

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G252	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>04</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/08/2015
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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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(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
K 0000 Bldg. 04	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 10/08/15</p> <p>Facility Number: 000772 Provider Number: 15G252 AIM Number: 100234940</p> <p>At this Life Safety Code 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 33, Existing Residential Board and Care Occupancies.</p> <p>The one story facility with a basement was not sprinklered. The facility has a fire alarm system with smoke detection on all levels of the house including the corridors, sleeping rooms and common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</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 S152 Bldg. 04	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.7.</p> <p>Quality Review on 10/09/15 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. 1. Based on record review and interview, the facility failed to conduct fire drills</p>	K S152	Mosaic initiated procedures to schedule safetydrills at varying times and under varying conditions. The schedule was	10/16/2015

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	<p>quarterly on each shift for 2 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review and interview, the fire drill reports titled "Fire Drill Report" on 10/08/15 at 9:49 a.m., the Property Manager acknowledged documentation for a second shift fire drill for the first and second quarter of 2015 and a third shift fire drill for the first quarter of 2015 were not available for review.</p> <p>2. Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times for 4 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review of the "Fire Drill Report" forms with the Property Manager on 10/08/15 at 9:49 a.m., four sequential second shift fire drills took place between 06:00 p.m. and 7:00 p.m. for two of the last four quarters. Based on interview at the time of record review, the Property Manager acknowledged the aforementioned condition.</p>		<p>established by the agency Safety Committee Chairman and ongoing. The drills are on calendars which are posted at all sites. Once the drill has been completed, the drill is submitted to the Safety Committee Chairman for review prior to the end of each month. If a drill is not submitted, corrective actions to agency employees are completed. In addition, facility staff will be trained safety drill procedures to assure each understood their responsibility for protecting clients during a fire in the facility. Mosaic has implemented systematic changes to ensure the findings of this survey do not recur. Per policy and procedure, each safety drill completed is reviewed by the agency Safety Committee Chairman for accuracy, to assure varying conditions and times were submitted, ensuring all personnel are trained to perform each disaster plan and procedure, to assure the facility evacuates clients and provides supports as designed by the safety plan for the facility, and problems are thoroughly investigated. The findings of each drill are reviewed by the agency Safety the committee itself.</p>		