

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  12/23/2014
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NAME OF PROVIDER OR SUPPLIER  MOSAIC	STREET ADDRESS, CITY, STATE, ZIP CODE 2820 BENHAM AVE ELKHART, IN 46517
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: December 15, 16, 17, 18, 19, and 23, 2014.</p> <p>Facility number: 000800 Provider number: 15G280 AIM number: 100243460</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed January 2, 2015 by Dotty Walton, QIDP.</p>	W000000		
W000137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview, the facility failed to assure 1 of 4 sampled clients (client #4) wore a clean shirt.</p> <p>Findings include:</p> <p>Client #4 was observed during the 12/15/14 observation period from 2:55</p>	W000137	In regards to evidence cited by the medical surveyor, Mosaic has developed a plan that clearly defines the information and supports for both facility staff and client #4 to teach how to properly manage his health needs of wearing clean clothes Retraining on the supports were completed on for all facility staff This	01/20/2015

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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W000149	<p>P.M. until 5:30 P.M.. Client #4 wore a red shirt with a wet area on the neck line and dried saliva below the neck line. Client #4 wore the red shirt throughout the 12/15/14 observation period. Direct care staff #1, #2, #3, and #4 did not assist or prompt client #4 in changing her shirt.</p> <p>Program Coordinator #1 was interviewed on 12/17/14 at 11:55 A.M. Program Coordinator #1 stated, "Staff (direct care staff) are to assist with changing [client #4's] shirt when it gets dirty."</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility failed to implement their abuse/neglect policy to immediately</p>	W000149	<p>training was conducted by the QIDP To assure this deficiency does not recur in the facility, Mosaic has policies and procedures stating that each client served must have an individual program plan This plan includes needed interventions and services to support achievement of goals and objectives identified in the plan through ongoing active treatment Each staff receives training on this plan annually and as changes and updates to the plan are made The training includes strategies that will enable the clients to achieve each goal and objective To further ensure Mosaic prevents recurrence of this deficiency, the agency also conducts multiple visits each week to every facility by the house manager and the QIDP During this visit, each assures that direct care staff provides continuous active treatment specifically that each client receives interventions and services in sufficient number and frequency to support the achievement of goals and objectives</p> <p>In October 2014, staff identified an incident of abuse/neglect that occurred on September</p>	01/20/2015			

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	<p>report 1 of 1 reviewed abuse/neglect allegation involving 1 of 4 sampled clients (client #1) to the facility's administrator.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 12/15/14 at 1:20 P.M.. The following allegation of abuse/neglect was reviewed:</p> <p>- "Name: [Client #1], Incident Date: 10/23/2014, Date of Knowledge: 10/23/2014 Narrative: There was a complaint received (sic) on 10/23/14 that [direct care staff #10], back in August of this year, left [client #1] on her (client #1's) bed crying uncovered while she (client #1) was cleaned up from a BM (bowel movement) accident. [Client #1] was seen this morning by this writer, was smiling and we joked about the eventual snow that was coming. She has nor is not exhibiting any issues that would indicate she was feeling distress from the alleged behavior in the complaint. Plan to Resolve: [Direct care staff #10] has been suspended pending an investigation. Guardian, APS (Adult Protective Services), BDDS (Bureau of Developmental Disability Services) have all been notified. [Client #1] is taking part in her normal daily activities and staff have been instructed to support and</p>		<p>20,2014.. On 10/23/2014, an investigation was started based on the report. Furthermore, on 2/2015 staff were retrained on reporting requirements and abuse/neglect. Documentation of this training is maintained in the QMPR's management file. To assure this deficiency does not recur, per policy Mosaic's safety committee and Human Rights Committee reviews and tracks investigations reported at the home in order to assure each person served is safe. Minutes of each meeting are reviewed and maintained. All Benham Avenue staff have been retrained on reporting responsibilities and appropriate timelines Also, on April 8 Steve Coryea is coming to Mosaic to train all staff on incident reporting and investigations All DSM's monitor daily documentation thru TLOGs and GER's and will monitor for events In addition, for the first 6 months the Program Coordinator will review reporting requirements at every staff meeting to ensure staff knowledge and competency Furthermore, Mosaic has policies and procedures that prohibit abuse, neglect, exploitation, or mistreatment of the individuals the agency serves and to inform employees of their responsibilities as mandatory reporters. Each employee completes training as a part of new staff orientation and annual reviews on the agency Abuse,</p>				

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	<p>provide guidance should she (client #1) exhibit any emotionally distraught behaviors."</p> <p>The facility's records were further reviewed on 12/15/14 at 1:27 P.M. A review of the investigation of the aforementioned abuse/neglect allegation involving client #1 indicated the incident occurred on 9/20/14 and the facility's administrator was not notified of the incident until 10/23/14.</p> <p>Executive Director #1 (facility administrator) was interviewed on 12/17/14 at 9:30 A.M. Executive Director #1 stated, "Yes, the incident (9/20/14 abuse/neglect allegation) wasn't reported to me until October 23rd (2014)."</p> <p>The facility's records were further reviewed on 12/18/14 at 1:58 P.M. Review of the facility's "Abuse, Neglect, Exploitation or Mistreatment Policy and Procedure," dated 1/8/08 indicated, in part, the following: "Report (incident) immediately to the supervisor or the administrator on-call."</p> <p>9-3-2(a)</p>		Neglect, Mistreatment and Exploitation Policy and Procedure.				

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview, the facility failed to immediately report 1 of 1 reviewed abuse/neglect allegation involving 1 of 4 sampled clients (client #1) to the facility's administrator.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 12/15/14 at 1:20 P.M.. The following allegation of abuse/neglect was reviewed:</p> <p>- "Name: [Client #1], Incident Date: 10/23/2014, Date of Knowledge: 10/23/2014 Narrative: There was a complaint received (sic) on 10/23/14 that [direct care staff #10], back in August of this year, left [client #1] on her (client #1's) bed crying uncovered while she (client #1) was cleaned up from a BM (bowel movement) accident. [Client #1] was seen this morning by this writer, was smiling and we joked about the eventual snow that was coming. She has nor is</p>	W000153	In October 2014, staff identified an incident of abuse/neglect that occurred on September 20,2014.. On 10/23/2014, an investigation was started based on the report. Furthermore, on 2/2015 staff were retrained on reporting requirements and abuse/neglect. Documentation of this trainingis maintained in the QMPR's management file. To assure this deficiency does not recur, per policy Mosaic's safety committee and Human Rights Committee reviews and tracks investigations reported at the home in order to assure each person served is safe. Minutes of each meetingare reviewed and maintained.All Benham Avenue staff have been retrained on reporting responsibilities and appropriate timelines Also, on April 8 Steve Coryea is coming to Mosaic to train all staff on incident reporting and investigations All DSM's monitor daily documentation thru TLOGs and GER's and will monitor for events In addition, for the first 6 months	01/20/2015			

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	<p>not exhibiting any issues that would indicate she was feeling distress from the alleged behavior in the complaint. Plan to Resolve: [Direct care staff #10] has been suspended pending an investigation. Guardian, APS (Adult Protective Services), BDDS (Bureau of Developmental Disability Services) have all been notified. [Client #1] is taking part in her normal daily activities and staff have been instructed to support and provide guidance should she (client #1) exhibit any emotionally distraught behaviors."</p> <p>The facility's records were further reviewed on 12/15/14 at 1:27 P.M. A review of the investigation of the aforementioned abuse/neglect allegation involving client #1 indicated the incident occurred on 9/20/14 and the facility's administrator was not notified of the incident until 10/23/14.</p> <p>Executive Director #1 (facility administrator) was interviewed on 12/17/14 at 9:30 A.M. Executive Director #1 stated, "Yes, the incident (9/20/14 abuse/neglect allegation) wasn't reported to me until October 23rd (2014)."</p> <p>9-3-2(a)</p>		<p>the Program Coordinator will review reporting requirements at every staff meeting to ensure staff knowledge and competency</p> <p>Furthermore, Mosaic has policies and procedures that prohibit abuse, neglect, exploitation, or mistreatment of the individuals the agency serves and to inform employees of their responsibilities as mandatory reporters. Each employee completes training as a part of new staff orientation and annual reviews on the agency Abuse, Neglect, Mistreatment and Exploitation Policy and Procedure.</p>		

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W000186	<p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation and interview, the facility failed to provide sufficient staff to provide for the needs of 2 of 4 sampled clients (clients #2 and #4) during the morning meal.</p> <p>Findings include:</p> <p>Clients #2 and #4 were observed at the group home during the 12/16/14 observation period from 6:42 A.M. until 8:28 A.M. At 7:22 A.M., direct care staff #6 served clients #2 and #4 a bowl of cereal with milk. Direct care staff #6 then began feeding clients #1 and #5 alternating between the two. Client #2 and #4 finished their bowls of cereal at 7:30 A.M. Client #2 held up his bowl and stated "More." Direct care staff #6 stated, "I will get you more when I am done with feeding [clients #1 and #5]."</p>	W000186	<p>In response to the issue cited on 12/16/14 there were only two staff on during the morning shift It is in Mosaic's policy that if staff coverage can not be found that it is the DSM or QIDP's responsibility to go in and work direct care to ensure appropriate staff coverage To assure this deficiency does not recur, both the DSM and the QIDP were retrained on proper staffing ratios for the Benham Avenue home The agency conducts weekly checks to ensure that we have proper staffing ratios and that all programs and needs are being met accordingly Routine visits will occur initially at least 5 times a week for the first 3 months and fade out as staff show competency. Routine visits will continue to occur after that to ensure quality services The agency also conduct quarterly Basic Assurance reviews where a site observation visit is conducted</p>	01/20/2015			

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	<p>Client #2 became upset and began grabbing at client #4's left arm. Direct care staff #6 stated, "Don't grab her (client #4). I will get you more cereal in a minute." Direct care staff #6 continued feeing clients #1 and #5. Client #4 pounded her empty bowl on the table and hit herself on her head. Direct care staff #6 stated, "I will get you more cereal in a little bit." Direct care staff #3, who was administering medications to client #7 yelled to client #4, "Don't you be hitting yourself and pounding your bowl. I'll get you some more (cereal) in a minute." Clients #2 and #4 sat at the dining room table until 7:57 A.M. when direct care staff #1 came into the group home and gave clients #2 and #4 a second bowl of cereal.</p> <p>Program Coordinator #1 was interviewed on 12/17/14 at 11:55 A.M. Program Coordinator stated, "We've been having staffing problems at that home (facility). We usually have four staff working in the mornings but yesterday (12/16/14) there were only two staff working until the manager came in."</p> <p>9-3-3(a)</p>		<p>as a quality check All home core schedules must be approved by the Associate Director and the Business Manager Every month a review of utilization for every site is conducted in our agencies TEAMS meeting This review is also attended by the National support team Any varies of over usage or under usage are addressed during this meeting</p>		

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W000189	<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 observation, record review, and interview, the facility failed to train 1 of 6 direct care staff (direct care staff #6) in providing personal hair care in an area away from food and dining which affected 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 3 additional clients (clients #5, #6, and #7).</p> <p>Findings include:</p> <p>Clients #1, #2, #3, #4, #5, #6, and #7 were observed at the group home during the 12/16/14 observation period from 6:42 A.M. until 8:28 A.M. At 6:52 A.M., direct care staff #6 sprayed hair spray on client #7's hair and brushed the client's hair as client #7 and Clients #1, #2, #3, #4, #5, and #6 sat at the dining room table waiting for their morning meal.</p> <p>Direct care staff #6's personnel file was reviewed on 12/17/14 at 8:44 A.M. Review of direct care staff #6's personnel file failed to indicate she received</p>	W000189	<p>In regards to evidence cited by the medical surveyor, retraining on the specific goals identified in the evidence pertaining hygiene and personal care needs was conducted again on for all facility staff. This training will be conducted by the facility QIDP. This training session specifically identified the good hygiene habits and support training for location and infection control. Specifically, the facility staff was trained on the Individual Program Plan for client #7. To assure this deficiency does not recur in the facility, Mosaic has Policies and Procedures stating that each client served must have an individual program plan. This plan includes needed interventions and services to support achievement of goals and objectives identified in the plan through ongoing active treatment. Each staff receives training on this plan annually and as changes and updates to the plan are made. The training includes strategies that will enable the clients achieve each goal and objective.</p>	01/20/2015

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W000259	<p>training on providing personal client care in an area other than at the dining room table while clients were awaiting their morning meal.</p> <p>Program Coordinator #1 was interviewed on 12/17/14 at 11:44 A.M. Program Coordinator #1 stated, "She (direct care staff #6) was probably doing it (using hair spray and brushing client #7's hair) at the table (dining room table) as a time saver, but she shouldn't do it there where she could get spray or hair on the table.</p> <p>9-3-3(a)</p> <p>483.440(f)(2) PROGRAM MONITORING &amp; CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview, the facility failed to ensure the Comprehensive Functional Assessment for 1 of 4 clients (client #4) was reviewed at least annually.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 12/17/14 at 9:57 A.M. The review indicated the client's most current</p>	W000259	<p>Documentation of this training is maintained in each employee's management file. To further reassure this deficiency does not recur, the facility manager and QIDP conduct routine visits to the home (both announced and unannounced) to shiftsinitially at least 5 times a week for the first 3 months and fade out as staff show competency. Routine visits will continue to occur after that to ensure quality services</p> <p>Inregards to issue and evidence cited by the medical surveyor on 12/17/2014, Mosaic has contacted the QIDP and both assessments have been redone including the date completed and the signature. Mosaic's policy states that all assessments are to be completed annually and as needed. To assure this deficiency does not recur, per policyand procedure, Mosaic conducts audits of programming. As a part of this audit, Mosaic</p>	01/20/2015			

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W000263	<p>Comprehensive Functional Assessment was dated 9/21/13.</p> <p>Program Coordinator #1 was interviewed on 12/17/14 at 11:55 A.M. Program Coordinator #1 stated, "It (Comprehensive Functional Assessment) was not done (since 9/21/13)."</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to obtain written consent from the guardian prior to implementing a restrictive Behavior Plan for 1 of 2 sampled clients (client #2) with a Behavior Plan.</p> <p>Findings include:</p> <p>Client #2's records were reviewed on 12/17/14 at 9:57 A.M. The review indicated client #2 had the services of a guardian. Review of client #2's records</p>	W000263	<p>staff review all programming and support documentation that plans are correctly implemented. Also, Mosaic conducts bi-annual Basic Assurance reviews of program to ensure quality. Documentation of each audit is maintained in the Mosaic Office. In addition, Mosaic hired a Quality Assurance Coordinator whose job it is to work with the QIDP to ensure that all necessary items are completed timely and accurately. The QAC will monitor the work of the QIDP to ensure that quality component and meeting all licensure requirements.</p> <p>In regards to evidence cited by the medical surveyor, the facility obtained written consent for programs for client #2s on . Both plans were approved by the individual and guardian. In order to assure this deficiency does not recur, Mosaic policy and procedure requires informed consent be received in writing before implementation. On 2/, all agency QIDPs were received training on this policy and procedure. In addition to these measures Mosaic has initiated a records review</p>	01/23/2015

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W000268	<p>indicated the client had a restrictive behavior plan, dated 5/18/14 which addressed target behaviors of physical aggression, invasions of boundaries, and inappropriate touching and was receiving Zyprexa and Invega medications (anti-psychosis medications) as part of the behavior plan. Further review indicated client #2's guardian had not approved the use of the plan.</p> <p>Program Coordinator #1 was interviewed on 12/17/14 at 11:55 A.M. Program Coordinator #1 stated, "[Client #2's] guardian didn't sign it (signed and approved the use of the behavior plan)."</p> <p>9-3-4(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview, the facility failed to assure 1 of 4 sampled clients (client #4) did not have excessive saliva dripping from her chin and throat.</p> <p>Findings include:</p>	W000268	<p>committee that is to meet quarterly to review a 10% sample of client records to assure the file is up to date and accurate. This audit assures that all behavior management plans and client programs are current and all plans reviewed have received written informed consent from the client, parents or guardian prior to implementation.</p> <p>Mosaic has policies that define and describe the rights of persons served. To promote the rights, interests, and well-being of all persons served and how staff are to treat people served Mosaic also has policies and procedures for the development</p>	01/23/2015	

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W000352	<p>Client #4 was observed at the group home on 12/15/14 from 2:55 P.M. until 5:30 P.M. During the observation period, client #4 had excessive saliva dripping from her mouth and dripping off of her chin and throat area. Direct care staff #1, #2, #3, and #4 did not assist or prompt client #4 in wiping the excess saliva from her chin or throat area</p> <p>Program Coordinator #1 was interviewed on 12/17/14 at 11:55 A.M. Program Coordinator #1 stated, "Staff (direct care staff) should have prompted or assisted her (client #4) in wiping off the excessive saliva."</p> <p>9-3-5(a)</p> <p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC</p>		<p>of Individual Program Plans. Each plan identifies the client's medical condition, the developmental status, behavioral status, risks and benefits of treatment. All staff are trained on these plans and needs annually and as status/plans change In regards to the evidence cited by the medical surveyor, Client #4's did not have a training plan for wiping her mouth. There is now a plan to help give staff guidelines for monitoring her saloria and to help teach client #4 how to wipe her own mouth Staff were trained on this plan 2/9/2015 Staff will use all informal opportunities to run this plan and to teach #4 to wipe her own mouth To assure this deficiency does not recur, Mosaic trained all facility staff on assuring Client #4's risk plans are run at all times. To further assure this deficiency does not recur, weekly visits by the facility manager and QIDP are conducted to assure each person living at Benham Ave is receiving quality treatment and programming. Also, quarterly home visits to the facility by the Program Coordinator are conducted to assure that all programs are being run properly. Mosaic also conducts audits of programming to ensure that all supports are correctly being implemented.</p>		

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W000368	<p><b>SERVICE</b> Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview, the facility failed for 2 of 4 sample clients (clients #1 and #4) to ensure annual dental visits.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 12/17/14 at 9:12 A.M. The review indicated client #1 had a dental exam on 3/28/13 and her most recent dental exam on 5/20/14.</p> <p>Client #4's record was reviewed on 12/17/14 at 8:38 A.M. The review indicated client #4 had a dental exam on 9/30/13 and her most recent dental exam on 10/28/14.</p> <p>Program Coordinator #1 was interviewed on 12/17/14 at 11:55 A.M. Program Coordinator #1 stated, "Their (client #1 and #4's) dental exams should have been schedule within a year of the last exam."</p> <p>9-3-6(a)</p> <p>483.460(k)(1)</p>	W000352	In regards to evidence cited by the medical surveyor Mosaic policy and proceduresspecifies the agency will provide all dental examinations at least annual All agency management are trained on this policy. Client #1& 4 did receive annual exam, but it was beyond the 1 year window To assure this deficiency does not recur, Mosaic reviewed the expectation for services with the facility nurse, Direct Support Manager and QIDP on the agency Health Care policy and procedure. In addition, Mosaic has a record review committee that is to meet quarterly to review a 10%sample of client records to assure the file is up to date and accurate. This audit assures that all appointments are current. The agency RN also conducts routine reviews and writes a TLog with current needs and outdated appointments. The agency RN and the program team meet once a month to review what each house need is.	01/20/2015	

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	<p><b>DRUG ADMINISTRATION</b></p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on observation, interview, and record review, the facility failed to reconcile the physician's order for the administration of calcium plus vitamin D which affected 1 of 4 sampled clients (client #1).</p> <p>Findings include:</p> <p>Client #2 was observed receiving medications during the 12/15/14 observation period from 2:55 P.M. until 5:30 P.M. At 4:45 P.M., direct care staff #2 administered Calcium 600 mg (milligrams) + (plus) Vitamin D 400 I.U. (international units) (mineral supplement) to client #1.</p> <p>Client #1's records were reviewed on 12/15/14 at 5:00 P.M. A review of client #1's medication packet indicated the following administration instructions for client #1's Calcium plus Vitamin D: "Give 1 tablet orally every evening at dinner." A review of the client's 12/14 MAR (Medication Administration Record) indicated the following</p>	W000368	In regards to evidence cited by the medical surveyor, Mosaic policy and procedures specifies all medication administered, are administered without error. All Mosaic Staff are trained on this policy in conjunction with Core A and Core B medication administration at new staff orientation as well as an annual retraining. Upon discovery of the error, the facility took steps to change the MAR record immediately. To assure this deficiency does not recur, Mosaic retrained all facility staff on the agency medication administration policy and procedure. Specifically, staff were retrained on assuring all medications are dispensed as ordered and match the MAR in THERAP. To further ensure Mosaic prevents recurrence of this deficiency and the agency continues to conduct multiple visits each week to every facility by the house manager (Direct Support Manager) and the Program Coordinator (QMRP). During this visit, the manager assures medications are administered in accordance with Mosaic policy and procedure.	12/23/2014	

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	<p>administration instructions for client #1's Calcium plus Vitamin D: "1 tab (tablet) twice daily.</p> <p>Direct care staff #2 was interviewed on 12/17/14 at 5:03 P.M. When asked why the administration instructions for client #1's Calcium plus Vitamin D on the client's MAR did not match the administration instructions on the client's medication packet, client #1 said, "It must be an error. I know she (client #1) get her Calcium plus D (Vitamin D) once a day at 5 o'clock."</p> <p>Client #1's records were reviewed on 12/17/14 at 9:12 A.M. Review of the client's 10/13/14 physician orders indicated the following administration instructions for client #1's Calcium plus Vitamin D: "1 tablet orally every evening at dinner."</p> <p>Program Coordinator #1 was interviewed on 12/17/14 at 11:55 A.M. Program Coordinator #1 stated, "I'm sure it (administration instructions on client #1's MAR) must have been a typographical error."</p>						

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W000455	<p>9-3-6(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, the facility failed to assure 1 of 4 sampled clients (client #2) washed his hands after toileting and prior to handling food items.</p> <p>Findings include:</p> <p>Client #2 was observed during the group home observation period on 12/15/14 from 2:55 P.M. until 5:30 P.M. At 4:22 P.M., client #2 toileted himself and exited the bathroom. Upon exiting the bathroom, direct care staff #4 immediately prompted client #2 to put sandwiches and snacks in lunch bags for the next day's client lunches. Direct care staff #4 did not prompt or assist client #2 to wash his hands upon exiting the bathroom and prior to handling the food items.</p> <p>Program Coordinator #1 was interviewed on 12/17/14 at 11:55 A.M. Program Coordinator #1 stated, "Staff (direct care staff #4) should have assured (client #2)</p>	W000455	In regards to evidence cited by the medical surveyor, Mosaic's Medication Administration Policy and Procedure stipulates that each client within the facility must be encouraged to wash their hands before meds, after restroom use and before eating or cooking. On , Mosaic staff received retraining on infection control procedures as they pertain to hand washing. To ensure Mosaic prevents recurrence of this deficiency, the agency also conducts multiple visits each week to every facility by the house manager (Direct Support Manager) and the Program Coordinator (QIDP). During this visit, each assures that direct care staff provides both formal and informal opportunities to teach clients on proper infection control procedures. Furthermore, the DSM and PC routinely observe staff to assure a active program for the prevention and control of communicable diseases is implemented specifically as it pertains to hand	01/20/2015	

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W000460	<p>washed his hands after exiting the bathroom and before handling food items."</p> <p>9-3-7(a)</p> <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 to assure 4 of 4 sampled clients' (clients #1, #2, #3 and #4's) menu recommendations were followed for the morning meal.</p> <p>Findings include:</p> <p>Clients #1, #2, #3, and #4 were observed during the 12/16/14 group home observation period from 6:42 A.M. until 8:28 A.M. At 7:22 A.M., direct care staff #6 assisted clients #1, #2, #3, and #4 in preparing a bowl of cereal with milk. Clients #1, #5 and #6 were also given a donut as part of their morning meal. Clients #2, #3, and #4 did not have a donut along with their cereal and milk for the morning meal. Direct care staff #6 did not prompt or assist the clients in serving themselves assorted juices,</p>	W000460	<p>washing procedures.</p> <p>In regards to evidence cited by the medical surveyor, Mosaic's Dietary Policy and Procedure states that each client must receive a balanced diet including modified and specially prescribed diets as prescribed by the agency RegisteredDietician. On 2/2015, Mosaic staff received retraining on following the dietician approved menu and the Annual Nutritional Assessment. The staff were also retrained on each client's dietary plan to assure all residents in the facility receive nourishing, well balanced meals. To ensure Mosaic prevents recurrence of this deficiency, the agency also conducts multiple visits each week to every facility by the house manager (Direct SupportManager) and the Program Coordinator (QIDP). During this visit, each assures that direct care staff provides nourishing, well</p>	01/20/2015

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	<p>sausage-egg-cheese muffin, margarine, coffee, or tea.</p> <p>The facility's records were reviewed on 12/16/14 at 8:19 A.M. A review of the facility's menu for the 12/16/14 morning meal indicated clients #1, #2, #3, and #4 were to be offered the following regular diet menu items for breakfast: "Assorted juice, sausage-egg-cheese muffin, choice of cereal, margarine, milk, coffee or tea."</p> <p>Executive Director #1 was interviewed on 12/17/14 at 9:30 A.M. Executive Director #1 stated, "Staff should have assisted [clients #1, #2, #3, and #4] in serving themselves foods listed on the menu or substitutions if they (clients #1, #2, #3, and #4) wanted the menu items."</p> <p>9-3-8(a)</p>		<p>balanced meals in accordance with each individual's dietary plan. Initially at least 5 times a week for the first 3 months and fade out as staff show competency. Routine visits will continue to occur after that to ensure quality services</p>				