

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G280	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  01/08/2016
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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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W 0000  Bldg. 00	<p>This visit was for the investigation of complaint #IN00189060.</p> <p>Complaint #IN00189060: Substantiated, Federal and state deficiencies related to the allegation are cited at W153, W154 and W227.</p> <p>Survey Dates: 12/30/15, 12/31/15 and 1/8/16</p> <p>Facility Number: 000800 Provider Number: 15G280 AIM Number: 100243460</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed on 1/12/16 by #09182.</p>	W 0000		
W 0153  Bldg. 00	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>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 interview and record review for 1 of 1 allegations of abuse/neglect and/or injuries of unknown source reviewed, the facility failed to immediately report</p>	W 0153	In regards to evidence cited by the medical surveyor, per policy an each incident of injury of an unknown source should have been immediately reported	01/15/2016

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>allegations of staff to client abuse/neglect to the administrator and/or to state officials when the incidents occurred for client B.</p> <p>Findings Include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 12/30/15 at 11:44am. The facility's 12/16/15 incident report indicated "On 12/13/15 staff #12 reported to house manager that on the morning of 12/7/15 around 7:45am-8:00am she had witnessed staff #13 being abusive to individual [Client B]. According to staff #12, on 12/7/15 at around 7:45am-8:00am individual [client B] threw her cereal bowl to the floor and staff #13 walked over to her and grabbed [client B's] hand and yanked it saying 'Pick this (expletive) up.' Staff reported that staff #13 then said, 'You are lucky you are blind or I would have made you clean this (expletive) up.' Staff report that staff #13 then proceeded to clean up the mess and then walked back to the kitchen. Staff #13 was suspended following this report and the Mosaic administrator was notified of incident. The investigation is ongoing. Several staff and individuals have been interviewed."</p>		<p>andconsequently investigated within 24 hours of the allegation as stipulated inagency policy. Mosaic'ssafety committee reviewed the incident reporting at Croydon Court in order toassure there is not a trend of mistreatment towards consumers or ongoing issuesof abuse, neglect or mistreatment. After review of the documentation, a trend of mistreatment has not beenidentified at the facility. Toassure this deficiency does not recur, Mosaic retrained all facility staff on12/9/2009 on incident reporting policy and procedure, specifically on reportingabuse and neglect, specifically as it pertains to injuries of unknownorigin. Furthermore, Mosaic has policies and procedures thatprohibit abuse, neglect, exploitation, or mistreatment of the individuals theagency serves and to inform employees of their responsibilities as mandatoryreporters. Each employee completestraining as a part of new staff orientation as well as annual reviews on theagency Abuse, Neglect, Mistreatment and Exploitation Policy and Procedure.</p>				

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	<p>The facility's written statements in regards to the 12/16/15 reportable incident indicated staff #5 was made aware of the alleged abuse on 12/7/15. The written statement completed by staff #5 indicated "[Staff #12] stated [staff #13] grabbed [client B's] arm and was cursing at her..."</p> <p>The facility's 12/13/15 inquiry of alleged abuse report indicated Staff #3 was interviewed. The inquiry of alleged abuse report indicated "On 12/10/15 Staff #12 told staff #3 that on 12/7/15 she had witnessed staff #13 force [client B] to pick her bowl from the floor and had scolded her for it. Staff #3 states that she asked staff #12 to report the incident to DSM (Direct Support Manager)."</p> <p>The facility's 12/17/15 email to the Executive Director indicated "reporting guidelines were not followed in this incident. Staff #12 told this incident to two separate staff on 12/7/15 and on 12/10/15 and both staff asked her to report to (sic) the incident the (sic) DSM. Staff #12 did not report this incident on a timely basis and both staff who knew of the incident failed to follow up with DSM to check if alleged abuse had been reported."</p> <p>An interview with the QIDP (Qualified</p>			

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W 0154  Bldg. 00	<p>Intellectual Disabilities Professional) was conducted on 12/31/15 at 11:40am. When asked when incidents of abuse and/or neglect should be reported QIDP stated "Immediately, it doesn't matter if you were told, observed it, or just over heard a conversation."</p> <p>This federal tag relates to complaint #IN00189060.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on interview and record review for 1 of 1 allegations of abuse/neglect and/or injuries of unknown source reviewed, the facility failed to ensure an allegation of staff to client abuse/neglect was thoroughly investigated for client B.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 12/30/15 at 11:44am. The facility's 12/16/15 incident report indicated "On 12/13/15 staff #12 reported to house</p>	W 0154	<p>Inregards to evidence cited by the medical surveyor, per policy an each incidentof suspected client abuse, neglect, mistreatment and exploitation should havebeen immediately reported and consequently investigated within 24 hours of theallegation as stipulated in agency policy. Toassure this deficiency does not recur, on 1/4/2011, the Associate Directorconducted an in-service for all facilitystaff on immediate reporting of allegations of abuse/neglect immediately to theadministrator. Furthermore,Mosaic has policies and procedures that prohibit</p>	01/15/2016			

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	<p>manager that on the morning of 12/7/15 around 7:45am-8:00am she had witnessed staff #13 being abusive to individual [Client B]. According to staff #12, on 12/7/15 at around 7:45am-8:00am individual [client B] threw her cereal bowl to the floor and staff #13 walked over to her and grabbed [client B's] hand and yanked it saying 'Pick this (expletive) up.' Staff reported that staff #13 then said, 'You are lucky you are blind or I would have made you clean this (expletive) up.' Staff report that staff #13 then proceeded to clean up the mess and then walked back to the kitchen. Staff #13 was suspended following this report and the Mosaic administrator was notified of the incident. The investigation is ongoing. Several staff and individuals have been interviewed."</p> <p>The facility's written statements in regards to the alleged staff to client abuse indicated staff #5 provided a written statement on 12/16/15, staff #13 provided a witness statement on 12/14/15, and staff #12 provided a witness statement on 12/13/15. The facility's written statements did not indicate any other staff who worked in the home were interviewed regarding possible abuse and/or neglect. This investigation was not thorough due to the lack of staff</p>		<p>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 0227  Bldg. 00	<p>interviewed.</p> <p>An interview with the HM (House Manager) by phone and the ED (Executive Director) was conducted on 12/31/15 at 11:10am. The HM and ED indicated no other staff were interviewed in regards to possible abuse and/or neglect. The ED stated: "We just interview staff that are present and then go out further if we need to."</p> <p>This federal tag relates to complaint #IN00189060.</p> <p>9-3-2(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on interview and record review for 1 of 3 sampled clients (B), the client's Individual Support Plan (ISP) and Behavior Support Plan (BSP) failed to address the client's identified behavioral need in regard to throwing items off of the kitchen table.</p>	W 0227	In regards to the evidence cited by the medical surveyor, Mosaic has implemented client #1's speech therapy recommendations for communication. All facility staff will receive training on this plan on December 9, 2009 and the plan will be implemented immediately thereafter. To assure there will not be recurrence of this deficiency, Mosaic policy	01/15/2016			

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	<p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 12/30/15 at 11:44am. The facility's 12/16/15 incident report indicated "On 12/13/15 staff #12 reported to house manager that on the morning of 12/7/15 around 7:45am-8:00am she had witnessed staff #13 being abusive to individual [Client B]. According to staff #12, on 12/7/15 at around 7:45am-8:00am individual [client B] threw her cereal bowl to the floor and staff #13 walked over to her and grabbed [client B's] hand and yanked it saying 'Pick this (expletive) up.' Staff reported that staff #13 then said, 'You are lucky you are blind or I would have made you clean this (expletive) up.' Staff report that staff #13 then proceeded to clean up the mess and then walked back to the kitchen. Staff #13 was suspended following this report and the Mosaic administrator was notified of the incident. The investigation is ongoing. Several staff and individuals have been interviewed."</p> <p>The facility's 12/7/15 written statement completed by staff #13 stated "On the morning of Monday the 7th during breakfast [client B] threw her cup of milk to the floor, I [staff #13] was washing</p>		<p>and procedurerequires developmental assessments be completed prior to admission, updatedannually and as needed. Mosaic hasinitiated a records 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 evaluations arecurrent and the IPP reflects the findings of the developmental assessments. To further ensure Mosaic prevents recurrence of this deficiency, the agency alsoconducts multiple visits each week to every facility by the house manager(Direct Support Manager) and the Program Coordinator (QMRP). During this visit, each assures that directcare staff provides continuous active treatment specifically that each clientreceives interventions and services in sufficient number and frequency tosupport the achievement of goals and objectives.</p>				

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	<p>dishes so I [staff #13] went over to her had (sic) her by the hand to help her pick up the cup. She resisted but I [staff #13] talked to her about helping with picking up her cup and she helped with getting it off the floor.</p> <p>The facility's 12/16/15 written statement completed by staff #5 stated "While in the med area this staff heard something hit the floor, this staff heard [staff #13] say '[Client B] pick this cup up,' which almost everytime [client B] throws anything on the floor staff assist [client B] with picking up whatever she throws on the floor."</p> <p>Client B's record was reviewed on 12/31/15 at 9:17am. Client B's November 2015 Behavior Support Plan (BSP) indicated client B demonstrated physical aggression which was defined "[Client B] will bite or scratch others when she is agitated," hitting which was defined "[Client B] will hit others when agitated," and screaming which was defined "[Client B] will scream continuously when she is agitated for more than five minutes." Client B's November 2015 BSP and/or 12/20/15 ISP (Individualized Support Plan) did not indicate client B's throwing items off of the table had specifically been addressed.</p>			

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	<p>An interview with the HM (House Manager) by phone and the ED (Executive Director) was conducted on 12/31/15 at 11:10am. The HM and ED indicated client B will throw items off the kitchen table 10 out of 15 times and client B receives natural consequences of picking up the item. The HM and ED indicated client B's ISP or BSP did not address client B's identified behavior need of throwing items off of the kitchen table.</p> <p>This federal tag relates to complaint #IN00189060.</p> <p>9-3-4(a)</p>						