

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G252	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 01/13/2014
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NAME OF PROVIDER OR SUPPLIER MOSAIC	STREET ADDRESS, CITY, STATE, ZIP CODE 1319 LAWN AVE ELKHART, IN 46514
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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
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K020000	<p>A Life Safety Code Certification and Environmental Preoccupancy Survey for a temporary replacement home was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 01/13/14</p> <p>Facility Number: 000772 Provider Number: 15G252 AIM Number: 100234940</p> <p>Surveyors: Dennis Austill, Life Safety Code Specialist, Libby Fruth, Life Safety Code Specialist</p> <p>At this Life Safety Code and Environmental survey, Mosaic was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 32, New Residential Board and Care Occupancies and with 460 IAC 9, Community Residential Facilities for Persons with Developmental Disabilities.</p> <p>This two story facility was fully</p>	K020000		
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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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K02S051	<p>sprinklered. The facility has a manual fire alarm system with smoke detection in the living room and dining room. The facility has a capacity of 8 and had a census of 0 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.8.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/23/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6. 32.2.3.4.1. Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm panels in an area not continuously occupied was provided with automatic smoke detection to ensure notification of a fire at the location before it could be incapacitated by fire. LSC 9.6.1.4 requires a fire alarm system be installed</p>	K02S051	On 1/14/2014, Mosaic installed and tested the Fire Panel Room smoke detector in the closet underneath the stairs which contains the main fire alarm control panel (FACP). Evidence of the installation is attached to this Plan of Coorection. Mosaic has implemented systematic changes to ensure the findings of	01/14/2014			

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	<p>in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, 1-5.6 requires an automatic smoke detector be provided at the location of each fire alarm control unit which is not located in an area continuously occupied to provide notification of a fire in that location. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Property Manager on 01/13/14 at 3:00 p.m., the main fire alarm control panel (FACP) was located in a closet underneath the stairs and was not provided with an automatic smoke detector to electrically supervise the FACP. Based on interview at the time of observation, the Property Manager acknowledged the FACP location was not electrically supervised by an automatic smoke detector.</p>		<p>this survey do not recur. Per policy and procedure, Mosaic conducts safety inspections at each facility operated by the agency on a quarterly basis. Assuring each room is provided with an approved smoke alarm is reviewed as a part of that inspection. The findings of each inspection are reviewed by the agency Safety Committee Chairperson and the committee itself.</p>		