

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G589		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/14/2012	
NAME OF PROVIDER OR SUPPLIER MOSAIC				STREET ADDRESS, CITY, STATE, ZIP CODE 5743 ERNEST DR TERRE HAUTE, IN 47802			
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W0000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: May 9, 10, 11 and 14, 2012</p> <p>Provider Number: 15G589 Aims Number: 100235510 Facility Number: 001103</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on May 17, 2012 by Dotty Walton, 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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W0189	<p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on record review and interview, the facility failed for 2 of 3 sampled clients (#1, #3) to ensure staff received retraining on documenting medical issues until resolved and to timely notify the home manager and nurse of skin integrity issues.</p> <p>Findings include:</p> <p>1. Record review for client #1 was done on 5/11/12 at 8:17a.m. Client #1 had the following "Health Care Chronicles" (HCC) notes documented: 1) on 2/18/12 direct care staff documented "sore on right buttocks size of a dime." The next documentation was by direct care staff on 2/21/12 "has bed sore 1 [inch]" on right buttocks, notified home manager and nurse. Nurse is going to order her something for it on 2/22/12." There was no further documentation on the bed sore until the nurse documented on 3/15/12 "unable to assess buttocks as client #1 is at school, found no further notes from staff regarding this issue, will assess at a later time." A HCC note by direct care staff on 4/26/12 indicated client #1 had red marks (rash) on her right arm and</p>	W0189	<p>This facility will ensure that all staff are retrained on documenting medical issues until resolved. All staff will be re-trained to: 1) Notify the facility nurse and manager when there is a medical issue involving a person in service.2) The facility nurse will visit with the individual and document in the Healthcare notes her observations and recommendations.3) Staff will document on Healthcare notes during each shift until the health issue has been resolved.4) The manager will ensure that staff document treatment progress in consultation with the facility nurse.5) The facility nurse will continue to visit with the individual, documenting in the Healthcare notes, until the health concern has been successfully resolved.</p>	06/13/2012			

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	<p>hand. "School will not take her back until physician clears her." There was no further documentation regarding the rash and when client #1 was cleared to go back to school. Client #1 had a 3/12 skin integrity protocol. The protocol directed staff to inspect client #1's skin during each morning and evening and immediately report adverse changes with skin.</p> <p>2. The record of client #3 was reviewed on 5/11/12 at 9:08a.m. Client #3 had the following HCC notes: 1) Direct care staff noted on 4/20/12 "appears he has a rash on left arm, right arm and left leg." The next note was on 4/27/12, direct care staff documented "rash still there." There were no further HCC notes regarding the rash on client #3's arms and left leg. Client #3 had a 9/1/11 "body check protocol" to: document HCC notes, any new marks, bruises, lacerations, contact the home manager. The home manager will contact the nurse or will instruct the direct care staff to contact the nurse. Fill out an incident report and document until healed.</p> <p>Interview of professional staff #1 was done on 5/11/12 at 11:34a.m. Staff #1 indicated all staff were in need of retraining on the process of reporting skin integrity issues and documenting the issues until resolved.</p>						

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	9-3-3(a)				

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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 failed for 2 of 3 sampled clients (#1, #3) to ensure clients received nursing services and monitoring for their identified health/nursing needs.</p> <p>Findings include:</p> <p>1. Record review for client #1 was done on 5/11/12 at 8:17a.m. Client #1 had the following "Health Care Chronicles" (HCC) notes documented: 1) on 2/18/12 direct care staff documented "sore on right buttocks size of a dime." The next documentation was by direct care staff on 2/21/12 "has bed sore 1 [inch]" on right buttocks, notified home manager and nurse. Nurse is going to order her something for it on 2/22/12." There was no further documentation on the bed sore until the nurse documented on 3/15/12 "unable to assess buttocks as client #1 is at school, found no further notes from staff regarding this issue, will assess at a later time." Client #1's medical administration record (MAR) indicated client #1 received the medication Dermagran for the sore with the first dose administered on 2/25/12. 2) a HCC note by direct care staff on 4/26/12 indicated</p>	W0331	<p>The facility will ensure that clients receive sufficient nursing services to ensure that identified health concerns are identified, addressed, and documented timely and appropriately. This will be accomplished by the following activities;1) Staff nurse will regularly visit homes on a weekly basis to proactively address health concerns.2) When a health concern has been noted by staff, the facility nurse will visit the individual with the health concern, do an assessment, and document on the Healthcare notes. The nurse's notes will include specific instructions for staff to treat the health concerns.3) The nurse will also visit the client regularly to check for progress on the health concern raised until it has been successfully resolved.4) Facility nurse will communicate with the House manager to ensure that staff follow through and that everyone is on the same page.</p>	06/13/2012			

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	<p>client #1 had red marks (rash) on her right arm and hand. "School will not take her back until physician clears her." There was no further documentation regarding the rash and when client #1 was cleared to go back to school. Client #1 had a 3/12 skin integrity protocol. The protocol directed staff to inspect client #1's skin during each morning and evening and immediately report adverse changes with skin.</p> <p>2. The record of client #3 was reviewed on 5/11/12 at 9:08a.m. Client #3 had the following HCC notes: 1) Direct care staff noted on 4/20/12 "appears he has a rash on left arm, right arm and left leg." The next note was on 4/27/12, direct care staff documented "rash still there." The next note on 5/7/12 direct care staff indicated "has sores on legs size of quarter and reddish color, looks like spreading, home manager and nurse notified." The nurse documented on 5/8/12, did not assess bruise on upper mid inner thigh due to client #3 had on long pants and was in a wheelchair on the van, monitor and notify of changes. There was no further HCC notes regarding the red marks on client #3's leg. Client #3 had a 9/1/11 "body check protocol" to: document HCC notes, any new marks, bruises, lacerations, contact the home manager. The home manager will contact the nurse or will</p>			

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	<p>instruct the direct care staff to contact the nurse. Fill out an incident report and document until healed.</p> <p>Staff #2 (nurse) was interviewed on 5/11/12 at 2:19p.m. Staff #2 indicated the facility should have documented regarding client #1 and client #3's medical issues until they were healed/resolved. Staff #2 indicated the HCC notes were reviewed by nurses monthly. Staff #2 indicated they were not immediately made aware of the above issues by group home staff. Staff #2 indicated this caused some delays with nurse involvement. Staff #2 indicated the above client medical issues had been resolved and client #1 had returned to school.</p> <p>9-3-6(a)</p>				

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W0368	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based on record review and interview, the facility failed for 1 of 5 clients (#1) who received medications, to ensure each client received the medication per the current physician's orders.</p> <p>Findings include:</p> <p>The record of client #1 was reviewed on 5/11/12 at 8:17a.m. Client #1's 2/12 medication administration record (MAR) indicated client #1 had physician's orders to receive Dermagran ointment for a bed sore on 2/25/12. The 2/25/12 physician's order indicated client #1 was to receive the medication 2 times per day and after each diaper change until healed. The 2/12 MAR indicated client #1 had received Dermagran one time only on 2/25, 26, 27, 28, 29/12.</p> <p>Interview of staff #2 (nurse) on 5/11/12 at 2:19p.m. indicated client #1 had not received her Dermagran per physician orders. Staff #2 indicated the medication should have been given two times per day and after each diaper change.</p> <p>9-3-6(a)</p>	W0368	<p>The facility has trained its staff and house manager to ensure that medication is administered as per the facility policy and that medication errors are reported in a timely manner. The facility will ensure the following protocol is being followed to avoid perpetual medication errors;1) At the end of each shift, outgoing and incoming staff will check the medication records together to ensure that all medications have been administered as prescribed by the Doctor.2) The facility house manager will also check Medication administration records at least 2 times per week to ensure that prescribed medications are available and are being administered as prescribed.3) The facility nurse will also check on medication administration records when she visits the facilities to ensure that the prescribed medications are available and being administered as prescribed.</p>	06/13/2012			

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