

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G373	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/02/2015
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NAME OF PROVIDER OR SUPPLIER MOSAIC	STREET ADDRESS, CITY, STATE, ZIP CODE 8556 S US HWY 41 TERRE HAUTE, IN 47802
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W 000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00167602.</p> <p>Complaint #IN00167602 - Substantiated. Federal/State deficiencies related to the allegations are cited at W156, W331 and W368.</p> <p>Dates of Survey: March 31, April 1, 2, 2015</p> <p>Provider Number: 15G373 Aims Number: 100249240 Facility Number: 000887</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 000		
W 156 Bldg. 00	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>Based on record review and interview, the facility failed for 1 of 1 reportable incident investigations reviewed (client A), to ensure reportable incident investigation results were reported to the</p>	W 156	W156 483.420 (d) (4) STAFF TREATMENT OF CLIENTS According to State regulations and Mosaic policy, an investigation is to be completed in	04/24/2015

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>administrator within five working days.</p> <p>Findings include:</p> <p>Record review of the facility's reportable incident reports was done on 3/31/15 at 1:40p.m. An incident report on 1/28/15 indicated client A had been on Hospice care at the facility from 12/12/14 until her death on 1/28/15. The facility documented an investigation had been initiated on 1/28/15. The documentation indicated the investigation findings/summary had been reported to the facility administrator on 3/11/15.</p> <p>Professional staff #1 was interviewed on 4/1/15 at 10:12a.m. Staff #1 indicated the death investigation of client A had begun on 1/28/15 and had been completed and submitted to the administrator on 3/11/15. Staff #1 indicated the investigation interviews and documentation reviews were not completed until 3/11/15 and the facility failed to complete the investigation in 5 working days.</p> <p>This federal tag relates to complaint #IN00167602.</p> <p>9-3-2(a)</p>		<p>5 days. Due to the critical nature of this investigation as a death inquiry, it is our desire to be as complete and thorough in our review as necessary to generate an accurate account of our services leading up to the death of the individual. We were not able to complete the investigation within 5 days and still feel that we would have accomplished our due diligence in the matter. As additional time was needed beyond the initial 5 days, the investigators would request additional time from our agency investigation coordinator and complete a summary of progress every 5 days thereafter. It has been determined, to help expedite the investigation process of death inquiries, that the local agency would seek more additional supports from the Mosaic corporate integrity office. Also, the local agency Associate Director will receive training on May 21-22 2015 on investigation coordination to also assist in the coordination and expedition of death inquiries. In addition, Mosaic has recently added the position of Quality Assurance Coordinator in Indiana, who will review all investigations quarterly to discover possible ways to expedite all investigations in general.</p>				

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W 331 Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>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 identified medical program needs for 1 of 4 sampled clients (A). The facility nurse failed to ensure the monitoring of the constipation protocol and that all "as needed" medications were available as ordered by the physician. The facility's nurse failed to ensure documentation was recorded on the Medication Administration Record/MAR for medication given to client A and to ensure documentation for repositioning.</p> <p>Findings include:</p> <p>The facility's incident/investigation reports were reviewed on 3/31/15 at 1:40p.m. Client A had an incident report/investigation on 1/28/15 that indicated client A had been on Hospice care at the facility, starting on 12/12/14 through client A's passing away on 1/28/15.</p> <p>The record of client A was reviewed on 4/1/15 at 10:18a.m. Client A's physician's orders for 1/15 indicated client A was to</p>	W 331	<p>W331 483.460 (c) NURSING SERVICES It has been determined that after all PRN medications are given at this site, as identified by T-log/Health Notes, the facility nurse will do a follow up check to ensure that site staff have documented appropriately on the individual MAR's. The nurse will conduct this review for the next 30 days and it will be determined the type and frequency of checks ongoing, based on the findings of her review. The site Direct Support Manager will do a weekly follow up check to ensure that site staff have documented appropriately on the individual MAR's. The DSM will conduct this review for the next 30 days and it will be determined the type and frequency of checks ongoing, based on the findings of her review. All agency staff at this site have been retrained on Mosaic's Med-Administration Policy, which included appropriate documentation of all prescribed medications on individual MAR's as of 4/14/15. Mosaic's Quality Assurance Coordinator will complete a monthly random sample audit of all sites to ensure appropriate documentation on individual MAR's. The Mosaic</p>	05/01/2015

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	<p>receive 1 milligram of Lorazepam every six hours as needed for anxiety/restlessness and Hydrocodone-Acetaminophen 10-325 every four hours as needed for pain and discomfort. Review of the 1/15 facility Therap Log Notes indicated client A had received Lorazepam 1mg. on 1/1/15 and on 1/7/15 and had received Hydrocodone on 1/16/15. Record Review for client A of her 1/15 Medication Administration Record (MAR) indicated the administration of the Lorazepam on 1/1/15 and on 1/7/15 and the administration of the Hydrocodone on 1/16/15 had not been documented on the MAR.</p> <p>Client A's 1/15 physician's orders indicated client A's diagnosis included, but was not limited to, constipation. The facility was documenting client A's daily bowel movements (BM) on her monthly MARs. Client A had physician orders on 1/1/15 to give client A "Magnesium Citrate Solution 148 ml. with soda if no bowel movement after 3 days, give on 4th day, may repeat in 6 hours." The MAR indicated an order start date of 5/30/13. Review of client A's documented BMs for 1/15 indicated client A had no documented BMs from 1/22/15 through 1/27/15. The 1/15 MAR indicated client A had not received</p>		<p>Safety Committee will document checks on MAR's at all SGL sites every 60 days as part of site specific safety reviews. The agency contracting pharmacist responsible for reviewing all medications in each site, in addition to current responsibilities, will begin to complete monthly reviews of all PRN medications prescribed to ensure that they are in the home and available upon his review. All Mosaic agency SGL sites will have a designated staff member assigned to monitor the re-order of all PRN medications and document the re-order on the attached Refill Medication Order Sheet weekly. All Mosaic agency site Direct Support Managers will complete a weekly check to ensure that all PRN medications prescribed are available in the home as needed. All skin integrity protocols for individuals that are receiving services with Mosaic have been reviewed by the facility nurse and updated as of 4/24/15 to include documentation requirements in regard to repositioning for those individuals who cannot reposition themselves. See attached "Repositioning Record". All staff that work with individuals who require repositioning assistance will be re-trained on the updated skin integrity protocol and required repositioning record documentation by 5/1/15. The Mosaic facility nurse was given a</p>				

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	<p>Magnesium Citrate during the month of 1/15. Interview of staff #8 at 2:28p.m. on 4/1/15, indicated she was going to administer the Magnesium Citrate per the physician orders but the medication was not in the home. Staff #8 indicated she had called the Hospice nurse and an enema was given. There was no documentation with the facility nurse in regards to the medication not being available.</p> <p>Client A's 1/14/14 "Skin Integrity Protocol" indicated she was to be repositioned every 2 hours. There was no daily documentation tracking sheet for 2 hour repositioning for 12/14 and 1/15. Interview of staff #5 on 3/31/15 at 4:53p.m., staff #6 on 3/31/15 at 5:12p.m. and staff #7 on 3/31/15 at 5:36p.m. indicated there was no 2 hour repositioning tracking sheet. The staff indicated sometimes documentation was put on the Therap Logs (computerized) and sometimes passed on by word of mouth. Staff #5, #6 and #7 indicated client A was repositioned more often than every 2 hours.</p> <p>Professional staff #2 (nurse) was interviewed on 4/1/15 at 12:38p.m. Staff #2 indicated client A had protocols in place for repositioning and constipation. Staff #2 indicated prior to the facility</p>		<p>corrective action on 4/2/15 for failure to provide oversight or training to staff. The Mosaic site Direct Support Manager was given a corrective action on 4/2/15 for failure to provide oversight or training to staff. A corrective action for the Mosaic site coordinator was written on 4/2/15 for failure to provide oversight or training to staff. All Direct Support staff who work at this site have received corrective action for not following Mosaic's medication administration policy and also failing to provide best possible care as of 4/14/15.</p>	

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W 368 Bldg. 00	<p>investigation she was not aware there was no 2 hour repositioning documentation being done on a tracking sheet. Staff #2 indicated she was not aware the "as needed" medications administered on 1/1/15, 1/7/15 and 1/16/15 had not been documented on the MAR. Staff #2 indicated prior to the investigation she was not aware client A did not have Magnesium Citrate at the facility. Staff #2 indicated after recent reviews it appeared the Magnesium Citrate had not been available since 5/14. Staff #2 indicated the group home staff and program manager were part of the monitoring staff to ensure medications were available. Staff #2 indicated there should have been documentation of all repositioning with client A. Staff #2 indicated she was told the Hospice nurse was in charge as of 12/12/14.</p> <p>This federal tag relates to complaint #IN00167602.</p> <p>9-3-6(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in</p>						

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	<p>compliance with the physician's orders. Based on record review and interview, the facility failed for 1 of 4 sampled clients (A) who received medications, to ensure each client received their medication per the current physician's orders.</p> <p>Findings include:</p> <p>The record of client A was reviewed on 4/1/15 at 10:18a.m. Client A's 1/15 physician's orders indicated client A's diagnosis included, but was not limited to, constipation. The facility was documenting client A's daily bowel movements (BM) on her monthly Medication Administration record/MARs. Client A had physician's orders on 1/1/15 to give client A "Magnesium Citrate Solution 148 ml. with soda if no bowel movement after 3 days, give on 4th day, may repeat in 6 hours." The MAR indicated an order start date of 5/30/13. Review of client A's documented BMs for 1/15 indicated client A had no documented BMs from 1/22/15 through 1/27/15. The 1/15 MAR indicated client A had not received Magnesium Citrate during the month of 1/15. Interview of staff #8 at 2:28p.m. on 4/1/15, indicated she were going to administer the Magnesium Citrate per the physician orders but the medication was</p>	W 368	W368 483.460 (k) (1) DRUG ADMINISTRATION It has been determined that after all PRN medications are given at this site, as identified by T-log/Health Notes, the facility nurse will do a follow up checks to ensure that site staff have documented appropriately on the individual MAR's. The nurse will conduct this review for the next 30 days and it will be determined the type and frequency of checks ongoing, based on the findings of her review. The site Direct Support Manager will do a weekly follow up check to ensure that site staff have documented appropriately on the individual MAR's. The DSM will conduct this review for the next 30 days and it will be determined the type and frequency of checks ongoing, based on the findings of her review. All agency staff at this site have been retrained on Mosaic's Med-Administration Policy, which included appropriate documentation of all prescribed medications on individual MAR's as of 4/14/15. Mosaic's Quality Assurance Coordinator will complete a monthly random sample audit of all sites to ensure appropriate documentation on individual MAR's. The Mosaic Safety Committee will document checks on MAR's at all SGL sites every 60 days as part of site specific safety reviews. The agency contracting pharmacist	04/14/2015			

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	<p>not in the home.</p> <p>Interview of staff #2 (nurse) on 4/1/15 at 12:38p.m. indicated client A did not receive her medication, Magnesium Citrate, as ordered by the physician. Staff #2 indicated client A should have received the Magnesium Citrate on the 4th consecutive day of no documented BM.</p> <p>This federal tag relates to complaint #IN00167602.</p> <p>9-3-6(a)</p>		<p>responsible for reviewing all medications in each site, in addition to current responsibilities, will begin to complete monthly reviews of all PRN medications prescribed to ensure that they are in the home and available upon his review. All Mosaic agency SGL sites will have a designated staff member assigned to monitor the re-order of all PRN medications and document the re-order on the attached Refill Medication Order Sheet weekly. All Mosaic agency site Direct Support Managers will complete a weekly check to ensure that all PRN medications prescribed are available in the home as needed. The Mosaic facility nurse was given a corrective action on 4/2/15 for failure to provide oversight or training to staff. The Mosaic site Direct Support Manager was given a corrective action on 4/2/15 for failure to provide oversight or training to staff. A corrective action for the Mosaic site coordinator was written on 4/2/15 for failure to provide oversight or training to staff. All Direct Support staff who work at this site have received corrective action for not following Mosaic's medication administration policy and also failing to provide best possible care as of 4/14/15.</p>	