

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G258	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  02/04/2015
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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
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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: 02/04/15</p> <p>Facility Number: 000778 Provider Number: 15G258 AIM Number: 100243480</p> <p>Surveyor: Phillip Komsiski, 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 two story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, common living areas and no smoke detectors in sleeping rooms. The facility has a capacity of six and had a census of six at the time of this survey.</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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K01S043	<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 4.24.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/09/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD No door in any means of escape is locked against egress when the building is occupied.</p> <p>Exception: Delayed egress locks complying with 7.2.1.6.1 are permitted on exterior doors. 32.2.2.5.5, 33.2.2.5.5.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 exit doors was provided with a releasing device having a obvious method of operation and readily operated under all lighting conditions. LSC 33.2.2.5.7 requires compliance with LSC 7.2.1.5.4. LSC 7.2.1.5.4. requires where a latch or other similar device is provided, the method of operation of its releasing device must be obvious, even in the dark. The intention</p>	K01S043	<p>Inresponse to evidence cited by the medical surveyor, Mosaic disabled the lock the same day. At this point all egresses have a single lock to be opened for exit in the facility.</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</p>	02/04/2015

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	<p>of this requirement is the method of release be one that is familiar to the average person. Generally, a two-step release, such as a knob and independent dead-bolt, is not acceptable. In most occupancies, it is important a single action to unlatch the door be present. This deficient practice could affect two clients as well as staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation on 02/04/15 at 1:15 p.m. with the House Manager the direct exit out of the East client bedroom required the unlocking of a doorknob and deadbolt. Based on interview on 02/04/15 concurrent with the observation with the House Manager, it was acknowledged the aforementioned exit door leading to the outside required unlocking of a doorknob and a deadbolt.</p>		<p>inspection is reviewed by the agency Safety committee. In each inspection, the reviewer assures evacuation routes are posted in an area where facility staff can readily access them. 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.</p>		