

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G430	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/30/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  MOSAIC	STREET ADDRESS, CITY, STATE, ZIP CODE 475 WOODBINE TERRE HAUTE, IN 47803
--	--

(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 the investigation of complaint #IN00150156.</p> <p>Complaint #IN00150156 - Substantiated, Federal/state deficiency related to the allegation is cited at W331.</p> <p>Survey Dates: June 27, 30, 2014</p> <p>Facility Number: 000944 Aim Number: 100239750 Provider Number: 15G430</p> <p>Survey Team: Mark Ficklin, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 7/14/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility failed to ensure nursing services monitored a current identified medical program need (a med count of Pulmacort) for 1 of 3 sampled clients (C).</p>	W000331	<p>As a result of Survey MLW511 on 6/30/14a Plan of Correction has been implemented to address Tag W331. Corrections are as follows: 1. Day Program Manager and all DayProgram Direct Support</p>	07/18/2014

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G430	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/30/2014
NAME OF PROVIDER OR SUPPLIER  MOSAIC			STREET ADDRESS, CITY, STATE, ZIP CODE 475 WOODBINE TERRE HAUTE, IN 47803		
(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	
	<p>The facility failed to ensure the monitoring of the medication count for client C's Pulmacort was documented.</p> <p>Findings include:</p> <p>The facility's incident/investigation reports were reviewed on 6/27/14 at 10:40a.m. Client C had an incident report on 5/30/14 that alleged client C may not have received her noon time breathing treatment while at the facility day program during 5/14. The facility investigation was completed on 6/3/14. The investigation concluded, though the medication administration record (MAR) for the noon treatment had been signed as given as ordered for 5/14, client C had missed her noon dosage on 5/23/14, when client C had not been at the day program. The 6/3/14 investigation indicated the facility day service was to start a medication count for client C's breathing treatment (Pulmacort), "a med count will be initiated for vials of breathing treatment." The 6/14 MAR for client C was reviewed on 6/27/14 at 12:12p.m. The 6/14 MAR indicated the noon treatment had been given as ordered but there was no documentation of a medication count of client C's vials of Pulmacort. Staff #4 was interviewed on 6/27/14 at 12:12p.m. and staff #5 was interviewed at 12:30p.m. on 6/27/14;</p>		<p>Professionals have been trained on the necessity to ensure that a medication count is completed daily for all individuals in attendance that are prescribed breathing treatments during their day programming. The counts will be completed for all individuals with breathing treatments prescribed to ensure that the issue discovered during the course of the internal investigation and this survey will not be pervasive. The counts will be conducted on a Controlled Substance Record to give this high level priority and include documents that the staff are already familiar with.</p> <p>1. The Day Program Manager will in addition complete their own Controlled Medication Check Sheet at least once a week to ensure that the treatments have been given daily and the amount of medication left over would reflect that the treatments have been given every day.</p> <p>1. The Health Services Coordinator will also complete a count at the end of the month to ensure that all of the prescribed breathing treatments have been given and to ensure an accurate count begins on the 1st day of the next month.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G430		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/30/2014	
NAME OF PROVIDER OR SUPPLIER  MOSAIC				STREET ADDRESS, CITY, STATE, ZIP CODE 475 WOODBINE TERRE HAUTE, IN 47803			
(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			
	<p>both staff indicated they were not aware of any medication count being initiated for client C.</p> <p>Professional staff #2 (nurse) was interviewed on 6/30/14 at 1:42p.m. Staff #2 indicated the facility was to do a medication count of client C's breathing treatment. Staff #2 indicated she had done an initial med count on the first of June but this was not documented. Staff #2 indicated there was no documentation of the monitoring of a medication count for client C's Pulmacort, to ensure the breathing treatment was being administered daily.</p> <p>This federal tag relates to complaint #IN00150156.</p> <p>9-3-6(a)</p>						