

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G280	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/09/2012
NAME OF PROVIDER OR SUPPLIER MOSAIC			STREET ADDRESS, CITY, STATE, ZIP CODE 2820 BENHAM AVE ELKHART, IN 46517		
(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	
W0000	<p>This visit was for investigation of complaint #IN00112668.</p> <p>Complaint #IN00112668: Substantiated. Federal and state deficiency related to the allegation(s) is cited at W331.</p> <p>Dates of Survey: August 7, 8 and 9, 2012.</p> <p>Facility Number: 000800 Provider Number: 15G280 AIMS Number: 100243460</p> <p>Surveyor: Claudia Ramirez, RN, Public Nurse Surveyor III/QMRP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 8/20/12 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G280		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/09/2012	
NAME OF PROVIDER OR SUPPLIER MOSAIC				STREET ADDRESS, CITY, STATE, ZIP CODE 2820 BENHAM AVE ELKHART, IN 46517			
(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			
W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility nursing services failed for 1 of 3 sampled clients (client A) by failing to follow hospital discharge instructions, failing to follow PCP (Primary Care Physician) instructions, failing to obtain written MD orders to follow-up verbal orders and failing to obtain TEDS (Anti-embolism hose).</p> <p>Findings include:</p> <p>Client A's records were reviewed on 08/08/12 at 10:15 AM. Client A's record review included review of the following dated documents:</p> <p>07/13/12: A BDDS (Bureau of Developmental Disabilities Services) report for an incident on 07/13/12 at 1:40 PM indicated the following regarding client A: "[Client A] was admitted into [hospital] on 07/05/12 for pancreatitis from gal (sic) stones. During the course of treatment Dr [name] determined that she was in the midst of liver failure. The sister/guardian signed a DNR (Do Not Resuscitate) and all treatments were stopped only providing pain medication and oxygen."</p>	W0331	<p>In regards to evidence cited by the medical surveyor Mosaic policy and procedure specifies that the health care needs of each individual is to be met. Furthermore, Mosaic has policy in place to assure Mosaic staff avoid any action that may "jeopardize or threaten the health, safety and welfare of any person". The facility Direct Support Manager, Program Coordinator and Registered Nurse recieved disciplinary action for violating this Mosaic Policy on or before 9/8/12. Additionally, On 8/31/12, Mosaic's Healthcare Policy and Procedure was updated to state: "Upon discharge, it is the responsibility of the Direct Support Manager and Program Coordinator to assure all hospital discharge orders are immediately implemented. The agency Registered Nurse will review the discharge orders at the home within 24 hours to assure they have been properly administered." On or before 9/8/2012, the facility, Direct Support Manager, the Program Coordinator (QIDP), and agency Registered Nurse will receive training on this procedure. To further ensure Mosaic prevents recurrence of this deficiency, the agency also conducts multiple visits each week to every facility</p>	09/07/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G280		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/09/2012	
NAME OF PROVIDER OR SUPPLIER MOSAIC				STREET ADDRESS, CITY, STATE, ZIP CODE 2820 BENHAM AVE ELKHART, IN 46517			
(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			
	08/01/12: Investigation Report regarding client A's death indicated the following: "On June 26, 2012 [client A] went back to [hospital] for her continued leg swelling. She was admitted and stayed in the hospital until the evening of June 28, 2012. During her stay several tests were performed including an Ultrasound of her abdomen, labwork, MRI of knee, chest x-ray, and physical examination. The ultrasound of the abdomen showed Cholelithiasis (gallstones), Gallbladder Sludge (residual particles that remain in the gallbladder), and evidence of a fatty liver...She was released on June 28, 2012 with instructions to discontinue Simvastatin (high cholesterol), Klor-Con (potassium chloride), and Lasix (fluid retention) and to hold Macrochantin (antibiotic) and Pepcid (heartburn). She was also placed on Hydrochlorothiazide (high blood pressure and water retention) 25 mg (milligram) daily for 3 days and Protonix (gastroesophageal reflux disease (GERD), 40 mg daily. Her primary diagnosis upon release was drug-induced Hepatitis with a notation of being in 'fair' condition. Other orders included a low sodium diet [client A] was previously on a low fat low cholesterol diet), to follow-up with PCP in 1 week, and to see an orthopedic physician in 2 weeks. It was also ordered to have a Liver Function		by the house manager (Direct Support Manager), the Program Coordinator (QIDP), and agency Registered Nurse. During this visit each assures discharge orders are properly implemented. Finally, Mosaic conducts semiannual audits of all facility healthcare records to assure all facility medical orders are being followed as prescribed.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G280		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/09/2012	
NAME OF PROVIDER OR SUPPLIER MOSAIC				STREET ADDRESS, CITY, STATE, ZIP CODE 2820 BENHAM AVE ELKHART, IN 46517			
(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>Test, BMP, and CBC in one week and to elevate [client A's] legs.</p> <p>According to statement from [agency RN], [staff #1] and [staff #2] the discharge orders were read by [staff #2] over the phone to [RN]. While on the phone with [RN], [staff #2] wrote all the changes on the MAR (Medication Administration Record). [RN] reports she was unavailable to come in at the time and [staff #1] reports she was in the ER with another individual in service at time of [client A's] discharge. The following was transcribed onto the MAR at this time: The Lasix, Klor-Con and Simvastatin were all DC'd (discontinued). The Hydrochlorothiazide and Protonix were given as ordered. Staff failed to hold Macrochantin and Pepcid at time of discharge as instructed. Staff also failed to make any notation or indication of [client A's] order for a low sodium diet to elevate [client A's] legs. [RN] visited [client A] on 06/29/12 at her home. She also reviewed the discharge orders at this time. [RN] approved the D/C orders of the Lasix, Klor-Con, and the Simvastatin with her signature on the MAR. [RN] did not D/C or hold the Macrochantin or Pepcid after reviewing the orders herself. [RN]'s T-log in Therapy from this visit gave instructions to elevate [client A's] legs, but did not give any instruction in regards to holding Macrochantin and</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G280	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/09/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MOSAIC	STREET ADDRESS, CITY, STATE, ZIP CODE 2820 BENHAM AVE ELKHART, IN 46517
--	---

(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>Pepcid or to begin a low sodium diet. [Client A] saw Dr [name], her PCP, on 06/29/12, after [staff #1] called to say she needed to be seen before July 6th, 2012 (According to her discharge instructions). Dr [name] noted the swelling was improved. Dr ordered Compression Stockings for [client A] to wear when outside in heat or when up a lot. Dr also ordered repeat labs for one week and to consult with a surgeon for gallbladder if liver enzymes not improving. The medication changes made by the [hospital] physician were not addressed by the Dr at this appointment. [Staff #1] whom accompanied [client A] to this appointment reports she brought the discharge papers for Dr to review but does not recall if she remembered to ask about medication changes...Starting July 1st, with the new MAR, staff passed the Simvastatin because the D/C order was not continued from the June MAR and continued to do so until July 5th when she was taken to the ER. The [hospital] Dr made a notation in his chart that [client A] continued with this medication. The Klor-con remained D/C'd on the July MAR.</p> <p>On July 2nd, [QMRP], contacted PCP by phone to ask about the Lasix being restarted (due to increased swelling in legs) and if the Macrochantin and Pepcid should be held as the 06/28/12 discharge</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G280	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/09/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MOSAIC	STREET ADDRESS, CITY, STATE, ZIP CODE 2820 BENHAM AVE ELKHART, IN 46517
--	---

(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
	orders stated. [QMRP] reports that she received a verbal confirmation from (PCP nurse) nurse to restart Lasix and to D/C Macroductin and Pepcid and that the fax would follow. [QMRP] orders staff to follow those verbal orders starting July 2nd. Staff restarted Lasix on 07/02/12 and D/C'd Pepcid and Macroductin on 07/04/12. The fax was never received from PCP confirming this verbal order. When requested by investigator, a fax was received from [client A's] PCP regarding the verbal orders given on 07/02/12 to [QMRP]. The order noted by Dr. were to continue the Lasix 20 mg daily and to continue the Macroductin 100 mg daily. The order also indicated the Compression Stockings were to have been obtained last week. That order did not address whether or not the Pepcid should be continued or D/C'd although the phone log does show that [QMRP] asked about Pepcid...[Client A] was taken to [hospital] ER on the evening of July 5, 2012, after returning home from day program, for lethargy, edema in her legs, and complaints of stomach pain. Upon admission to [hospital] on July 6, 2012 (at approximately 12:30 AM) the chief complaint documented an altered mental status...Dr [name] assessments included...Hepatic failure...On July 6th at approximately 2:30 PM [hospital] spoke with [client A's] guardian [name] about			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G280		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/09/2012	
NAME OF PROVIDER OR SUPPLIER MOSAIC				STREET ADDRESS, CITY, STATE, ZIP CODE 2820 BENHAM AVE ELKHART, IN 46517			
(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>her condition and care. The Dr recommended a liver biopsy to confirm the diagnosis of acute liver failure but the sister declined stating she did not want any invasive procedures...The sister ordered a DNR for [client A] and told the Dr. she wanted [client A] to be kept comfortable...On July 13th at 9:30 AM [client A's] chart was updated to comfort care only...On July 13th, 2013 at 3:00 PM [client A] passed away. The preliminary cause of death noted on the [hospital] Post Mortem Record is Liver Failure." Conclusion: "This investigator concludes that Mosaic staff provided necessary medical treatment for [client A] including taking her to the ER three different times for her symptoms noted and by following up with her PCP timely as per Hospital discharge Instructions. Mosaic staff failed to administer [client A's] medication as ordered at the time of discharge on 06/28/12 from [hospital]. Mosaic staff also failed to follow [client A's] PCP instructions on 07/02/12 when she was called to clarify medication orders from hospital and passed medications incorrectly from a verbal order before the written order was received for verification. However, this investigator concludes that these errors did not result in [client A's] death. [Client A] remained n (sic) [hospital] for 9 days before she passed and was under the</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G280	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/09/2012
NAME OF PROVIDER OR SUPPLIER MOSAIC			STREET ADDRESS, CITY, STATE, ZIP CODE 2820 BENHAM AVE ELKHART, IN 46517		
(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>hospitals (sic) care. [Client A's] sister signed a DNR order and refused further testing to verify [client A's] diagnosis on 07/06/12 before the Dr's were able to determine what was causing [client A's] liver failure."</p> <p>On 08/08/12 at 2:30 PM, an interview was conducted with the Associate Director (AD). The AD indicated the investigation indicated staff failed to follow hospital discharge orders, failed to get written confirmation of verbal orders and failed to obtain TEDS hose as ordered.</p> <p>This federal tag relates to complaint #IN00112668.</p> <p>9-3-6(a)</p>				