

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  10/01/2014
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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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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: September 29, 30, and October 1, 2014.</p> <p>Facility number: 000772 Provider number: 15G252 AIM number: 100234940</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/10/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000114	<p>483.410(c)(4) CLIENT RECORDS Any individual who makes an entry in a client's record must make it legibly, date it, and sign it.</p> <p>Based on record review and interview, the facility failed to assure the Comprehensive Functional Assessments for 2 of 4 sampled clients (clients #1 and #2) included the date the assessments were completed.</p>	W000114	<p><b>W114</b> <b>11/21/2014</b> In regards to issue #1 and evidence cited by the medical surveyor on 10/1/2014, Mosaic has contacted the QIIDP and both assessments have been redone</p>	11/20/2014

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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W000137	<p>Findings include:</p> <p>Client #1's record was reviewed on 10/1/14 at 8:22 A.M. A review of client #1's Comprehensive Functional Assessment failed to indicate the assessment was dated by the person completing the assessment.</p> <p>Client #2's record was reviewed on 10/1/14 at 9:03 A.M. A review of client #2's Comprehensive Functional Assessment failed to indicate the assessment was dated by the person completing the assessment.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/1/14 at 10:54 A.M. QIDP #1 stated, "The Functional Assessments (Comprehensive Functional Assessments) should have been dated when they were completed."</p> <p>9-3-1(a)</p> <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</p>		<p>including the date completed and the signature. Mosaic's policy states that all assessments are to be completed annually and as needed. All assessments are to be signed and dated by the QIDP.</p> <p>1.To assure this deficiency does not recur, per policy and procedure, Mosaic conducts audits of programming. As a part of this audit, Mosaic staff review all programming and support documentation that plans are correctly implemented. Also, Mosaic conducts bi-annual Basic Assurance reviews of program to ensure quality. Documentation of each audit is maintained in the Mosaic Office. .</p>		

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	<p>appropriate personal possessions and clothing.</p> <p>Based on observation and interview, the facility failed to assure 1 of 4 sampled clients (client #3) did not wear the same clothing for two consecutive days.</p> <p>Findings include:</p> <p>Client #3 was observed during the 9/30/14 observation period from 3:08 P.M. until 5:30 P.M.. Client #3 was a blue t-shirt and blue jeans. Client #3 wore these clothes throughout the 9/30/14 observation period.</p> <p>Client #3 was observed during the 10/1/14 observation period from 6:49 A.M. until 8:15 A.M. Client #3 wore the same blue t-shirt and blue jeans which appeared crumpled and soiled.</p> <p>At 7:34 A.M. on 10/1/14, direct care staff #1 stated to client #3, "Are those the same clothes you wore yesterday?" Direct care staff #1 did not prompt or assist client #3 in changing his clothing.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/1/14 at 10:54 A.M. QIDP #1 stated, "[Client #3] likes to wear the same clothes and it's a challenge sometimes to get him to wear clean clothing."</p>	W000137	<p>137 11/21/2014</p> <p>In regards to evidence cited by the medical surveyor, Mosaic has developed a plan that clearly defines the information and supports for both facility staff and client #3 to teach how to properly manage his health needs of wearing clean clothes. Retraining on these supports has been scheduled for 11/20/2014 for all facility staff. This training was conducted by the QIDP.</p> <p>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 retraining on this plan annually and as changes and updates to the plan are made. The training includes strategies that will enable the clients achieve each goal and objective. 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 continuous active treatment specifically that each client</p>	11/20/2014	

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W000365	<p>9-3-2(a)</p> <p>483.460(j)(4) DRUG REGIMEN REVIEW An individual medication administration record must be maintained for each client. Based on observation, record review, and interview, the facility failed to assure staff who administered medication to 1 of 4 sampled clients (client #1) initialed the Medication Administration Record (MAR) after administering the client's medications.</p> <p>Findings include:</p> <p>Client #1 was observed during the morning observation period on 10/1/14 from 6:49 A.M. until 8:15 A.M. At 7:34 A.M., direct care staff #7 administered medications to client #1 which included Omeprazole (medication to reduce stomach acid) and Tab-a-vite (multiple vitamin).</p> <p>Client #1's record was reviewed on 10/1/14 at 7:38 A.M. A review of client #1's 9/14 MAR (Medication Administration Record) indicated the client's Omeprazole and Tab-a-vite were</p>	W000365	<p>receives interventions and services in sufficient number and frequency to support the achievement of goals and objectives.</p> <p><b>W365</b> <b>11/25/2014</b></p> <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 as well as an annual retraining. In October, 2014, 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 on November 20, 2014. Specifically, staff were retrained on assuring all medications are documented in a timely manner. To further ensure Mosaic prevents recurrence of this deficiency and beginning in</p>	11/20/2014	

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	<p>not initialed as being administered by staff on 9/27/14, 9/28/14, and 9/29/14.</p> <p>Direct care staff #7 was observed on 10/1/14 at 7:39 A.M. Direct care staff #7 began putting her initials on client #1's 9/14 MAR indicating the client's Omeprazole and Tab-a-vite were administered on 9/27/14, 9/28/14, and 9/29/14.</p> <p>Direct care staff #7 was interviewed on 10/1/14 at 7:20 A.M. Direct care staff 7 stated, "I counted the medications (Omeprazole and Tab-a-vite) and they were administered on those days (9/27/14, 9/28/14, and 9/29/14). I'm just filling in the spaces (initialing that client #1's Omeprazole and Tab-a-vite were administered on 9/27/14, 9/28/14, and 9/29/14). When asked who administered client #1's Omeprazole and Tab-a-vite on 9/27/14, 9/28/14, and 9/29/14, direct care staff #7 stated, "I don't know. I was off those days."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/1/14 at 10:54 A.M. QIDP #1 stated, "Staff (direct care staff) are to initial the MAR right after they pass (administer) medications."</p> <p>9-3-6(a)</p>		<p>November 2014, the agency continues to conduct multiplevisits each week to every facility by the house manager (DirectSupport Manager) and the Program Coordinator (QIDP). During thisvisit, the manager assures medications are administered in accordancewith Mosaic policy and procedure. Furthermore, the agency Registered Nurse conducts monthly reviews. During this time, the RN reviews the facility's medicationadministration records to assure medications are administered inaccordance with Mosaic Policy. Any potential concern identified isimmediately reported to the facility QIDP.</p>		

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W000488	<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, record review, and interview, the facility failed to assure 4 of 4 sampled clients (clients #1, #2, #3, and #4) participated in family style dining to the full extent of their assessed skills.</p> <p>Findings include:</p> <p>Clients #1, #2, #3, and #4 were observed at the group home during the 10/1/14 observation period from 6:49 A.M. until 8:15 A.M. During the observation, direct care staff #5 set place settings on the dining room table and poured cereal into individual bowls, put grapes into individual bowls and put beverages and condiments on the dining room table. When clients #1, #2, #3, and #4 sat down to the table for their morning meal, direct care staff #5 poured milk and juice for the clients and served them applesauce. After clients #1, #2, #3, and #4 finished their meal, direct care staff #5 cleared the table and rinsed and placed the dirty dishes in the dishwasher and wiped the</p>	W000488	<p><b>W488</b> <b>11/25/2014</b> Mosaic's Dietary Policy and Procedure states that each individual served should participate in the preparation and service during all meals. On "November 20, 2014, All facility staff received training on conducting meal time goals and objectives in accordance with each individual's Individual 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 quality of services.</p>	11/20/2014

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	<p>dining room table. Clients #1, #2, #3, and #4 were not prompted or assisted by direct care staff #5 in preparing their morning meal.</p> <p>Client #1's records were reviewed on 10/1/14 at 8:22 A.M. A review of the client's Comprehensive Functional Assessment, no date, indicated client #1 was capable of participating in the preparation of his meals with verbal prompts, and hand over hand assistance from direct care staff.</p> <p>Client #2's records were reviewed on 10/1/14 at 9:03 A.M. A review of the client's Comprehensive Functional Assessment, no date, indicated client #2 was capable of participating in the preparation of his meals independently and with verbal prompts and hand over hand assistance from direct care staff.</p> <p>Client #3's records were reviewed on 10/1/14 at 9:35 A.M. A review of the client's Comprehensive Functional Assessment, dated 3/14, indicated client #3 was capable of participating in the preparation of his meals independently and with verbal and physical prompts and hand over hand assistance from direct care staff.</p> <p>Client #4's records were reviewed on</p>			

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	<p>10/1/14 at 10:00 A.M. A review of the client's Comprehensive Functional Assessment, dated 12/10/13, indicated client #4 was capable of participating in the preparation of his meals independently and hand over hand assistance from direct care staff.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/1/14 at 10:54 A.M. QIDP #1 indicated clients #1, #2, #3, and #4 were developmentally capable of participating in the preparation of their meals either independently, with verbal and physical prompts or hand over hand assistance from direct care staff.</p> <p>9-3-8(a)</p>				