

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G411	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/17/2015
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NAME OF PROVIDER OR SUPPLIER  MOSAIC	STREET ADDRESS, CITY, STATE, ZIP CODE 7933 E CHANDLER AVE TERRE HAUTE, IN 47803
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W 000  Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: March 12, 13, 16 and 17, 2015.</p> <p>Facility Number: 000925 Aim Number: 100244480 Provider Number: 15G411</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed March 19, 2015 by Dotty Walton, QIDP.</p>	W 000		
W 312  Bldg. 00	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed for 2 of 3 sampled clients (#1, #3) who took behavior control drugs, to ensure the behavior control medication was part of the clients' individual support plans (ISP)/behavior</p>	W 312	<p><b>W312 – 483.450 (e) (2) DRUG USAGE</b></p> <p>Staff #1, Mosaic agency QIDP has updated the behavior support plans for Client #1 and Client #3 to</p>	03/31/2015

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>support plans (BSP) which included a plan of reduction.</p> <p>Findings include:</p> <p>Review of the record of client #1 was done on 3/16/15 at 3:22p.m. Client #1's 1/14/15 BSP indicated client #1's diagnoses included, but were not limited to, Autism, Attention Deficit Hyperactivity Disorder and Depression. Physician's orders on 2/22/15 indicated client #1 received the behavior control medications Geodon, Lorazepam and Fluvoxamine Maleate. The BSP failed to include the behavior control medications in a plan which included withdrawal criteria.</p> <p>Review of the record of client #3 was done on 3/16/15 at 2:48p.m. Client #3's 1/13/15 BSP indicated client #3's diagnosis included, but was not limited to, Depression. Physician's orders on 2/22/15 indicated client #3 received the behavior control medications Abilify and Zoloft. The BSP failed to include the behavior control medications in a plan which included withdrawal criteria.</p> <p>Interview of professional staff #1 on 3/16/15 at 3:48p.m. indicated clients #1 and #3 did not have their current behavior control medications addressed</p>		<p>include all behavior control medications to be addressed in a plan of reduction. The QIDP has reviewed the BSP's for all of the individuals at this supported group living site to look for any pervasiveness with this problem. All other Behavior Support Plans for the individuals at this site do have medication reduction plans included in the plan. The Associate Director at Mosaic will review the behavior support plans for all clients at this site monthly, for the next six months, to ensure that all plans maintain a current behavior medication reduction plan.</p>				

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W 436  Bldg. 00	<p>in a plan of reduction.</p> <p>9-3-5(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (#4) residing in the group home with adaptive equipment, to ensure client #4 was provided training on using his walker correctly.</p> <p>Findings include:</p> <p>Record review of the facility's incident reports was done on 3/12/15 at 1:44p.m. Client #4 was identified to have two falls while not correctly using his walker. An incident report on 2/6/15 indicated client #4 had fallen, with no injury, "not using walker correctly." The report indicated client #4 had pulled the walker behind him and had ignored staff's verbal redirection before he fell. An incident report on 3/5/14 indicated client #4 was</p>	W 436	<p><b>W436 – 483.470 (g) (2) SPACE AND EQUIPMENT</b></p> <p>The IDT for this individual (Client #4) has been in the process of determining if this individual is going to be able to continue to safely ambulate with the use of a walker with the increase in falls. The IDT agreed for Client #4 to use a wheelchair temporarily until a physical therapy evaluation could be completed. Client #4 had a Physical Therapy evaluation on 3/26/15. The results of the evaluation determined that PT services are not needed at this time since the individual is at prior functional-level.</p>	04/10/2015
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	<p>walking too fast with his walker and he fell.</p> <p>Record review for client #4 was done on 3/16/15 at 1:05p.m. Client #4 had a 2/17/15 individual support plan (ISP). The ISP for client #4 had a training program in place for his walker. The training program indicated staff were to prompt/encourage client #4 to use his walker. The training program did not address how client #4 was to correctly use the walker.</p> <p>Interview of professional staff #1 on 3/16/15 at 3:48p.m. indicated client #4 had two falls while not correctly using his walker. Staff #1 indicated a physical therapy evaluation was recently ordered by client #4's physician. Staff #1 indicated the evaluation was to be set up by client #4's physician but they did not have a start date. Staff #1 indicated client #4 did not have a training program in place to address his misuse of the walker.</p> <p>9-3-7(a)</p>		<p>The evaluation recommended that he could begin using his walker again with the assistance of a staff for safety until the facility determines that there are no residual effects from a recent medication change.</p> <p>Professional Staff #1 (QIDP) has created and ISP program to address this recommendation. All staff at this site and day program that work with this individual will be trained on this new program by 4/10/15. The agency RN is completing an updated ambulation/fall risk protocol for this individual to assist staff with more information about the current risks associated with this individual. All staff at this site and day program that work with this individual will be trained on this new program by 4/10/15. The new program will be evaluated after 30 days and ongoing every 30 days thereafter by the QIDP to determine the changes that need to be made and to assist this individual to return to</p>	

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W 460 Bldg. 00	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review, and interview, the facility failed for 2 of 4 sampled clients (#2, #4) to ensure clients #2 and #4 received mechanical soft diets with ground meat as prescribed by physician's orders.</p> <p>Findings include:</p> <p>An observation at the group home was done on 3/12/15 from 3:35p.m. to 5:29p.m. At 5:12p.m., staff #4 and #5 assisted clients #2 and #4 with serving their supper. Clients #2 and #4 were served a pureed diet. Staff #5 was interviewed at 5:02p.m. Staff #5 indicated clients #2 and #4 received pureed food at meal times.</p>	W 460	<p>normal functioning level as soon as possible. The new risk protocol will be evaluated after 30 days and ongoing every 30 days thereafter by the Agency RN to determine the changes that need to be made and to assist this individual to return to normal functioning level as soon as possible.</p> <p><b>W460 – 483.480 (a) (1) FOOD AND NUTRITION</b> It is determined that the diet plans for these individuals are current and appropriate to meet the needs of these individuals. All staff at this supported group living site have been re-trained on the diet plans for all individuals that reside at this site as of 3/24/15. The Direct Support Manager and/or the QIDP will monitor daily for thirty days to ensure that these diet plans during meal times are being appropriately followed.</p>	04/10/2015

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	<p>The record for client #2 was reviewed on 3/16/15 at 2:15p.m. Client #2 had physician's orders dated 2/22/15 to receive a mechanical soft diet with ground meat. Client #2's 1/21/15 Aspiration Protocol indicated client #2 was to receive ground meat and food cut up into 1/2 inch small bites.</p> <p>The record for client #4 was reviewed on 3/16/15 at 1:05p.m. Client #4 had physician's orders dated 2/22/15 to receive a mechanical soft diet with ground meat and chopped food.</p> <p>Interview of staff #1 on 3/16/15 at 3:48p.m. indicated clients #2 and #4's current physician's orders indicated they should have received mechanical soft food with ground meat.</p> <p>9-3-8(a)</p>		<p>After the initial 30 days, it will be evaluated if the monitoring frequency can be changed to longer time intervals until the agency is certain that all diet plans are followed. All staff at the day program site that these individuals attend will be re-trained on the diet plans for all individuals from this site that attend the day program by 4/10/15. The Direct Support Manager of the Day program and/or the QIDP will monitor daily for thirty days to ensure that these diet plans during meal times are being appropriately followed. After the initial 30 days, it will be evaluated if the monitoring frequency can be changed to longer time intervals until the agency is certain that all diet plans are followed at all locations for these individuals.</p>	
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