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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G430 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>03/21/2013 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>MOSAIC | STREET ADDRESS, CITY, STATE, ZIP CODE<br>475 WOODBINE<br>TERRE HAUTE, IN 47803 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------|---|---------------|---|----------------------|
| W000000            | <p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: March 19, 20, 21, 2013</p> <p>Provider Number: 15G430<br/>Aims Number: 100239750<br/>Facility Number: 000944</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.<br/>Quality Review completed 4/3/13 by Ruth Shackelford, Medical Surveyor III.</p> | W000000       |   |                      |

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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| W000249  | <p>483.440(d)(1)<br/>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 for 2 of 3 sampled clients (#1, #2), to ensure the clients' leisure and dining training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation at the group home was done on 3/19/13 from 3:35p.m. to 6:05p.m. During the observation from 3:35p.m. to 5:10p.m. client #2 did not have a tray on her wheelchair. At 3:57p.m. Client #2 was seated in her wheelchair in the dining room close to the dining room table. Staff and peers were cutting up vegetables for tacos and doing a craft activity on the dining room table. Staff #4 had client #2 carry the prepared bowls of tomatoes and lettuce on her lap (clothing) and staff pushed her to the kitchen. At 5:00p.m., staff #4 had client #2 help set the table for supper. Staff #4 had client #2 carry the plates and cups on her clothing (lap) from the kitchen to the</p> | W000249   | <p>Based on the evidence cited by the ISDH surveyor, Mosaic staff did not follow leisure and dining protocols when opportunities arose. To prevent this from recurring, Mosaic staff will re-train all staff in the following areas: 1. All staff will be retrained to ensure that clients with adaptive equipment use it during meals as per IHP and as needed. This includes using the wheel chair tray during meals. 2. All staff will be re-trained to provide opportunities for clients to use feeding utensils such as a spoon as per IHP. To ensure follow through, the house manager and the QDDP will do weekly check-ins.</p> | 04/20/2013           |   |

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|  | <p>dining room table. At 5:10p.m., professional staff #1 intervened and prompted staff #4 to have client #2 use her wheelchair tray to participate in the activities. At 5:28p.m., staff #5 custodially fed client #1. Staff #5 loaded client #1's spoon and attempted to feed client #1. Client #1 was not prompted to hold her spoon.</p> <p>The record of client #1 was reviewed on 3/20/13 at 2:02p.m. Client #1's 12/13/12 individual habilitation plan (IHP) indicated client #1 had the following dining training program: "hold utensil with staff assistance for a minimal of 5 bites."</p> <p>The record of client #2 was reviewed on 3/20/13 at 2:28p.m. Client #2's 1/24/13 IHP indicated client #2 had a leisure training program to use her wheelchair tray for 30 to 45 minutes.</p> <p>Interview of professional staff #1 on 3/19/13 at 5:10p.m. indicated per client #2's IHP, client #2 should have used her wheelchair tray for activities and to assist carrying supper items. Staff #1 indicated client #2 should not have carried peers' food and plates on her clothing.</p> <p>Staff #2 was interviewed on 3/20/13 at 2:55p.m. Staff #2 indicated client #1 had</p> |   |   |                      |   |

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|  | a training program to assist with holding her eating utensils. Staff #2 indicated client programs should be implemented when opportunities are present.<br><br>9-3-4(a) |   |   |                      |   |