

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G676	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/02/2011
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NAME OF PROVIDER OR SUPPLIER  MOSAIC	STREET ADDRESS, CITY, STATE, ZIP CODE 1703 WOODMONT DR SOUTH BEND, IN46614
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 28, 29, 30 and December 2, 2011.</p> <p>Facility number: 009969 Provider number: 15G676 AIM number: 200129000</p> <p>Surveyors: Christine Colon, Medical Surveyor III/QMRP - Team Leader Tim Shebel, Medical Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12-21-11 by C. Neary, Program Coordinator.</p>	W0000		
W0137	<p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview, the facility failed to provide age appropriate activities for 4 of 5 clients residing at the group home (clients #1, #2, #4 and #5).</p> <p>Findings include:</p> <p>A morning observation was conducted at</p>	W0137	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	01/02/2012

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>the group home on 11/28/11 from 6:10 A.M. until 8:40 A.M.. At 7:20 A.M., Direct Care Staff (DCS) #2 led client #4 to the living room, sat him on a recliner, lifted the foot rest up and handed him a Fisher Price red apple noise toy. Client #4 hit the toy and threw it on the table. DCS #2 then walked client #1 to the living room area and left him sitting in his wheelchair. Clients #2 and #5 were then escorted into the living room area. DCS #2 then walked to the television and turned it on to a children's cartoon channel on which Dora the Explorer was showing. DCS #2 then walked out of the room. DCS #2 did not provide age appropriate activities for clients #1, #2, #4 and #5.</p> <p>An interview with DCS #2 was conducted on 11/28/11 at 8:00 A.M.. DCS #2 indicated the toy he handed to client #4 was a child age toy and further indicated the television was on a children's cartoon channel.</p> <p>Associate Director #1 was interviewed on 11/29/11 at 1:50 P.M.. Associate Director #1 stated clients should be offered age appropriate activities.</p> <p>9-3-2(a)</p>		<p>procedure explains how all residents are educated on their rights and will describe how every individual served has the right to retain and use appropriate personal possessions and clothing. 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, the educational item identified belongs to client #4 and will not be removed from the facility, however, Mosaic did order additional age appropriate sensory and educational tools to choose from along with the "toy" in question. Additionally, all facility staff received retraining on or before 1/2/12 on ensuring all residents living in the facility are able to exercise their right to use and retain appropriate personal possessions and clothing. This included offering age appropriate activities. To further assure this deficiency does not recur, weekly visits by the facility manager and QIDP are conducted to assure each person living at the facility has age appropriate activities offered</p>		

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W0186	<p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review, observation and interview, the facility failed 3 of 3 sampled clients and 1 additional client (clients #1, #2, #3 and #4) to provide sufficient numbers of direct care staff to supervise and to implement Individual Program Plans (IPP) during formal/informal training opportunities.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 11/28/11 from 6:10 A.M. until 8:40 AM. During the observation period clients #1, #2 and #3 were sitting in the living room unsupervised and with no activity. At 7:20 A.M., client #4 took off his shirt and began rubbing liquid hand soap over his upper torso. He then got up, walked over to the dining room light switch, pulled the circular knob off and attempted to put it back. Direct Care Staff (DCS) #1 and #2 were showering other clients and passing medications while clients #1, #2, #3 and #4 sat unsupervised and with no activity.</p>	W0186	In regards to evidence cited by the medical surveyor, the facility restructured the morning activity schedule to improve the ability of the direct care staff's ability in managing and supervising clients in accordancy with their individual program plans. On or before 1/2/12, all facility staff were retrained on this schedule. In addition to restructuring the activity schedule, each facility staff participated in a retraining on the specific goals identified in the evidence pertaining active treatment. Each facility staff completed the training on or before 1/2/2. This training was conducted by the facility QIDP and/or Direct Support Manager. This training session specifically identified the active treatment and support training for each client in accordance with each resident's IPP. Furthermore, staff were retrained on using all formal and informal opportunities in order to implement a continuous active treatment program. To assure this deficiency does not recur in the facility, Mosaic has Policies and Procedures stating that each client served must have an	01/02/2012	

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	<p>At 7:50 A.M., the group home manager arrived and went into the kitchen and began cooking breakfast. There was no choice of activities offered or no implementation of clients' goals during this observation period.</p> <p>A review of client #1's record was conducted on 11/29/11 at 8:50 A.M.. The Individual Program Plan (IPP) dated 5/12/11 indicated: "Will improve his communication skills by answering with verbal responses...Will participate in a variety of household tasks...Will increase his self medicating skills by holding his med cup."</p> <p>A review of client #2's record was conducted on 11/29/11 at 10:10 A.M.. A review of client #2's IPP dated 5/5/11 indicated: "Will wear his glasses...Will increase his communication skills...Will participate in a physical activity for at least 20 minutes...Will punch out his medications from a blister pack... Will get a glass of water before taking his medication."</p> <p>A review of client #3's record was conducted on 11/29/11 at 11:04 A.M.. The IPP dated 2/18/11 indicated: "Will give choice to where he wants to go when out of his chair...Will engage him in</p>		<p>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. 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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W0249	<p>activities when out of his chair...Will assist him with packing his lunch...Will ask him to come to counter when it is time to pack his lunch."</p> <p>An interview with the group home manager was conducted on 11/28/11 at 8:15 A.M.. The group home manager indicated the group home was short staffed so she had to assist in preparing serving breakfast.</p> <p>The Associate Director (AD) was interviewed on 11/29/11 at 1:50 P.M.. The AD indicated active treatment should be ongoing and training should be both formal and informal. She further indicated there should be enough staff present to carry out the training objectives but the staff patterns only allowed for one scheduled overnight staff and 2 scheduled morning staff.</p> <p>9-3-3(a) 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 assure 3 of 3 sampled clients (clients #1, #2 and #3)</p>	W0249	In regards to evidence cited by the medical surveyor, the facility restructured the morning activity schedule to improve the ability of	01/02/2012	

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	<p>received training and services consistent with their individual plans.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 11/28/11 from 6:10 A.M. until 8:40 A.M.. At 6:40 A.M., Direct Care Staff (DCS) #1 administered client #1's medications. Client #1 was not observed to hold his cup during the medication administration. At 7:30 A.M., DCS #1 administered client #2's prescribed medication. Client #2 did not get a glass of water before taking his medications and did not punch out his medication from a blister punch pack. Client #2 did not wear his glasses during the observation period. During the entire observation period, clients #1, #2 and #3 were observed with no activity. Client #1 was not prompted to answer with a verbal response and did not participate in a variety of household tasks. Client #3 did not pack his lunch. There was no choice of activities offered or no implementation of clients' goals during this observation period.</p> <p>A review of client #1's record was conducted on 11/29/11 at 8:50 A.M.. The Individual Program Plan (IPP) dated 5/12/11 indicated: "Will improve his communication skills by answering with</p>		<p>the direct care staff's ability in managing and supervising clients in accordancy with their individual program plans. On or before 1/2/12, all facility staff were retrained on this schedule. In addition to restructuring the activity schedule, each facility staff participated in a retraining on the specific goals identified in the evidence pertaining active treatment. Each facility staff completed the training on or before 1/2/2. This training was conducted by the facility QIDP and/or Direct Support Manager. This training session specifically identified the active treatment and support training for each client in accordance with each resident's IPP. Furthermore, staff were retrained on using all formal and informal opportunities in order to implement a continuous active treatment program. 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. To further</p>		

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	<p>verbal responses...Will participate in a variety of household tasks...Will increase his self medicating skills by holding his med cup."</p> <p>A review of client #2's record was conducted on 11/29/11 at 10:10 A.M.. A review of client #2's IPP dated 5/5/11 indicated: "Will wear his glasses...Will increase his communication skills...Will participate in a physical activity for at least 20 minutes...Will punch out his medications from a blister pack...Will get a glass of water before taking his medication."</p> <p>A review of client #3's record was conducted on 11/29/11 at 11:04 A.M.. The IPP dated 2/18/11 indicated: "Will give choice to where he wants to go when out of his chair...Will engage him in activities when out of his chair...Will assist him with packing his lunch...Will ask him to come to counter when it is time to pack his lunch."</p> <p>An interview with the Associate Director (AD) was conducted on 11/29/11 at 11:08 A.M.. The AD stated client objectives should be implemented "during times of opportunity." The AD also indicated clients #1, #2, and #3 should have had been provided with meaningful active</p>		<p>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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W0369	<p>treatment activities during the 11/28/11 morning observation period.</p> <p>9-3-4(a) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview, the facility failed for 3 of 3 clients observed during medication administration (clients #1, #2 and #4) to ensure staff administered 6 of 17 medications as ordered without error.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 11/28/11 from 6:10 A.M. until 8:40 A.M.. At 6:40 A.M., Direct Care Staff (DCS) #1 was observed administering client #1's prescribed medication, Docusate Sodium 100 mg (milligram) capsule (constipation) with a container of applesauce. No water was given to client #1. DCS #1 then took out client #1's Fluticasone 50 mg spray (allergies) and sprayed two sprays in each nostril. At 6:45 A.M., a review of the medication punch card label and bottle indicated: "Docusate Sodium 100 mg capsule...1 capsule orally two times a day...take with plenty of water...Fluticasone 50 mg spray...use in</p>	W0369	In regards to evidence cited by the medical surveyor, Mosaic policy and procedure specifies all medication administered are administered in compliance with the physicians orders and without error. All Mosaic Staff are trained on this policy in conjunction with Core A and Core B medication administration at new staff orientation as well as an annual retraining. Mosaic retrained all facility staff on the agency medication administration policy and procedure on or before 1/2/12. Specifically, staff were retrained on assuring all medications are dispensed as ordered. This includes dispensing the medication with at least 8 ounces of water as well as following dosage instructions. 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 the physicians orders and with	01/02/2012	

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	<p>nostrils, one spray in each nostril." At 7:06 A.M., client #4 was observed receiving his prescribed medications. Client #4 was observed receiving his Levothyroxine 100 mcg tablet (thyroid) and Aspirin 81 mg tablet (blood thinner) with a container of applesauce. No water was given to client #4 during the administration. At 7:10 A.M., a review of the medication punch card label indicated: "Levothyroxine 100 mcg tablet...1 tablet by mouth daily...take on an empty stomach, take with plenty of water...Aspirin 81 mg tablet chew...1 tablet orally once a day...take with plenty of water." At 7:30 A.M., client #2 was observed receiving his prescribed medications. Client #2 was observed receiving his Fiber-Lax tablets (fiber supplement) and his Docusate Sodium 100 mg capsule (stool softener) with applesauce. No water was given to client #2 during his medication administration. At 7:35 A.M., a review of the punch card labels indicated: "Fiber-Lax tablets...1 tablet orally three times a day...Take with plenty of water...Docusate Sodium 100 mg capsule...a capsule orally two times a day...take with plenty of water."</p> <p>An interview with the Associate Director (AD) and Qualified Mental Retardation Professional (QMRP) was conducted at the facility's administrative office on</p>		Mosaic policy and procedure.		

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W0484	<p>11/29/11 at 1:50 P.M.. The AD and QMRP indicated clients #1, #2 and #4 should have been given their medications with at least 8 ounces of water and on an empty stomach and client #1 should have only received 1 spray in each nostril as directed on the label. The AD and QMRP further indicated staff should have followed the directions on the label.</p> <p>9-3-6(a) The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. Based on observation and interview, the facility failed for 5 of 5 clients (clients #1, #2, #3, #4 and #5) residing in the group home to provide condiments at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 11/28/11 from 6:10 A.M. until 8:40 A.M.. At 8:30 A.M., clients #1, #2, #3, #4 and #5 ate breakfast which consisted of a bowl of oatmeal and toast. There was no butter, jelly, sugar or milk available for the clients' use. DCS #1, #2 and the Group Home Manager (GHM) failed to have condiments available to client #1, #2, #3, #4 and #5 for use.</p>	W0484	<p>Mosaic's Dietary procedure stipulates that each individual served should have the proper equipment, eating utensils, condiments, etc. that would meet both the developmental and dietary needs of each person served. On or before 1/2/12, facility staff are scheduled to be retrained on this policy, specifically on assuring each client has condiments (salt, pepper, butter, etc.) available at every meal. Furthermore, staff were also trained to encourage each client to use the condiments as desired as outlined by their dietary 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 (QMRP). During this</p>	01/02/2012	

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W0488	<p>An interview with the Associate Director (AD) and the Qualified Mental Retardation Professional (QMRP) was conducted on 11/29/11 at 1:50 A.M.. The AD and QMRP indicated condiments should be put on the table and available for the clients to use.</p> <p>9-3-8(a) The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review and interview, the facility failed to assure 3 of 3 sampled clients (clients #1, #2 and #3) were involved in meal preparation.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 11/28/11 from 6:10 A.M. until 8:40 A.M.. At 6:30 A.M., Direct Care Staff (DCS) #2 was observed preparing client #1, #2 and #3's lunches on the kitchen table and then put each client's prepared lunch into their lunch pail. From 6:30 A.M. until 8:30 A.M., clients #1, #2 and #3 sat in the living room or walked around with no activity. At 8:00 A.M., the Group Home Manager (GHM) was observed preparing oatmeal and toasting bread. At 8:30 A.M., clients #1, #2 and #3 were observed eating breakfast. Clients #1, #2 and #3 did not</p>	W0488	<p>visit, each assures that clients have the proper dishes, utensils, condiments and other equipment available to meet their dietary needs. Furthermore, during their observation, each assures direct support staff encourage clients to use condiments, utensils, glasses, and other equipment as desired.</p> <p>Mosaic's Dietary Policy and Procedure states that each individual served should participate in the preparation and service during all meals. On or before 1/2/12, all facility staff received 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 (QMRP). During this visit, each assures that direct care staff encourage and allow clients to participate in meal preparation and family style dining..</p>	01/02/2012	

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	<p>assist in meal preparation.</p> <p>A review of client #1's record was conducted on 11/29/11 at 8:50 A.M.. A review of client #1's Individual Program Plan (IPP) dated 2/8/11 indicated: "Will participate in a variety of household tasks."</p> <p>A review of client #2's record was conducted on 11/29/11 at 10:10 A.M.. Review of client #2's IPP dated 5/5/11 indicated he was developmentally able to assist in meal preparation.</p> <p>A review of client #3's record was conducted on 11/29/11 at 11:04 A.M.. A review of client #3's Individual Program Plan (IPP) dated 2/8/11 indicated: "Will assist [client #3] with packing his lunch...Will ask him to come to counter when it is time to pack his lunch."</p> <p>An interview with the Associate Director (AD) and Qualified Mental Retardation Professional (QMRP) was conducted at the facility's administrative office on 11/29/11 at 1:50 P.M.. The AD and QMRP indicated clients were capable of assisting in meal preparation and further indicated they should be assisting in meal preparation at meal time.</p> <p>9-3-8(a)</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/29/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G676	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/02/2011
NAME OF PROVIDER OR SUPPLIER  MOSAIC			STREET ADDRESS, CITY, STATE, ZIP CODE 1703 WOODMONT DR SOUTH BEND, IN46614		
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