

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G280	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/04/2016
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NAME OF PROVIDER OR SUPPLIER MOSAIC	STREET ADDRESS, CITY, STATE, ZIP CODE 2820 BENHAM AVE ELKHART, IN 46517
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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: February 24, 25, 26, 29, and March 1, 2, 3, and 4, 2016.</p> <p>Facility number: 000800 Provider number: 15G280 AIM number: 100243460</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/10/16.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the facility's governing body failed to exercise general operating direction over the facility by failing to ensure direct care staff refrigerated milk before it became warm which affected 3 of 3 sampled</p>	W 0104	Mosaic has policies and procedures for nutrition and safety to provide safeguards for meals. A Policy and Procedure is in place to assure a consistent means of assessing the safety of meal preparations and operating condition other related	03/24/2016

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>clients (clients #1, #2, and #3), and 2 of 2 additional clients (clients #4 and #5).</p> <p>Findings include:</p> <p>Clients #1, #2, #3, #4, and #5 were observed during the group home observation period on 2/29/16 from 2:52 P.M. until 5:00 P.M. Upon entering the group home at 2:52 P.M., four gallons of milk were sitting on the counter. The temperature inside of the group home was 70 degrees Fahrenheit. At 4:00 P.M., the surveyor felt the outside of the four gallons of milk and the temperature was noted to be lukewarm. The four gallons of milk remained on the counter until direct care staff #4 put them in the facility's refrigerators at 4:10 P.M.</p> <p>Associate Director #1 was interviewed on 3/3/16 at 9:14 A.M. When asked if the facility had a policy and/or procedure for direct care staff to follow in regards to promptly refrigerating dairy items, Associate Director #1 stated, "No, we don't. But staff (direct care staff) should put milk and other dairy products in the refrigerator soon after getting them into the group home."</p> <p>9-3-1(a)</p>		<p>equipment. Mosaic has a contracted Dietician whom completes an assessment at intake, annually and as conditions changes They complete a nutritional plan which is approved by the primary physician</p> <p>Mosaic conducts weekly observations of each facility. This observation includes the meal prep and dining. Each facility observation is completed by the home manager (DSM) and the QIDP weekly. In addition to the policies and procedures addressing the food safety, Mosaic assures each staff that provides supports in each facility is trained on this during New staff orientation and annual retraining thereafter. Each staff completes a Home Orientation Checklist which addresses dietary plans, preparations, adaptive equipment. This includes food safety standards Staff also completes Individual specific ISP/IPP Training. Additional training was conducted on this deficiency by the Program Coordinator for this home on 3-4-2016. The training included an inservice on use, care and maintenance for all adaptive equipment, review of the updated IPP and a review of dietary safety for milk</p>		

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W 0436 Bldg. 00	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, the facility failed to assure 1 of 2 additional clients (client #5) wore her helmet as recommended.</p> <p>Findings include:</p> <p>Client #5 was observed during the 2/29/16 observation period from 2:52 P.M. until 5:00 P.M. During the observation period, client #5 sat at the dining room table without wearing a helmet.</p> <p>Client #5 was observed during the 3/2/16 observation period from 6:42 A.M. until 8:00 A.M. During the observation period, client #5 sat at the dining room table and was wearing a helmet.</p> <p>Client #5's record was reviewed on 3/2/16 at 8:22 A.M. A review of the client's 2/16 annual nursing physical indicated client #5 was to "wear helmet when up due to risk of injury from</p>	W 0436	In regards to concerns stated by the surveyor, the individual in question does have a safety helmet and a risk plan associated with its use. Staff were be trained on 3-15-2016 that the individual should wear her helmet whenever she is not in her recliner and at bedtime. Staff were also trained to inform the QIDP when adaptive equipment is not working properly. To assure this deficiency does not recur, weekly visits by the facility manager and QIDP are conducted to assure each person living at Benham Ave is using the available protective equipment and that all protective equipment is in good working order Another support is the RN who makes monthly visits to the home and trains and corrects on any areas of need that she identifies	03/10/2016

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W 0460 Bldg. 00	<p>falls/seizures."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 3/3/16 at 9:14 A.M. QIDP #1 stated, "[Client #5] should be wearing her helmet when she is up (during the day)."</p> <p>9-3-7(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review, and interview, the facility failed to assure 1 of 3 sampled client's (client #1's) beverages were thickened to a nectar thick consistency. Findings include: Client #1 was observed during the 2/29/16 observation period from 2:52 P.M. until 5:00 P.M. During the observation period, direct care staff #1 thickened a beverage for client #1 and assisted the client in drinking it. The beverage was thickened to the</p>	W 0460	In regards to evidence cited by the medical surveyor, Mosaic's Dietary Policy and Procedure states that each person must receive a balanced diet including modified and specially prescribed diets as prescribed by the agency Registered Dietician and primary physician. On 3/4/16, Mosaic staff received training on how to properly make nectar thick liquids using Thick It and objectives in accordance with each individual's Individual Program Plan. Furthermore, the staff were retrained on this person's dietary plan to assure all residents in the facility receive nourishing, well balanced meals and proper fluids.	03/10/2016			

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	<p>consistency of applesauce.</p> <p>Client #1 was observed during the 3/2/16 observation period from 6:42 A.M. until 8:00 A.M. During the observation period, direct care staff #6 thickened a beverage for client #1 and assisted the client in drinking it. The beverage was thickened to the nectar thick consistency.</p> <p>Client #1's record was reviewed on 3/2/16 at 8:31 A.M. A review of the client's 10/1/16 annual nutritional and dietary review indicated client #1 was to have liquids that were of "nectar thick consistency."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 3/3/16 at 9:14 A.M. QIDP #1 stated, "[Client #1's] beverages should be nectar thick."</p> <p>9-3-8(a)</p>		<p>To ensure Mosaic prevents recurrence of this deficiency, the agency also conducts multiple visits each week to every facility by the house manager (Direct SupportManager) and the Program Coordinator (QIDP). During this visit, each assures that direct care staff provides nourishing, well balanced meals and fluids in accordance with each individual's dietary plan. In addition the agency RN conducts monthly observations and completes trainings and gives feedback on any areas noted during her time in the home</p>		