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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G258 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 02/28/2014 |
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| NAME OF PROVIDER OR SUPPLIER MOSAIC | STREET ADDRESS, CITY, STATE, ZIP CODE 1310 CROYDEN CT SOUTH BEND, IN 46614 |
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| W000000 | <p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 25, 26, 27, and 28, 2014.</p> <p>Facility number: 000778 Provider number: 15G258 AIM number: 100243480</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 3/4/14 by Ruth Shackelford, QIDP.</p> | W000000 | | |
| W000125 | <p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS 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, record review, and interview, the facility failed to assist with securing guardianship for 1 of 3 sampled clients (client #1) assessed as needing a guardian.</p> <p>Findings include:</p> | W000125 | Mosaic has policies and procedures in place to define and describe the rights of people served. Mosaic also works to promote the rights, interests, and well-being of all people served and to specify how any individual or their guardian may seek | 03/14/2014 |

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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| | <p>Client #1 was observed at the group home during the 2/25/14 observation period from 2:56 P.M. until 5:22 P.M. and during the 2/26/14 observation period from 6:35 A.M. until 8:00 A.M. During the observations, client #1 sat in a wheelchair and was noted to be non-verbal, answering "yes" and "no" questions with an open or closed hand respectively to simple wants and needs as presented by direct care staff. She watched television and assisted staff in packing her lunch with hand over hand assistance.</p> <p>Client #1's record was reviewed on 2/26/14 at 9:20 A.M. Review of client #1's 10/12/13 Individual Program Plan indicated client #1 was admitted to the facility on 9/16/11, was an emancipated adult, and did not currently have the services of a guardian. Further review of client #1's Individual Program Plan indicated the client had diagnoses which included, but were not limited to "Cerebral Palsy and Intellectual and Developmental Disabilities MR (Mental Retardation) Profound." Further review of the client's Individual Program Plan indicated "[Client #1] is non-verbal and uses simple signs to communicate "yes" with an open palm and "no" with a closed fist. Because of this, she may</p> | | <p>enforcement of these rights on behalf of the individual. The agency 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 annually. In response to the evidence identified by the Medical Surveyor, Mosaic is actively seeking a guardian for client #1. On 2/25/14, Protective Services Board (PSB) was contacted to identify a guardian for Client #1. At this time, both Mosaic and PSB are actively seeking guardianship. Follow up will occur at Client #1's semi annual and annual as well as all other informal opportunities.</p> | | | | |

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| W000268 | <p>have difficulties identifying and addressing her wants and needs." Review of client #1's 10/7/13 Informed Consent Assessment indicated the client "needs a guardian to give informed consent."</p> <p>Associate Director #1 was interviewed on 2/26/14 at 10:39 A.M. Associate Director #1 stated, "[Client #1] does need a guardian. Her mother advocates on her behalf right now. We have been working with [local guardianship service] to get a guardian for [client #1], but it is taking some time to get this done."</p> <p>9-3-2(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview, the facility failed to assure direct care staff wiped excessive saliva from the mouth and chin area of 1 of 3 additional clients (client #4). Findings include:</p> | W000268 | In regards to evidence cited by the medical surveyor, Mosaic acknowledges a plan to assure staff assisted client #4 would be assisted with wiping her mouth and chin due to excessive amounts of saliva and drooling should have been in place. On or before 3/14/14, the QIDP will write a plan and training all facility staff. To assure this deficiency | 03/14/2014 | |

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| W000369 | <p>Client #4 was observed at the group home during the 2/25/14 observation period from 3:14 P.M. until 5:22 P.M., and during the 2/26/14 observation period from 6:35 A.M. until 8:00 A.M. During the observation periods, client #4 excessively drooled from her mouth. The drool continuously dripped off the client's chin onto the floor and her shirt. During the observation periods, Direct care staff #1, #2, #3, #4, and #5 did not assist or prompt client #4 to wipe her mouth and chin area.</p> <p>Direct Support Manager #1 was interviewed on 2/27/14 at 10:39 A.M. Direct Support Manager #1 stated, "[Client #4] does have excessive amounts of saliva and drools continuously. Direct care staff should have prompted or assisted [client #4] in wiping her mouth and chin area."</p> <p>9-3-5(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> | | <p>does not recur in the facility, Mosaic has Policies and Procedures stating that each client served must have an individual program plan that meets all of their needs. This plan includes needed interventions and services to support achievement of goals and objectives identified in the plan through ongoing treatment. Each staff receives training 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 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 receives interventions and services in sufficient number and frequency to support the achievement of goals and objectives.</p> | | | | |

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| | <p>Based on observation, record review, and interview, the facility failed to assure medications were administered according to physician's orders for 1 of 3 additional clients (client #6).</p> <p>Findings include:</p> <p>Client #6 was observed during the group home observation period on 2/26/14 from 6:35 A.M. until 8:00 A.M. At 6:55 A.M., direct care staff #7 administered 17 grams of Polyethylene Glycol powder (natural powder laxative) mixed in 1/3 cup of applesauce to client #6.</p> <p>Client #6's record was reviewed on 2/26/14 at 9:15 A.M. Review of client #6's 11/4/13 physician's orders indicated the following: "Polyethylene Glycol-mix 17 grams in 8 oz (ounces) fluid orally every morning."</p> <p>Direct Support Manager #1 was interviewed on 2/27/14 at 10:39 A.M. Direct Support Manager #1 stated, "[Client #6's] Polyethylene Glycol should have been given with juice."</p> <p>9-3-6(a)</p> | W000369 | <p>In regards to evidence cited by the medical surveyor, Mosaic policy and procedure specifies all medication administered is to be administered without error. All Mosaic Staff are trained on this policy in conjunction with Core A and Core B medication administration training at new staff orientation as well as an annual retraining. Upon review of the medication pass cited by the medical surveyor, it was determined DSP #7 was not able to adequately administer medications as prescribed. It was determined that DSP #7 would no longer administer medications until he completed Core A again and displayed sufficient competency in administering medications. Additionally, DSP #7 received a corrective action in accordance with agency policy. To further ensure Mosaic prevents recurrence of this deficiency the agency continues to conduct multiple visits each week to every facility by the house manager (Direct Support Manager) and the Program Coordinator (QIDP). During this visit, the manager assures medications are administered in accordance with Mosaic policy and procedure.</p> | 03/14/2014 | | | |