

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G373	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2015
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NAME OF PROVIDER OR SUPPLIER MOSAIC	STREET ADDRESS, CITY, STATE, ZIP CODE 8556 S US HWY 41 TERRE HAUTE, IN 47802
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W 000 Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: February 9, 10, 11, 12 and 13, 2015.</p> <p>Provider Number: 15G373 Aims Number: 100249240 Facility Number: 000887</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed February 23, 2015 by Dotty Walton, QIDP.</p>	W 000		
W 149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on interview and record review, the facility failed for 1 of 2 allegations of client neglect reviewed, to implement policy and procedures to prevent neglect (failure to provide identified services) of client #1 which resulted in client injury.</p> <p>Findings include:</p>	W 149	<p>W149 – 483.420 (d) (1) STAFF TREATMENT OF CLIENTS In response to Mosaic's internal investigation of this incident, the following actions have been taken and completed as of 2/20/15 to correct this deficiency. Staff #5, as</p>	02/20/2015

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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	Record review of the facility's incident reports was done on 2/9/15 at 1:44p.m. A 1/30/15 reportable incident report indicated client #1 had a behavior on the facility van on the way home from day services. The report indicated the van had to be pulled off the road to address his behavior. The report indicated staff #5 had physically taken client #1 off of the van and told him "to stop jacking around." Client #1 had displayed self injurious behavior (SIB) of biting the tops of both of his hands. Client #1 was identified to have opened bloody areas ("eraser size") on the top of both hands and had blood on his face and hands. On 1/30/15 client #1 was taken to a walk-in ambucare clinic and received treatment for his hands (bactroban/topical antibiotic and wrapped in gauze). The report indicated client #1 had not been approached in a calm manner, offered a cigarette and no other calming techniques were identified as used for client #1 during the SIB. There was no documentation that staff had used an approved physical intervention to intervene with client #1's SIB with open wounds. The report indicated staff #5 had failed to follow client #1's behavior program plan. The investigation report indicated staff #5 had not used a calm voice and had not intervened as indicated		reported, failed to follow the behavior support plan as outlined for this person receiving Mosaic's services. As a result of our investigation, it was determined that during this incident, this staff member violated Mosaic's Client Mistreatment, Abuse, Neglect and Exploitation Policy. The employment of staff #5 was terminated on 2/9/15. All Direct Care staff that work with Client #1 have been trained on Mosaic's Client Mistreatment, Abuse, Neglect and Exploitation Policy. The Behavior Support Plan for Client #1 has been revised to include additional and specific calming devices, the clarification as to the roles of the van driver and passenger staff when Client #1 is having a behavior. In addition these updates include that Client #1 will be transported separately at all possible times. All Direct Care staff that work with Client #1 have been trained on this behavior plan	

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	<p>per client #1's behavior support plan (BSP) for SIB.</p> <p>Record review for client #1 was done on 2/11/15 at 11:17a.m. Client #1 had a 10/24/14 BSP. The BSP addressed client #1's SIB, identified as "biting top of either hand causing large open wounds." The plan indicated client #1's behaviors can arise from over prompting. The BSP indicated client #1 needed time to process a previous prompt and should not be overly prompted. The BSP indicated client #1 should have his calming supplies with him that help him stay calm at home, at Day Program and on the van at all times (which included his cigarettes). The BSP indicated client #1 would use his I-Pad while being transported on the van. The BSP indicated staff should practice approaching client #1 in a calm and polite manner while remembering to verbally prompt him no more than twice every five minutes. The BSP indicated if client #1 begins to bite himself, staff should first verbally intervene telling him to stop and state the reasons why. "If this does not work then staff should physically intervene by gently removing his arms from his face while attempting to redirect him to an activity he enjoys." If redirection does not work, a wrist hold technique can be implemented only if</p>		update.	

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	<p>client #1 is biting himself with a severity that would leave an open wound.</p> <p>The facility's policy and procedures were reviewed on 2/12/15 at 6p.m. The facility's 9/30/05 policy and procedure "Abuse, Neglect, Exploitation or Mistreatment Policy and Procedures" indicated abuse, neglect, exploitation and mistreatment of clients is strictly prohibited. The policy indicated the definition of Neglect: "is the failure to provide the client with sufficient services, treatment, or support necessary for well being or the failure to act or intervene in a situation that may result in physical, psychological or emotional harm."</p> <p>Professional staff #1 was interviewed on 2/12/15 at 3:08p.m. Staff #1 indicated staff #5 had failed to provide client #1 with his identified service needs in regards to interventions with his SIB on 1/30/15, which resulted in client injury. Staff #1 indicated client #1 was not approached in a calm and polite manner and was overly prompted during the behavior incident. Staff #1 indicated client #1 was not offered his calming techniques that included his cigarettes and I-Pad. Staff #1 indicated the physical intervention for SIB in client #1's plan was not used, as indicated on the intervention hierarchy, when client #1</p>			

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W 159 Bldg. 00	<p>was biting himself with the severity to leave an open bloody wound.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3, #4) to ensure each client's active treatment program was coordinated and monitored by the facility's qualified intellectual disabilities professional (QIDP), by the QIDP not ensuring data had been collected and documented for identified training programs (money and behavior) (#1, #2, #4) and behavior medication was addressed in a plan of reduction (#3).</p> <p>Findings include:</p> <p>1. Record review was done on 2/11/15 at 11:17a.m. for client #1 and indicated an ISP/Individual Support Plan and a</p>	W 159	<p>W159 – 483.430 (a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Staff #1, Mosaic agency QIDP received a corrective action on 3/5/15 for not ensuring data had been collected and documented for identified training programs of money and behavior for 3 of 4 clients sampled, as well as not ensuring that a behavior medication reduction plan was addressed in the behavior support plan of one person receiving Mosaic's services sampled. The QIDP received training on 3/6/15 on the following Mosaic Policies 1) Individual Service and Supports 2) Monthly Summaries and 3) Behavior Support. The Associate Director at Mosaic will review the documentation of programs on</p>	03/06/2015

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	<p>BSP/Behavior Support Plan; both dated 10/24/14. There was no identified behavior training program data documented for the time period of 8/14 through 1/15.</p> <p>Record review was done on 2/11/15 at 1:57p.m. for client #2 and indicated an ISP and a BSP; both dated 11/18/14. There was no identified money (make a purchase with cash) and behavior training program data documented for the time period of 8/14 through 1/15.</p> <p>Record review was done on 2/11/15 at 1:27p.m. for client #4 and indicated an ISP and a BSP; both dated 10/24/14. There was no identified money (purchase an item at store once a week) and behavior training program data documented for the time period of 8/14 through 1/15.</p> <p>2. Review of the record of client #3 was done on 2/11/15 at 12:47p.m. Client #3's 9/24/14 BSP indicated client #3's diagnosis included, but was not limited to, Major Depression with Psychotic Behaviors. Physician's orders on 9/24/14 indicated client #3 received the behavior control medications Lexapro, Latuda and Lorazepam. The BSP failed to include the behavior control medications in a plan which included withdrawal criteria.</p>		<p>the monthly summaries for all clients at this site monthly and ongoing to ensure that all programs are receiving the appropriate documentation. The Associate Director at Mosaic will review the behavior support plans for all clients at this site monthly and ongoing to ensure that all plans maintain a current behavior medication reduction plan. Mosaic of Indiana has created the position of Quality Assurance Coordinator to assist with the monitoring of these programs and plans. The coordinator will complete monthly sample reviews agency wide to verify implementation and quality of individual plans. Our quarterly quality committee will review agency wide sample data reports of these plans and programs to ensure complete and appropriate implementation and that behavior plans include medication reduction plans within.</p>	

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W 252 Bldg. 00	<p>Staff #1 (QIDP) was interviewed on 2/12/15 at 3:08p.m. Staff #1 indicated he was unable to find documented data for clients #1, #2 and #4's money and behavior training programs. Staff #1 indicated client #3 did not have his current behavior control medications addressed in a plan of reduction. Staff #1 indicated the QIDP was responsible for the coordination and monitoring of client program data and plans of reduction.</p> <p>9-3-3(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Based on record review and interview, the facility failed for 3 of 4 (#1, #2, #4) sampled clients to document training data for clients' training programs.</p> <p>Findings include:</p>	W 252	<p>W252 – 483.440 (e) (1) PROGRAM DOCUMENTATION Staff #1, Mosaic agency QIDP will review all ISP's and BSP's for all of the individuals at this supported group living site. The QIDP will review all money goals and behavior support plans for</p>	03/13/2015

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	<p>Record review was done on 2/11/15 at 11:17a.m. for client #1 and indicated an ISP/Individual Support Plan and a BSP/Behavior Support Plan; both dated 10/24/14. There was no identified behavior training program data documented for the time period of 8/14 through 1/15.</p> <p>Record review was done on 2/11/15 at 1:57p.m. for client #2 and ISP and BSP; both dated 11/18/14. There was no identified money (make a purchase with cash) and behavior training program data documented for the time period of 8/14 through 1/15.</p> <p>Record review was done on 2/11/15 at 1:27p.m. for client #4 and indicated and ISP and a BSP; both dated 10/24/14. There was no identified money (purchase an item at store once a week) and behavior training program data documented for the time period of 8/14 through 1/15.</p> <p>Interview on 2/12/15 at 3:08p.m. of staff #1 (qualified intellectual disabilities professional, QIDP) indicated he was unable to find documented data for clients #1, #2, and #4's money and behavior training programs.</p>		<p>appropriateness and look for any pervasiveness with this problem. The QIDP will provide additional clarity as needed for staff to ensure ease in implementation. The QIDP will ensure training of all direct support staff that work with the clients at this site on proper implementation and documentation of identified money and behavior training programs to ensure that data for these programs will be collected as written and required. This review and training, including any program/goal changes, will be completed and shared with all staff that work with the clients at this site by 3/13/15. The Associate Director at Mosaic will review the documentation of programs on the monthly summaries for all clients at this site monthly and ongoing to ensure that all programs are receiving the appropriate documentation. The Associate Director at Mosaic will review the behavior support plans for all clients at this site monthly and ongoing to ensure that all plans maintain a current behavior medication reduction plan. Mosaic of Indiana has created the position of Quality Assurance Coordinator to assist with the monitoring of these programs and plans. The coordinator will complete monthly sample reviews agency wide to verify implementation and quality of individual plans. Our quarterly</p>		

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W 312 Bldg. 00	<p>9-3-4(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed for 1 of 4 sampled clients (#3) who took behavior control drugs, to ensure the behavior control medication was part of client #3's individual support plan (ISP)/behavior support plan (BSP) which included a plan of reduction.</p> <p>Findings include:</p> <p>Review of the record of client #3 was done on 2/11/15 at 12:47p.m. Client #3's 9/24/14 BSP indicated client #3's diagnosis included, but was not limited to, Major Depression with Psychotic Behaviors. Physician's orders on 9/24/14 indicated client #3 received the behavior control medications Lexapro, Latuda and Lorazepam. The BSP failed to include</p>			W 312	<p>quality committee will review agency wide sample data reports of these plans and programs to ensure complete and appropriate implementation and that behavior plans include medication reduction plans within.</p> <p>W312 – 483.450 (e) (2) DRUG USAGE Staff #1, Mosaic agency QIDP has updated the behavior support plan for Client #3 to include all behavior control medications to be addressed in a plan of reduction. The QIDP has reviewed the BSP's for all of the individuals at this supported group living site to look for any pervasiveness with this problem. All other Behavior Support Plans for the individuals at this site do have medication reduction plans included in the plan. The Associate Director at Mosaic will review the documentation of programs on the monthly summaries for all clients at this site monthly and ongoing to ensure that all programs are receiving the appropriate documentation. The Associate Director at Mosaic will review the</p>		02/24/2015

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	<p>the behavior control medications in a plan which included withdrawal criteria.</p> <p>Interview of professional staff #1 on 2/12/15 at 3:08p.m. indicated client #3 did not have his current behavior control medication addressed in a plan of reduction.</p> <p>9-3-5(a)</p>		<p>behavior support plans for all clients at this site monthly and ongoing to ensure that all plans maintain a current behavior medication reduction plan. Mosaic of Indiana has created the position of Quality Assurance Coordinator to assist with the monitoring of these programs and plans. The coordinator will complete monthly sample reviews agency wide to verify implementation and quality of individual plans. Our quarterly quality committee will review agency wide sample data reports of these plans and programs to ensure complete and appropriate implementation and that behavior plans include medication reduction plans within.</p>		