

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 12/21/2012	
NAME OF PROVIDER OR SUPPLIER MOSAIC				STREET ADDRESS, CITY, STATE, ZIP CODE 1310 CROYDEN CT SOUTH BEND, IN 46614			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 19, 20, 26, 27, 30 and December 21, 2012.</p> <p>Facility number: 000778 Provider number: 15G258 AIM number: 100243480</p> <p>Surveyors: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed January 4, 2013 by Dotty Walton, Medical Surveyor III.</p>	W0000					

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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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to implement written objectives during times of opportunity for 3 of 3 sampled clients (clients #1, #2, and #3).</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 11/19/12 from 4:30 P.M. until 6:00 P.M.. From 4:30 P.M. until 5:45 P.M., client #1 sat at the dining room table putting blocks in and out of a yellow plastic bucket and client #2 sat in the corner next to the tread mill of the family room with no activity or active treatment. Client #3 sat on the couch in the family room with no activity or active treatment. During the noted time periods, direct care staff #1, #2 and #3 would occasionally walk through and visually check on clients #1, #2 and #3 but did not offer meaningful active treatment activities or implement client objectives.</p> <p>A morning observation was conducted at</p>	W0249	<p>In regards to evidence cited by the medical surveyor, the morning and evening routines at the facility are being reviewed in order to better provide meaningful activities to clients #1, #2, and #3, specifically to assure objectives are completed during all times of opportunity. The staff will have the updated training on implementing objectives and providing ongoing active treatment on 1/31/13..</p> <p>To assure this deficiency does not recur in the facility, Mosaic has Policies and Procedures stating that each client served must have an individual program plan. This plan includes needed interventions and services to support achievement of goals and objectives identified in the plan through ongoing active 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. Due to the evidence provided by the medical surveyor, retraining on the</p>	01/18/2013	

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	<p>the group home on 11/20/12 from 6:00 A.M. until 8:15 A.M..from 6:15 A.M. until 7:40 A.M., clients #2 and #3 sat in the family room without activity or active treatment. Client #1 sat at the dining table with no activity or active treatment. Direct care staff #4, #5 and #6 did not provide the clients with meaningful active treatment activities or implement client objectives during the observation period.</p> <p>A review of client #1's record was conducted on 11/26/12 at 3:00 P.M.. A review of the client's 11/13/12 Individual Program Plan (IPP) indicated the following objectives which could have been implemented during the 11/19/12 and 11/20/12 morning and evening observation periods: 1. Put clothes in drawer. 2. Will scoop applesauce for his medications. 3. Will participate in a social group. 4. Sign "more."</p> <p>A review of client #2's records was conducted on 11/26/12 at 3:40 P.M.. A review of the client's 4/19/12 IPP indicated the following objectives which could have been implemented during the 11/19/12 and 11/20/12 morning and evening observation periods: 1. Change laundry from washer to dryer. 2. Put spoon/fork down in between bites. 3. Locate her medication. 4. Sign eat when she is hungry or ready to eat. 5.</p>		<p>specific goals identified in the evidence pertaining active treatment was conducted again on 1/31/13. This training session specifically identified the active treatment and support training for each client.</p> <p>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 (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>Walking/Exercise.</p> <p>A review of client #3's records was conducted on 11/26/12 at 4:05 P.M.. A review of the client's 12/16/11 IPP indicated the following objectives which could have been implemented during the 11/19/12 and 11/20/12 morning and evening observation periods: 1. Will place packaged items in lunch box. 2. Will place dirty clothes in designated space.</p> <p>The Executive Director (ED) was interviewed on 12/21/12 at 11:20 A.M.. The ED stated client objectives should be implemented "during all times of opportunity." The ED also indicated clients #1, #2, and #3 should have had been provided with meaningful active treatment activities during the 11/19/12 and 11/20/12 morning and evening observation periods.</p> <p>9-3-4(a)</p>						

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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #3), to provide an annual vision and hearing evaluation/assessment.</p> <p>Findings include:</p> <p>A review of client #3's record was conducted on 11/26/12 at 4:05 P.M. Client #3's record did not contain evidence of an annual vision and hearing evaluation. Client #3's record further indicated a most current annual physical dated 8/29/12 which indicated the following: "Notation dated 8/29/12-Eyes: Abnormal...Ears: Abnormal." Further review of the record failed to indicate client #3 had her vision and hearing evaluated/assessed annually.</p> <p>The Executive Director (ED) was interviewed on 12/21/12 at 11:20 A.M.. The ED indicated there was no evidence of an annual evaluation/assessment of client #3's vision and hearing.</p> <p>9-3-6(a)</p>	W0323	<p>In regards to evidence cited by the medical surveyor, client, #3's need for a vision exam was reviewed by Dr. Walker. During a follow up visit on 12/14/13, Dr. Walker documented that Client #3 was noted to have normal vision and recommended a revisit in three years. Evidence of this notation is in client #3's medical record. In order to assure this deficiency does not recur, Mosaic policy and procedure requires hearing screenings be conducted per physicians orders. On 1/17/2013, all agency QIDPs were received training on this policy and procedure. In addition to these measures, Mosaic has 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 documentation is maintained assuring all annual physical examinations are completed including hearing screenings.</p>	01/18/2013	

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W0336	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on interview and record review for 2 of 3 sampled clients (clients #2 and #3), the facility's nursing services failed to conduct quarterly nursing assessments for clients who did not require a nursing care plan.</p> <p>Findings include:</p> <p>A review of cliet #2's record was conducted on 12/26/12 at 3:40 PM. Client 2's record indicated a nursing quarterly examination/assessment was completed on 7/26/12. Client 2's 4/19/12 Individual Program Plan (IPP) indicated the client did not require a medical care plan. Client 2's 12/12 physician's orders indicated the client received routine medications. Client 2's 12/12 physician's orders indicated client 2's diagnoses included, but were not limited to, cerebral palsy, morbid obesity, edema, blind both eyes, GERD (gastroesophageal reflux disease), impacted cerum both ears, over active bladder, anxiety and self injurious behavior.</p> <p>A review of cliet #3's record was</p>	W0336	<p>In regards to evidence cited by the medical surveyor Mosaic policy and procedure specifies the agency nurse will do monthly visits, quarterly assessments and an annual health report All agency nurses are trained on this policy, as well as QMRP's and Home Managers. The October, 2012 quarterly nursing assessment was completed on time, however, it was not filed properly. This has been corrected and is in the correction location in Client #2 and #3's record.</p> <p>To assure this deficiency does not recur, Mosaic trained the facility nurse and QMRP on the agency Health Care policy and procedure.</p> <p>In addition, Mosaic has a record 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 assessments are current</p>	01/17/2013			

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	<p>conducted on 12/26/12 at 4:05 PM. Client 3's record indicated a nursing quarterly examination/assessment was completed on 7/26/12. Client 3's 12/16/11 IPP indicated the client did not require a medical care plan. Client 3's 12/12 physician's orders indicated the client received routine medications. Client 3's 12/12 physician's orders indicated client 3's diagnoses included, but were not limited to, constipation, hypothyroidism, depression, right knee tendonitis, periodontal disease with gingivitis and recurrent pain.</p> <p>An interview with the Executive Director (ED) was conducted on 12/21/12 at 11:20 A.M. The ED indicated quarterly nursing assessments/examinations should have been completed in 10/12. The ED indicated he did not know if any additional nursing quarterly assessments were available for the clients.</p> <p>9-3-6(a)</p>				

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W0383	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area. Based on observation and interview, the facility failed to secure the medication cabinet keys for 6 of 6 clients living at the group home (clients #1, #2, #3, #4, #5 and #6).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 11/20/12 from 6:00 A.M. until 8:15 A.M. From 6:15 A.M. until 7:30 A.M., the medicine file cabinet located in client #1, #2, #3, #4, #5 and #6's unsecured living room hall closet was observed to have the unlocked door open and the medication keys sitting on the counter while clients #1, #2, #3, #4, #5 and #6 sat in the living room and hall at times unsupervised. At 7:30 A.M., Direct Support Professional (DSP) #2 was observed entering the unsecured medication area, grabbed the keys to lock the cabinet and then locked the door to the closet.</p> <p>An interview with the Executive Director (ED) was conducted at the facility's administrative office on 12/21/12 at 11:20 A.M. The ED indicated the medication keys should be kept on the DSP's person at all times and should never be left</p>	W0383	<p>In regards to evidence cited by the medical surveyor Mosaic policy and procedure specifies all medication must be kept in a secured area and only authorized staff have access to keys to the drug storage area. All facility staff are trained on this policy at new staff orientation and updated annually or as needed. In addition, all facility staff will be retrained on this policy on 1/31/13. 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 (QIDP). During this visit, the manager assures medications are secured and keys are only accessible to authorized staff. Furthermore, the agency Registered Nurse conducts monthly reviews. During this time, the RN reviews the facility's storage practices. Any potential concern identified is immediately reported to the facility QIDP.</p>	01/18/2013			

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	sitting on the counter in the unlocked medication room. 9-3-6(a)				

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W0488	<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.</p> <p>Based on observation and interview, the facility failed to ensure 6 of 6 clients residing at the group home (clients #1, #2, #3, #4, #5 and #6) assisted in meal preparation.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 11/19/12 from 4:30 P.M. until 6:00 P.M. At 4:45 P.M., the main course for dinner (baked chicken) was observed already prepared by group home staff. During the entire observation period, clients #1, #2, #3, #4, #5 and #6 sat while Direct Support Professional (DSP) #3 prepared the remainder of the meal, which consisted of rice, carrots and pears. At 5:45 P.M., clients #1, #2, #3, #4, #5 and #6 ate independently. Clients #1, #2, #3, #4, #5 and #6 did not assist in meal preparation.</p> <p>A morning observation was conducted at the group home on 11/20/12 from 6:00 A.M. until 8:15 A.M. At 7:00 A.M., DSP #5 cooked oatmeal and placed peaches and yogurt into bowls while clients #1, #2, #3, #4, #5 and #6 sat with no activity.</p>	W0488	Mosaic's Dietary Policy and Procedure states that each individual served should participate in the preparation and service during all meals. On 1/31/13, Mosaic staff will receive training on conducting meal time goals and objectives in accordance with each individual's Individual Program Plan. 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 (QIDP). During this visit, each assures the facility encourages and teaches each client meal preparation tasks.	01/18/2013			

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	<p>At 7:55 A.M., clients #1, #2, #3, #4, #5 and #6 ate independently. Clients #1, #2, #3, #4, #5 and #6 did not assist in meal preparation.</p> <p>An interview with the Executive Director (ED) was conducted on 12/21/12 at 11:20 A.M. The ED indicated clients were capable of assisting in meal preparation and further indicated they should be doing so at meal time.</p> <p>9-3-8(a)</p>				