

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 07/31/2015
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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 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00177787.</p> <p>Complaint #IN00177787 - Substantiated. Federal/State deficiencies related to the allegations are cited at W149 and W156.</p> <p>Dates of Survey: July 28, 29, 30, 31, 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 0000		
W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on interview and record review, the facility failed for 1 of 1 allegation of client abuse/neglect reviewed, to implement policy and procedures to prevent abuse/neglect of clients A, B, and E and to report investigation findings to the administrator within 5 working days.</p> <p>Findings include:</p>	W 0149	<p>According to State regulations and Mosaic policy, an investigation is to be completed in 5 days. Due to the critical nature of this investigation as a abuse investigation of such a large nature, 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 incident</p>	08/07/2015

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>Record review of the facility investigation reports was done on 7/28/15 at 3:24p.m. An investigation had begun on 7/10/15 for the allegation of staff abuse/neglect for clients A, B and E. The investigation report indicated the following findings: (1) client A had been left partially nude by staff #5 while staff #5 had assisted her with getting dressed. The incident report indicated staff #5 had left client A (before she was finished getting dressed) to assist another client. The incident report indicated client A was partially nude in her bedroom for "approximately 20 minutes." (2) staff #9 had yelled at client E during a verbal disagreement. (3) during meals, if client A cussed, staff #6 and #7 had her turn her chair away from the table or sent her to her bedroom. Also, client B was required to go outside and walk before she could receive seconds. (4) the report indicated staff #5, #8, and #9 had used techniques not in client B's training program to get her up in the mornings and after naps. The investigation indicated staff would pull on her legs, smack her bottom like a drum and would pull off her covers. The facility had documented an investigation had been initiated on 7/10/15. The documentation indicated the investigation findings/summary had been reported to the facility administrator on 7/20/15.</p>		<p>in question. 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. The local agency Associate Director did receive training on May 21-22 2015 on investigation coordination to also assist in the coordination and expedition of investigations. 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. All investigators have been retrained on the 5 day rule to help ensure future In regards to evidence cited by the medical surveyor, per policy any individual abuse, neglect, mistreatment and exploitation is prohibited and should have been immediately reported and consequently investigated within 24 hours of the allegation as stipulated in agency policy. To assure this deficiency does not recur, on 7/29/2015, an in-service for all facility staff on prohibiting all abuse, neglect, mistreatment to anyone is service. Furthermore, Mosaic has policies</p>				

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	<p>The facility's policy and procedures were reviewed on 7/29/15 at 3p.m. The facility's 9/30/05 policy and procedure "Abuse, Neglect, Exploitation or Mistreatment Policy and Procedures" indicated abuse, neglect, exploitation and mistreatment of clients is strictly prohibited. The policy indicated the definition of Neglect: "is the failure to provide the client with sufficient services, treatment, or support necessary for well being or the failure to act or intervene in a situation that may result in physical, psychological or emotional harm.</p> <p>Staff #1 was interviewed on 7/28/15 at 4:18p.m. Staff #1 indicated facility staff #5, #6, #7, #8 and #9 had failed to provide clients with their identified service needs in regards to interventions used to prompt clients to get up from bed and with dining issues. Staff #1 indicated facility staff had not used facility trained techniques to manage client behaviors. Staff #1 indicated staff #5, #6, #7, #8 and #9 were terminated from their employment and current staff were retrained on client programs and facility policies. Staff #1 indicated professional staff oversight at various times of the day had been increased. Staff #1 indicated the 7/10/15 investigation had not been completed and submitted to the</p>		<p>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 as well as annual reviews on the agency Abuse, Neglect, Mistreatment and Exploitation Policy and Procedure.</p>	

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W 0156 Bldg. 00	<p>administrator until 7/20/15.</p> <p>This federal tag relates to complaint #IN00177787.</p> <p>9-3-2(a)</p> <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. Based on record review and interview, the facility failed for 1 of 1 reportable incident investigation reviewed (clients A, B, E) to ensure reportable incident investigation results were reported to the administrator within five working days.</p> <p>Findings include:</p> <p>Record review of the facility investigation reports was done on 7/28/15 at 3:24p.m. An investigation had begun on 7/10/15 for the allegation of staff abuse/neglect for clients A, B and E. The investigation report indicated the following findings: (1) client A had been</p>	W 0156	<p>According to State regulations and Mosaic policy, an investigation is to be completed in 5 days. Due to the critical nature of this investigation as a abuse investigation of such a large nature, 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 incident in question. 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</p>	08/07/2015

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	<p>left partially nude by staff #5 while staff #5 had assisted her with getting dressed. The incident report indicated staff #5 had left client A (before she was finished getting dressed) to assist another client. The incident report indicated client A was partially nude in her bedroom for "approximately 20 minutes." (2) staff #9 had yelled at client E during a verbal disagreement. (3) during meals, if client A cussed, staff #6 and #7 had her turn her chair away from the table or sent her to her bedroom. Also, client B was required to go outside and walk before she could receive seconds. (4) the report indicated staff #5, #8, and #9 had used techniques not in client B's training program to get her up in the mornings and after naps. The investigation indicated staff would pull on her legs, smack her bottom like a drum and would pull off her covers. The facility had documented an investigation had been initiated on 7/10/15. The documentation indicated the investigation findings/summary had been reported to the facility administrator on 7/20/15.</p> <p>Professional staff #1 was interviewed on 7/28/15 at 4:18p.m. Staff #1 indicated the above investigation had begun on 7/10/15 and had been completed and submitted to the administrator on 7/20/15. Staff #1 indicated the facility had failed to complete the investigation in 5 working</p>		<p>investigation coordinator and complete a summary of progress every 5 days thereafter. The local agency Associate Director did receive training on May 21-22 2015 on investigation coordination to also assist in the coordination and expedition of investigations. 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. All investigators have been retrained on the 5 day rule to help ensure future compliance</p>	

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	<p>days.</p> <p>This federal tag relates to complaint #IN00177787.</p> <p>9-3-2(a)</p>				