

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G676	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/20/2015
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NAME OF PROVIDER OR SUPPLIER MOSAIC	STREET ADDRESS, CITY, STATE, ZIP CODE 1703 WOODMONT DR SOUTH BEND, IN 46614
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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: November 16, 17, 18, and 20, 2015.</p> <p>Facility number: 009969 Provider number: 15G676 AIM number: 200129000</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 11/23/15.</p>	W 0000	please see following responses	
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 the environment of the facility was in good repair for 3 of 3 sampled clients (clients #1, #2, and #3), and 2 of 2 additional clients (clients #4 and #5).</p> <p>Findings include:</p>	W 0104	In regards to evidence cited by the medical surveyor, the hole in the wall was repaired on 12/4/2015. The wheelchair marks on the hallway were also repaired on 12/04/2015. In order to assure that this deficiency does not recur in this facility, Per Mosaic policy and procedure, quarterly safety inspections are completed for each facility Mosaic operates. As a part of this inspection,	12/04/2015

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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W 0130 Bldg. 00	<p>The group home where clients #1, #2, #3, #4, and #5 resided was inspected during the 11/16/15 observation period from 5:57 A.M. until 8:10 A.M. The hallway walls were scratched with black marks and the wall behind a recliner in the living room had numerous holes and dents.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 11/18/15 at 12:50 P.M. QIDP #1 stated, "Staff need to fill out an online maintenance request and areas in the home will be repaired."</p> <p>9-3-1(a)</p> <p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. Based on observation and interview, the facility failed to assure privacy when toileting for 1 of 3 sampled clients (client #1) who required privacy.</p> <p>Findings include: Client #1 was observed at the group</p>			W 0130	<p>Mosaic assures furniture is in sufficient condition. As a further means to assure this deficiency does not recur, Mosaic management conducts multiple weekly visits to each facility to assure the site is properly maintained. As a part of this visit, each manager assures the is in sufficient condition and if not they will complete a maintenance request online All staff are trained on this process during new staff orientation</p> <p>Mosaic has policies and procedures that 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 of these rights on behalf of the individual. This policy and</p>		12/04/2015

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W 0369 Bldg. 00	<p>home on 11/16/15 from 5:57 A.M. until 8:10 A.M. At 6:25 A.M., direct care staff #2 escorted client #1, as the client was nude, to the bathroom. Client #1 sat on the toilet and voided while the bathroom door was open. After voiding, direct care staff #2 escorted client #1, while the client was nude, back to the client's bedroom. Direct care staff #2 did not prompt or assist client #1 in covering himself and to close the bathroom door for privacy.</p> <p>Executive Director #1 was interviewed on 11/18/15 at 12:50 P.M. Executive Director #1 stated, "[Direct care staff #2] should have directed or assisted client #1 in getting a robe and in closing the bathroom door for privacy."</p> <p>9-3-2(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. Based on observation, record review, and interview, the facility failed to assure 1 of 9 administered medications was administered according to pharmacy directives for 1 of 2 additional clients</p>	W 0369	<p>procedure explains how all residents are educated on their rights and will describe how every individual served has the right to privacy during treatment and care of personal needs. Each client and guardian signs a receipt which documents the annual review of the rights of each person served by Mosaic. In regards to the evidence provided by the medical surveyor, all staff at the home were retrained on privacy on 12/04/2015. Additionally individual #1 purchased a robe for his future travels to the restroom to help ensure his privacy and dignity. To further assure this deficiency does not recur, weekly visits by the facility manager and QIDP are conducted to assure each person living at Woodmont's right to privacy is not violated. Also, quarterly home visits to the facility by a member of the Human Rights Committee are conducted to assure there are no rights violations at the facility.</p> <p>In regards to evidence cited by the medical surveyor, Mosaic policy and procedures specifies all medication administered, are administered without error. All Mosaic Staff are trained on this</p>	12/04/2015			

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	<p>(client #4).</p> <p>Findings include:</p> <p>Client #4 was observed during the group home observation period on 11/16/15 from 5:57 A.M. until 8:10 A.M. At 6:58 A.M., direct care staff #3 crushed an 81 milligram aspirin tablet and administered it in applesauce to client #4.</p> <p>Client #4's medication container/packets were reviewed on 11/16/15 at 7:07 A.M. Review of client #4's 81 milligram aspirin container/packet indicated the pharmacy had labeled the container/packet with the following administrative directive: "Do not CHEW or CRUSH. Swallow Whole."</p> <p>Direct care staff #3 was interviewed on 11/16/15 at 7:10 A.M. Direct care staff #3 stated, "I crushed all of his (client #4's) tablets, including his aspirin (81 milligram aspirin tablet) and mixed them in applesauce."</p> <p>Nurse #1 was interviewed on 11/18/15 at 12:55 P.M. Nurse #1 stated, "His (client #4's) aspirin (81 milligram aspirin tablet) should not be crushed and should be administered whole."</p> <p>9-3-6(a)</p>		<p>policyin conjunction with Core A and Core B medication administration at new stafforientation as well as an annual retraining. In November, 2015, 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 administrationpolicy and procedure on December 4, 2015. Specifically, staff were retrained on assuring all medications are dispensed as ordered. The staff making this error also received med errors points and corrective actions per Mosaic Policy To further ensure Mosaic prevents recurrence of this deficiency and beginning in December,2015, the agency continues to conduct multiple visits each week to everyfacility by the house manager (Direct Support Manager) and the ProgramCoordinator (QIDP). During this visit,the manager assures medications are administered in accordance with Mosaic policy and procedure.</p>				

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W 0440 Bldg. 00	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed to conduct evacuation drills during the afternoon/evening shift (3:00 P.M. to 11:00 P.M.) for staff during the third quarter of 2015 (July 1st through September 30th) which affected 3 of 3 sampled clients (clients #1, #2, and #3) and 2 of 2 additional clients living in the facility (clients #4 and #5).</p> <p>Findings include:</p> <p>The facility's records were reviewed on 11/16/15 at 1:28 P.M. The review failed to indicate the facility held an evacuation drill for staff during the third afternoon/evening shift during the third quarter of 2015. This affected clients #1, #2, #3, #4, and #5 who lived in the facility.</p> <p>Executive Director #1 was interviewed on 11/16/15 at 12:50 P.M. Executive Director #1 stated, "They (direct care staff) must have forgotten to do one (evacuation drill) for that shift."</p>	W 0440	<p>In regards to evidence cited by the medicalsurveyor, on 6/1/2015, Mosaic initiated procedures to schedule safety drills at varying times and under varying conditions. The schedule was established by the agency Safety Committee Chairman both in the month of June and ongoing. Once the drill has been completed, the drill is submitted to the Safety Committee Chairman for review prior to the end of each month. If a drill is not submitted, corrective actions to agency employees are completed. In addition, facility staff will be trained safety drill procedures by 12/4/2015 and annually to assure each understood their responsibility for protecting clients during a fire in the facility. Mosaic has implemented systematic changes to ensure the findings of this survey do not recur. Per policy and procedure, each safety drill completed is reviewed by the agency Safety Committee Chairman for accuracy, to assure varying conditions and times were submitted, ensuring all personnel are trained to perform each disaster plan and procedure, to</p>	12/04/2015			

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W 0488 Bldg. 00	<p>9-3-7(a)</p> <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 and interview, the facility failed to encourage 3 of 3 sampled clients (clients #1, #2, and #3), and 2 of 2 additional clients (clients #4 and #5) to eat family style during the morning meal.</p> <p>Findings include: Clients #1, #2, #3, #4, and #5 were observed during the 11/16/15 observation period from 5:57 A.M. until 8:10 A.M. Direct care staff #1, #2, and #3 prompted</p>	W 0488	<p>assure the facility evacuates clients and provides supports as designed by the safety plan for the facility, and problems are thoroughly investigated. The findings of each drill are reviewed by the agency Safety the committee itself. To assure there will not be recurrence of this deficiency, Mosaic policy and procedure requires Individual Program Plans be completed 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 recurrent.</p> <p>Mosaic's Dietary Policy and Procedure states that each individual served should participate in the preparation and service during all meals. On 12-4-2015, 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</p>	12/04/2015	

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	<p>and assisted the clients to sit at the dining room table. Direct care staff #1 prepared a meal of oatmeal, toast, yogurt, and beverages. Direct care staff #1 individually prepared the plates for each client in a custodial manner and served the clients as they sat at the table. Clients #1, #2, #3, #4, and #5 did not participate in serving themselves in a family style manner.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 11/18/15 at 12:50 P.M. QIDP #1 stated, "They (clients #1, #2, #3, #4, and #5) should eat family style meals and staff (direct care staff) should assist them in serving themselves their meals."</p> <p>9-3-8(a)</p>		<p>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>	