

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G252		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/26/2012	
NAME OF PROVIDER OR SUPPLIER MOSAIC				STREET ADDRESS, CITY, STATE, ZIP CODE 1319 LAWN AVE ELKHART, IN 46514			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 24, 25, and 26, 2012</p> <p>Facility number: 000772 Provider number: 15G252 AIM number: 100234940</p> <p>Surveyor: Tim Shebel, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/1/12 by Ruth Shackelford, 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 ensure staff implemented an eyeglass wear training objective for 1 of 4 sampled clients (client #1).</p> <p>Findings include:</p> <p>Client #1 was observed at the group home during the 10/24/12 observation period from 2:57 P.M. until 6:00 P.M., and during the 10/25/12 observation period from 7:01 A.M. until 8:30 A.M. During the entirety of both observation periods, client #1 did not wear eyeglasses nor did direct care staff #1 or #2 prompt or assist client #1 to wear his eyeglasses.</p> <p>Client #1's record was reviewed on 10/25/12 at 8:49 A.M. A review of the client's 3/15/12 Individual Program Plan indicated client #1 had the following objective: "Wear eyeglasses."</p> <p>QMRP (Qualified Mental Retardation Professional) #1 was interviewed on</p>	W0249	<p>In regards to evidence cited by the medical surveyor, retraining on the specific goals identified in the evidence pertaining active treatment, specifically as it relates to assuring staff implemented an eyeglass wear training is scheduled to be conducted on November 29, 2012 for all facility staff. This training will be conducted by the facility QIDP. This training session specifically identified the active treatment and support training for each client in eyeglass wear training. Specifically, the facility staff was trained on the Individual Program Plan for client #1. Staff reviewed both the formal in informal objectives in each individual's IPP regarding eyeglass wear. Furthermore, staff were retrained on using all formal and informal opportunities in order to implement a continuous active treatment program, specifically as it relates to assuring client #1 uses his glasses. To assure this deficiency does not recur in the facility, Mosaic has Policies and Procedures stating that each client served</p>	11/30/2012			

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	10/25/12 at 11:17 A.M.. QMRP #1 indicated direct care staff should have implemented client #1's objective to wear his eyeglasses. 9-3-4(a)		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 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 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.		

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W0263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to obtain written consent from the guardian prior to implementing a restrictive behavior program for 1 of 4 sampled clients (client #1).</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 10/25/12 at 8:49 A.M.. The review indicated client #1 had the services of a guardian. Review of the client's 3/15/12 Behavior Support Program indicated the client was receiving Seroquel (anti-psychosis medication) and Luvox (mood stabilizer medication) for the management of Obsessive Compulsive Disorder. Further review of the client's 3/15/12 Behavior Support Program indicated the plan addressed behavior management of verbal aggression, physical aggression and inappropriate social interactions. Further review of client #1's Behavior Support Program failed to indicate the client's guardian provided written consent for the use of the plan.</p>	W0263	<p>In regards to evidence cited by the medical surveyor, the facility obtained written consent for programs for client #1 on 11/5/12. The plan was approved by the individual and guardian. In order to assure this deficiency does not recur, Mosaic policy and procedure requires informed consent be received in writing before implementation. On or before 11/30/12, all agency QMRPs were received training on this policy and procedure. In addition to these measures 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 behavior management plans and client programs are current and all plans reviewed have received written informed consent from the client, parents or guardian prior to implementation.</p>	11/30/2012	

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	<p>QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 10/25/12 at 11:17 A.M.. QMRP #1 indicated she had sent client #1's Behavior Support Program to the client's guardian for approval but had not received it back from the guardian.</p> <p>9-3-4(a)</p>				

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W0460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review, and interview, the facility failed to assure 3 of 4 sampled clients (clients #1, #2, and #3's) diet recommendations were followed for the evening meal.</p> <p>Findings include:</p> <p>Clients #1, #2, and #3 were observed during the 10/24/12 group home observation period from 2:57 P.M. until 6:00 P.M.. At 4:52 P.M., Direct care staff #2 and #3 assisted in serving dinner to the clients. Direct care staff #2 and #3 served heaping one cup amounts of beefaroni and sliced carrots to clients #1, #2, and #3. Direct care staff #2 and #3 were not observed to prompt or assist the clients in serving themselves portioned size servings.</p> <p>The facility's records were reviewed on 10/25/12 at 7:03 A.M.. A review of the facility's menu for the 10/24/12 evening meal did not indicate what portion sizes of the beefaroni and carrots clients #1, #2, and #3 were to be eating.</p> <p>Client #1's record was reviewed on 10/25/12 at 8:49 A.M.. A review of the</p>	W0460	In regards to evidence cited by the medical surveyor, Mosaic's Dietary Policy and Procedure states that each client must receive a balanced diet including modified and specially prescribed diets as prescribed by the agency Registered Dietician. On 11/29/12, Mosaic staff will receive retraining on supporting Client #1, #2, and #3 to serve themselves appropriate sized portions of food. The staff were also retrained on each client's dietary plan to assure all residents in the facility receive nourishing, well balanced meals. 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 provides nourishing, well balanced meals in accordance with each individual's dietary plan.	11/30/2012			

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	<p>client's 8/20/12 Annual Nutrition Assessment indicated "Encourage portion control during meals."</p> <p>Client #2's record was reviewed on 10/25/12 at 9:33 A.M.. A review of the client's 8/20/12 Annual Nutrition Assessment indicated "Hand over hand assist to portion food at meals."</p> <p>Client #3's record was reviewed on 10/25/12 at 10:04 A.M.. A review of the client's 8/20/12 Annual Nutrition Assessment indicated "Continue on 1800 calorie ADA (American Dietetic Association) diet with strict portion control."</p> <p>QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 10/25/12 at 11:17 A.M.. QMRP #1 indicated direct care staff should have assisted clients #1, #2, and #3 in serving themselves appropriate sized portions of food during the 10/24/12 evening meal.</p> <p>9-3-8(a)</p>				