

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G227	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/10/2016
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NAME OF PROVIDER OR SUPPLIER MOSAIC	STREET ADDRESS, CITY, STATE, ZIP CODE 723 CHERRY TREE LN SOUTH BEND, IN 46617
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K 0000 Bldg. 01	<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: 03/10/16</p> <p>Facility Number: 000751 Provider Number: 15G227 AIM Number: 100248910</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>This one story facility was not sprinklered. The facility has a fire alarm system with smoke detection in the corridors, common living areas and hard wired smoke detectors in client sleeping rooms. The facility has a capacity of six and had a census of six at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K 0000		
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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 0130 Bldg. 01	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.4.</p> <p>Quality Review completed on 03/14/16 - DA</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 Medication Room fire extinguisher requiring a 12-year hydrostatic test was emptied and subjected to the applicable maintenance procedures every six years as required by NFPA 10, Standard for Portable Fire Extinguishers Chapter 4-4.3. This deficient practice could affect staff only.</p> <p>Findings include:</p> <p>Based on observation and interview on 03/10/16 at 12:04 p.m., the Human Resources Manager acknowledged the maintenance stamp on the Medication Room fire extinguisher indicated the last six year test was completed 01/2010.</p>	K 0130	<p>In response to evidence cited by the Life Safety Code surveyor, Mosaic initiated procedures to schedule fire extinguisher inspections on a monthly basis. The schedule was established by the agency Safety Committee Chairman for ongoing. Once the inspection has been completed, the documentation is submitted to the SafetyCommittee Chairman for review prior to the end of each month. If an inspection is not submitted, corrective actions to agency employees are completed. In addition, facility managers were trained on fire extinguisher inspection procedures. All 3 of the outdated fire extinguishers were replaced with new fire extinguishers . Mosaic has implemented systematic changes to ensure the findings of this survey do not recur. Per policy and procedure, each safety inspection completed is reviewed by the agency Safety Committee Chairman for accuracy. The findings of each</p>	04/15/2016

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K S018 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 6 clients slept in a room provided with a door which would close and latch securely in the door frame. This deficient practice could affect one client.</p> <p>Findings include:</p> <p>Based on observation with the Human Resources Manager on 03/10/16 at 12:13 p.m., Bedroom #1 failed to latch into the frame when tested. Based on interview at the time of observation, the Human</p>	K S018	<p>inspection is reviewed by the agency Safety committee. To assure there will not be recurrence of this deficiency, Mosaic policy and procedure requires committee meeting records to be reviewed on a quarterly basis to assure all inspections are current.</p> <p>In response to the findings made by the Life Safety Code Surveyor, a new bedroom door was installed to ensure the door both closes and latches securely. Mosaic has implemented systematic changes to ensure the findings of this survey do not recur. Per policy and procedure, Mosaic conducts safety inspections at each facility operated by the agency on a quarterly basis. The findings of each inspection are reviewed by the agency Safety Committee Chairperson and the committee itself.</p>	04/15/2016

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K S046 Bldg. 01	<p>Resources Manager acknowledged the aforementioned condition.</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>1. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords were not used as a substitute for fixed wiring. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects staff and all residents.</p> <p>Findings include:</p> <p>Based on observation with the Human Resources Manager on 03/10/16 at 12:18 p.m., an extension cord was powering television equipment in the Living Room. Based on interview at the time of observation, the Human Resources Manager acknowledged the aforementioned condition.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 Bathroom #1 electrical receptacles in the master bathroom, a wet location client care area, was provided with a ground fault circuit interrupter (GFCI) protection</p>	K S046	<p>In response to evidence cited by the medical surveyor, the extension cord was removed and replaced with proper plug in. On or before 4/15/2016, Mosaic will replace the GFI in the bathroom with a working one. Mosaic has implemented systematic changes to ensure the findings of this survey do not recur. Per policy and procedure, each safety inspection completed is reviewed by the agency Safety Committee Chairman for accuracy. The findings of each inspection is reviewed by the agency Safety committee. To assure there will not be recurrence of this deficiency, Mosaic policy and procedure requires committee meeting records to be reviewed on a quarterly basis to assure all inspections are current. In addition to the local safety committee Mosaic has national staff who come in and conduct safety inspections which require a plan of correction</p>	04/15/2016

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	<p>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 countertop surfaces. Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice affects 1 client.</p> <p>Findings include:</p> <p>Based on observation with the Human Resources Manager on 03/10/16 at 12:01 p.m., bathroom #1 had one GFCI receptacle within three feet of the hand sink. When the test button was pressed on the GFCI receptacle, power was not interrupted on the non-GFCI receptacle indicating the non-GFCI receptacle was not on the circuit with the GFCI receptacle. Based on interview at the time of observation, the Human Resources Manager acknowledged the aforementioned condition.</p>			

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K S051 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 Dining Room smoke detector was installed in an area where airflow would not affect operation. LSC 9.6.1.4 requires fire alarm systems to be installed, tested, and maintained in accordance 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 airflow prevents operation of the detectors. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Human Resources Manager on 03/10/16 at 12:07 p.m., a smoke detector in the Dining Room was located above the blades of a fan. Based on interview at the time of</p>	K S051	On 4/16/2016, a wired smoke detection device was moved in the dining room at the facility to assure the fire alarm panel is provided with automatic smoke detection to ensure notification of a fire at that location before it was incapacitated by fire. As a result of this survey, Mosaic contracted with third party inspectors to review each facility operated by Mosaic to assure each facility is in compliance with this standard. Mosaic has implemented systematic changes to ensure the findings of this survey do not recur. Per policy and procedure, Mosaic conducts safety inspections at each facility operated by the agency on a quarterly basis. Assuring each room is provided with an approved smoke alarm is reviewed as a part of that inspection. The findings of each inspection are reviewed by the agency Safety Committee	04/16/2016	

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