bedroom and searched through the client's closet and dresser drawers.</p> <p>Direct care staff #1 was interviewed on 9/21/15 at 7:59 A.M. Direct care staff #1 stated, "Sometimes [client #4] will take his medications and then go in his room and vomit them (medications) back up and then hide them in his dresser or closet."</p> <p>Client #4's record was reviewed on 9/22/15 at 9:49 A.M. A review of the client's 5/15 Behavior Support Plan indicated vomiting was a target behavior being addressed through the plan. Further review failed to indicate searching the client's closet and dresser drawers was included as a "reactive strategy" in client #4's Behavior Support Plan.</p> <p>QIDP (Qualified Intellectual Disabilities</p>		<p>assessments be completed prior to development of any behavior plan and if changes in condition warrant it. Mosaic has initiated a records review committee that is to meet quarterly to review a 10% sample of client records to assure the file is up to date and accurate. This audit assures that all evaluations are current and the Plan reflects the findings of the assessments. 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, each assures that direct care staff provides treatment as listed specifically in their behavior plan. We have also retrained all PC on writing of behavior support plans as facilitated by a National Team Member Mosaic has also hired a quality assurance coordinator who will be checking on the quality components of the program thru record review, audits and direct observations</p>				

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W 0368 Bldg. 00	<p>Professional) #1 was interviewed on 9/22/15 at 10:27 A.M. QIDP #1 stated, "He (client #4) does sometimes vomit up his medications after taking them and he will sometimes hide them in his dresser or closet. I guess we need to add the searching of his closet and dresser into his Behavior Support Plan."</p> <p>9-3-5(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on observation, interview, and record review, the facility failed to reconcile the physician's order for the administration of Calcium plus Vitamin D for 1 of 2 sampled clients (client #1).</p> <p>Findings include:</p> <p>Client #1 was observed receiving medications during the 9/21/15 observation period from 6:04 A.M. until 8:15 A.M. At 7:23 A.M., direct care staff</p>	W 0368	In regards to evidence cited by the medical surveyor, Mosaic policy and procedure specifies all medication administered, are administered without error and in accordance with physicians orders. 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. 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. Specifically, staff were	10/05/2015

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	<p>#2 administered Calcium 600 mg (milligrams) + (plus) Vitamin D 400 I.U. (international units) (mineral supplement) to client #1. Client #1 did not begin to eat his morning meal until 8:05 A.M.</p> <p>Client #1's records were reviewed on 9/21/15 at 8:08 A.M. A review of client #1's medication packet indicated the following administration instructions for client #1's Calcium plus Vitamin D: "Give 1 tablet orally 2 times a day with meals." Review of the client's 9/15 MAR (Medication Administration Record) indicated the following administration instructions for client #1's Calcium plus Vitamin D: "Give 1 tablet orally 2 times a day with meals."</p> <p>Client #1's records were further reviewed on 9/22/15 at 9:01 A.M. A review of the client's 7/16/15 physician's orders indicated the following instructions for the administration of client #1's Calcium plus Vitamin D: "Calcium 600 + Vit (vitamin) D 400 tablet 2 x (times) daily"</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on</p>		<p>retrained on assuring all medications are dispensed as ordered. 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 ProgramCoordinator (QIDP). During this visit, the manager assures medications are administered in accordance with Mosaic policy and procedure. The agency RN reviews all MAR's in THERAP for accuracy each month and does observations when in the home We also hired a quality assurance coordinator whom reviews charts and conducts observations to assure compliance with all Mosaic Policy and Procedure</p>				

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W 0382 Bldg. 00	<p>9/22/15 at 10:27 A.M. QIDP #1 stated, "This (Calcium plus Vitamin D administration instructions) needs to be reconciled."</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview, the facility failed to ensure medications were locked except when they were being prepared for administration for 2 of 2 sampled clients (clients #1 and #2), and 2 additional clients (clients #3 and #4).</p> <p>Findings include: Clients #1, #2, #3, and #4 were observed during the group home observation period on 9/21/15 from 6:04 A.M. until 8:15 A.M. At 6:58 A.M., direct care staff #2 was administering medications to client #2. Direct care staff #2 had client #2's</p>	W 0382	Inregards to evidence cited by the medical surveyor Mosaic policy and proceduresspecifies all medication must be kept in a secured location. All Mosaic Staff are trained on this policy at new staff orientation and updated annually or as needed. To assure this deficiency does not recur, Mosaic trained all facility staff on the agency medication administration policyand procedure. Training was focused on assuring medications are properly secured at all times. To further ensure Mosaic prevents recurrence of this deficiency, the agency also conducts multiple visits each week to every facility by the house manager (DirectSupport Manager) and the	10/05/2015	

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W 0488 Bldg. 00	<p>medications on the medication room counter and was preparing to administer them to client #2 when he left the medication room. At 7:07 A.M., direct care staff #2 was further administering medications to client #2 when he again left the medication room with the client's medication open and on the counter. The open medications were accessible to all clients in the facility (clients #1, #2, #3, and #4).</p> <p>"Associate Director #1 was interviewed on 9/21/15 at 10:27 A.M. Associate Director #1 stated, "Medications are to be locked when they aren't being administered."</p> <p>9-3-6(a)</p> <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. Based on observation and interview, the facility failed to encourage 4 of 4 sampled clients (clients #1, #2, #3, and #4), to eat family style during the morning meal.</p> <p>Findings include:</p>			W 0488	<p>Program Coordinator (QIDP). During this visit, the manager assures medications are secured. Furthermore, the agency Registered Nurse conducts monthly reviews. During this time, the RN reviews the facility's storage practices. Any potential concern identified is immediately reported to the facility QIDP.</p> <p>Mosaic's Dietary Policy and Procedure states that each individual served should participate in the preparation and service during all meals. All facility staff received training on conducting meal time goals and objectives in accordance with each individual's Individual</p>		10/05/2015

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	<p>Clients #1, #2, #3, and #4 were observed during the 9/21/15 observation period from 6:04 A.M. until 8:15 A.M. Direct care staff #1 prompted the clients to sit at the dining room table. Direct care staff #1 prepared a meal of scrambled eggs, hash browns, bacon, toast, sliced bananas, juice and milk as the clients sat at the dining room table. Direct care staff #1 individually prepared the plates for each client in a custodial manner and served the clients as they sat at the table. Clients #1, #2, #3, and #4 did not participate in serving themselves in a family style manner.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 9/22/15 at 10:27 A.M. QIDP #1 stated, "Staff (direct care staff #1) should have never prepared and served the food to them (clients #1, #2, #3, #4). They (clients #1, #2, #3, and #4) should eat family style meals and staff (direct care staff) should assist them in preparing their meals."</p> <p>9-3-8(a)</p>		<p>Program Plan and providing only the level of care needed for each individual in service. 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 (QIDP). During this visit, each assures the facility encourages and teaches each client meal preparation tasks. In addition Mosaic conducts bi-annual Basic Assurance Reviews to ensure that the practice is present. We also have a quality assurance coordinator who is in the agency several times a month and conducts on site visits,</p>		