

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G258	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 1310 CROYDEN CT SOUTH BEND, IN 46614
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(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
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: 000778 Provider number: 15G258 AIM number: 100243480</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 December 31, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000114	<p>483.410(c)(4) CLIENT RECORDS Any individual who makes an entry in a client's record must make it legibly, date it, and sign it.</p> <p>Based on record review and interview, the facility failed to assure the Comprehensive Functional Assessment, and Rights Assessment for 1 of 3 sampled clients (client #2), included the date the assessments were completed.</p> <p>Findings include:</p>	W000114	<p>In regards to issue #1 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. All assessments are to be signed and dated by the QIDP. To assure this</p>	01/23/2015

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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W000268	<p>Client #2's record was reviewed on 12/17/14 at 10:55 A.M. A review of client #2's Comprehensive Functional Assessment and Rights Assessment failed to indicate the assessments were dated by the person completing the assessments.</p> <p>Program Coordinator #1 was interviewed on 12/17/14 at 11:55 A.M. Program Coordinator #1 stated, "The assessments are given to the manager in a packet. Sometimes they (assessments) aren't all dated."</p> <p>9-3-1(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 3 sampled clients (client #3), did not have excessive saliva dripping from her chin and throat.</p> <p>Findings include:</p> <p>Client #3 was observed at the group home on 12/16/14 from 2:58 P.M. until</p>	W000268	<p>deficiency does not recur, per policy and procedure, Mosaic conducts audits of programming. As a part of this audit, Mosaic 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. .</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 of Individual Program Plans. Each plan identifies the client's medical condition, the</p>	01/23/2015

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W000352	<p>5:00 P.M. During the observation period, client #3 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 #3 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 #3) in wiping off the excessive saliva."</p> <p>9-3-5(a)</p> <p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis</p>		<p>developmental status, behavioral status, risks and benefits of treatment. All staff are trained on these plans and needs change annually and as status/plans change. In regards to the evidence cited by the medical surveyor, Client #3'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 #3 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 #3 to wipe her own mouth. To assure this deficiency does not recur, Mosaic trained all facility staff on assuring Client #3'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 Croydon Ct 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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	<p>performed at least annually.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #1), to ensure annual dental visits.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 12/17/14 at 10:29 A.M. The review indicated client #1 had a dental exam on 7/26/13 and her most recent dental exam on 9/22/14.</p> <p>Program Coordinator #1 was interviewed on 12/17/14 at 11:55 A.M. Program Coordinator #1 stated, "Dental exams should have been schedule within a year of the last exam."</p> <p>9-3-6(a)</p>	W000352	<p>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 did receive her 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.</p>	12/23/2014	