

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G280	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  02/09/2015
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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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K010000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 02/09/15</p> <p>Facility Number: 000800 Provider Number: 15G280 AIM Number: 100243460</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist and Scott Wytosick, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Mosaic was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in common living areas. The facility has a capacity of 7 and had a census of 7 at the time of this visit.</p>	K010000		
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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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K010130	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.4.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/13/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Based on observation and interview, the facility failed to maintain a clear path of travel for 2 of 4 exits to evacuate clients to an area of refuge. LSC 7.1.6.4 requires walking surfaces shall be slip resistant under foreseeable conditions. The walking surface of each element in the means of egress shall be uniformly slip resistant along the natural path of travel. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on an observation with the Property Manager on 02/09/15 at 3:33</p>	K010130	In response to evidence cited by the LifeSafety Code surveyor, Mosaic initiated procedures to ensure all egresses were properly cleared and maintained. The deck and the egresses were immediately cleared and salted Mosaichas implemented systematic changes to ensure the findings of this survey do not recur. Per policy and procedure, each safety inspection completed is reviewed by the agency Safety Committee Chairman for accuracy. The findings of each inspection is reviewed by the agency Safety committee once a month. To assure there will not be recurrence of this deficiency, Mosaic policy and procedure	02/25/2015	

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K01S147	<p>p.m., the back deck and ramp was covered with snow. Based on an interview with the Property Manger at the time of observation, he stated there was 12 inches of snow.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the</p>		<p>requires committee meeting records to be reviewed on a quarterly basis to assure all inspections are current. All Mosaic staff at Benham were trained on their responsibility to clear and maintain the egress at all times In the short term every time there is inclement weather the manager or Q will text the house a reminder to shovel and an SComm will go out to all staff as well If the egress are found not cleared upon manager or q visits staff will receive corrective actions Managers and are visiting the home 5 times a week and will check the egresses upon their visit for safety</p>				

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K01S152	<p>facility. 32.7.1, 33.7.1</p> <p>Based on record review and interview, the facility administration failed to ensure all employees are periodically instructed and kept informed with respect to their duties and responsibilities under 1 of 1 written fire safety plans. Such instruction is reviewed by the staff not less than every 2 months. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Property Manager on 02/09/15 at 3:03 p.m., the facility failed to provide training records to show third shift employees have been instructed of their duties and responsibilities, at least every two months, according to the written fire safety plan. Based on interview with the Property Manager at the time of record review, the facility did not conduct a third shift fire drill for the third and fourth quarters of 2014.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel</p>			K01S147	<p>In response to evidence cited by the medical surveyor, Mosaic posted the written plan for running training drills for the facility. All facility staff, including the property manager, will be retrained on this requirement. Mosaic has implemented systematic changes to ensure the findings of this survey do not recur. Per policy and procedure, each safety inspection completed is reviewed by the agency Safety Committee Chairman for accuracy. The findings of each inspection is reviewed by the agency Safety committee. In each inspection, the reviewer assures that all required drills are completed per the schedule. To assure there will not be recurrence of this deficiency, Mosaic policy and procedure requires committee meeting records to be reviewed on a quarterly basis to assure all inspections are current. All involved have been retrained. The property manager created a drill calendar which is posted at the house for staff to follow. The property manager will send out reminders for any missing drills. Staff will receive corrective actions for failure to fulfill their job duties if not completed.</p>		02/25/2015

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	<p>and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill:</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 2 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of the "Fire Drill Report" with Property Manager on 02/09/15 at 3:03 p.m., documentation of a third shift fire drill for the third and fourth quarters of 2014 were not</p>	K01S152	<p>In response to evidence cited by the medical surveyor, Mosaic posted the written plan for running training drills for the facility. All facility staff, including the property manager, will be retrained on this requirement.</p> <p>Mosaic has implemented systematic changes to ensure the findings of this survey do not recur. Per policy and procedure, each safety inspection completed is reviewed by the agency Safety Committee Chairman for accuracy. The findings of each inspection is reviewed by the</p>	02/25/2015	

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	available for review. Based on an interview with Property Manager at the time of record review, he was unable to confirm these fire drill were conducted.		agency Safety committee. In each inspection, the reviewer assures that all required drills are completed per the schedule. To assure there will not be recurrence of this deficiency, Mosaic policy and procedure requires committee meeting records to be reviewed on a quarterly basis to assure all inspections are current. All involved have been retrained The property manager created a drill calendar which is posted at the house for staff to follow The property manager will send out reminders for any missing drills Staff will receive corrective actions for failure to fulfill their job duties if not completed		