

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 03/08/2016
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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 0000 Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: March 1, 2, 3, 4, 7, 8, 2016</p> <p>Provider Number: 15G373 Aims Number: 100249240 Facility Number: 000887</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/15/16.</p>	W 0000		
W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, interview and record review for 3 of 4 sampled clients (#1, #2, #3), the facility failed to ensure the clients had the right to due process in regard to locked cleaning supplies.</p>	W 0125	Mosaic has policies and procedures to be sure to define and describe the rights of persons served. To promote the rights, interests, and well-being of all persons served and to specify how any individual or their guardian may seek enforcement	03/25/2016

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>Findings include:</p> <p>During the observation on 3/1/16 from 3:49p.m to 5:38p.m., at the group home of clients #1, #2, and #3, staff were observed to use a key open a locked cabinet to access cleaning supplies.</p> <p>Record review for client #1 was done on 3/8/16 at 1:19p.m. Client #1's 10/27/15 individual support plan (ISP) did not indicate/include the facility practice to have locked cleaning supplies. The ISP did not indicate client #1 was in need of this restriction.</p> <p>Record review for client #2 was done on 3/8/16 at 1:50p.m. Client #2's 3/26/15 individual support plan (ISP) did not indicate/include the facility practice to have locked cleaning supplies. The ISP did not indicate client #2 was in need of this restriction.</p> <p>Record review for client #3 was done on 3/8/16 at 12:44p.m. Client #3's 1/22/16 individual support plan (ISP) did not indicate/include the facility practice to have locked cleaning supplies. The ISP did not indicate client #3 was in need of this restriction.</p> <p>Professional staff #1 was interviewed on 3/8/16 at 2:24p.m. Staff #1 indicated the</p>		<p>of these rights on behalf of the individual. This policy and procedure explains how all residents are educated on their rights and will describe how every individual served has the right to independent personal decisions and knowledge of available choices. Each client and guardian signs a receipt which documents the annual review of the rights of each person served by Mosaic. Mosaic provides all staff training on the rights of each person served. This training is completed prior to employment as well as presented annually. The staff at this facility will receive their annual retraining in summer of 2016. In response to the evidence identified by the Medical Surveyor, the locked cleaning supplies, HRC approved this restriction for all of the individuals in the home in March 2016 This will be reviewed for each person at their annual review furthermore To assure there will not be recurrence of this deficiency, Mosaic policy and procedure requires rights restrictions be reviewed annually and as needed. Mosaic has initiated a records review committee that is to meet quarterly to review a 10% sample of client records to assure the file is up to date and accurate. This audit assures that all evaluations are current and the IPP and Behavior Support Plan reflects the findings of the developmental</p>		

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W 0242 Bldg. 00	<p>cleaning supplies were kept locked due to client #4's behavior (misuse). Staff #1 indicated only staff had a key to the locked cleaning supplies. Staff #1 indicated this restriction was not addressed in clients #1, #2 and #3's ISPs.</p> <p>9-3-2(a)</p> <p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (#3) to ensure client #3's individual support plan (ISP) had a training program in place to address his identified dental hygiene training needs.</p> <p>Findings include:</p> <p>Record review for client #3 was done on 3/8/16 at 12:44p.m. Client #3 had a 9/11/15 dental exam that indicated client #3 had 2 cavities. The Dentist, on 3/6/15,</p>	W 0242	<p>assessments and status changes. To further ensure Mosaic prevents recurrence of this deficiency, Mosaic has added a Quality Assurance Position This person will conduct site visits, paper reviews, verify committee components (like HRC) and ensure that our quality matches our practices and policies</p> <p>In regards to the evidence cited by the medical surveyor, Mosaic has implemented training in oral hygiene skills essential for good health. Clear objectives to support the need identified by the functional assessment and from dental recommendations were implemented. Programming was developed and implemented to assist in oral hygiene skills. The plan was updated, approved by the IDT and trained to facility staff on 3/25/2016. To assure there will not be recurrence of this deficiency, Mosaic policy and procedure requires</p>	03/25/2016

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	<p>had indicated "home care needs improvement, plaque and food in teeth, brush 2 times a day." Client #3 had a 1/22/16 ISP. Client #3's ISP did not address his identified dental hygiene need.</p> <p>Staff #1 was interviewed on 3/8/16 at 2:24p.m. Staff #1 indicated client #3's 3/6/15 dental recommendations had not been addressed. Staff #1 indicated client #3 did not have a training program in place to address his identified dental hygiene training need.</p> <p>9-3-4(a)</p>		<p>developmental assessments be completed prior to admission, updated annually and as needed. Mosaic also requires that programming for any identified need be addressed through goal implementation until the skill is mastered.</p> <p>Mosaic has initiated a records review committee that is to meet quarterly to review a 10% sample of client records to assure the file is up to date and accurate. This audit assures that all evaluations are current and the IPP reflects the findings of the developmental assessments.</p> <p>To help ensure that this deficiency does not recur, the agency RN monitors all medical appointments and recommendations and provides follow up to the QIDP when areas need addressed</p> <p>W242 continued: admission, updated annually and 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 (QMRP). During this visit, each assures that directcare staff provides continuous active treatment specifically that each client receives interventions and services in sufficient number and frequency</p>	

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W 0455 Bldg. 00	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, for 1 of 4 sampled clients (#3), the facility failed to encourage client #3 to wash his hands during his medication pass.</p> <p>Findings include:</p> <p>An observation was done at the group home on 3/2/16 from 6:23a.m. to 8:00a.m. At 6:35a.m. client #3 received his medication. Client #3 did not wash his hands prior to the medication pass. Client #3 was observed to run his hands through his hair, rub around his nose and wipe his hands on his pants. Staff #6 did not prompt client #3 to wash his hands prior to the medication pass. Client #3 applied Vaseline Petroleum gel to his nostril area. Client #3 did not wash his hands and then applied Desoximetasone to his face. Staff #6 did not prompt client #3 to wash his hands between the application of the 2 creams.</p> <p>Interview of staff #2 (nurse) on 3/8/16 at 2:32p.m. indicated client #3 should have washed his hands prior to the medication</p>	W 0455	<p>-</p> <p>In regards to evidence cited by the medical surveyor, Mosaic's Infection Control Policy and Procedure stipulates that each client and staff within the facility must be encouraged to wash their hands to minimize the risk of exposure to and transmission of communicable diseases. In addition Mosaic Medication Administration Policy states the importance of hand washing as well as the Med Core Training. Mosaic staff received retraining on infection control procedures and hand washing during medication administration. 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 (QMRP). During this visit, each assures that direct care staff provides both formal and informal opportunities to teach clients on proper infection control procedures. Furthermore, the DSM and PC routinely observe staff to assure a active program for the prevention and control of communicable diseases is</p>	03/25/2016

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	pass. Staff #2 indicated client #3 should have been prompted to wash his hands between the self application of different topicals. 9-3-7(a)		implemented specifically as it pertains to medication administration. All mosaic staff are trained on infection control during new staff orientation and then annually thereafter		