STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G258		02/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOSAIC	1310 CROYDEN CT SOUTH BEND, IN 46614

(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
W 0000 Bldg. 00	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: February 17, 18, 19, and 24, 2016. Facility number: 000778 Provider number: 15G258 AIM number: 100243480 The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/1/16.	W 0000		
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview, the facility's governing body failed to exercise general operating direction over the facility by failing to ensure a clean environment for 3 of 3 sampled clients (clients #1, #2, and #3), and 3 of 3 additional clients (clients #4, #5, and #6).	W 0104	In response to the issues identified by the medical surveyor, Mosaic has implemented the following protocols: In response to concerns over the failure to maintain the cleanliness of the home. Mosaic policy and procedure assures regular inspections take place assuring Compliance with sanitation, health and environmental safety	03/08/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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NAME OF PROVIDER OR SUPPLIER MOSAIC		STREET ADDRESS, CITY, STATE, ZIP CODE 1310 CROYDEN CT SOUTH BEND, IN 46614	

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	Findings include: The group home where clients #1, #2, #3, #4, #5, and #6 resided was inspected during the 2/17/16 observation period from 2:54 P.M. until 5:00 P.M. Cobwebs and dust completely blocked the cold air intake in the bedroom hallway. The cold air vent in clients #4 and #5's bedroom was covered with a substantial layer of dust. The edges of the ceiling fan blades in client #1 and #6's bedroom were caked with dust. These aforementioned areas of the facility were utilized by clients #1, #2, #3, #4, #5, and #6. Associate Director #1 was interviewed on 2/18/16 at 11:43 A.M. Associate Director #1 stated, "The air vents and the ceiling fan are to be kept clean." Associate Director #1 indicated there were no current work orders to have the aforementioned areas cleaned. 9-3-1(a)		codes. On March 3, 2016, the ceiling fan and the cold air returns were cleaned. Furthermore, on March 16, 2016 all staff at the facility will be retrained on environmental safety procedures, specifically regarding identifying and resolving home cleaning needs. In addition, to assure this deficiency does not recur, each home is inspected by a member of Mosaic's safety committee for the purpose of assuring the home is in Compliance with sanitation, health andenvironmental safety codes These two items were also added to the overnight cleaning checklist to ensure they are completed on a routine basis In order to further assure both deficiencies do not recur in this facility, per Mosaic policy and procedure, Mosaic management conducts multiple weekly visits to each facility to assure the home meets all sanitation, health and environmental safety codes.	
W 0440 Bldg. 00	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview,	W 0440	In response to evidence cited by the medical surveyor, Mosaic	03/08/2016

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	the facility failed to conduct evacuation drills during the day shift (6:00 A.M. to 3:30 P.M.) for staff during the third quarter of 2015 (July 1st through September 30th) and during the fourth quarter (October 1st through December 31st) which affected 3 of 3 sampled clients (clients #1, #2, and #3) and 3 of 3 additional clients living in the facility (clients #4, #5, and #6). Findings include: The facility's records were reviewed on 2/17/16 at 1:41 P.M. The review failed to indicate the facility held an evacuation drill for staff during the day shift during the third and fourth quarters of 2015. This affected clients #1, #2, #3, #4, #5, and #6 who lived in the facility. Associate Director #1 was interviewed on 2/18/16 at 11:43 A.M. Associate Director #1 stated, "Drills (evacuation drills) are to be held on all shifts every quarter." 9-3-7(a)		initiated procedures to schedule safety drills at varying times and under varying conditions. The schedule was established by the agency Safety Committee Chairman both in the month of November and ongoing. Once the drill has been completed, the drill is submitted to the SafetyCommittee Chairman for review prior to the end of each month. If a drill is not submitted, corrective actions to agency employees are completed. In addition, facility staff were trained on safety drill procedures in their staff meeting to assure each understood their responsibility for protecting clients during a fire in the facility. Mosaic has implemented systematic changes to ensure the findings of this survey do not recur. Per policy and procedure, each safety drill completed is reviewed by the agency Safety Committee Chairman for accuracy, to assure varying conditions and times were submitted, ensuring all personnel are trained to perform each disaster plan and procedure, to assure the facility evacuates clients and provides supports as designed by the safety plan for the facility, and problems are thoroughly investigated. The findings of each drill are reviewed by the agency Safety the committee itself. **W440Continued** Toassure there will not be recurrence of this deficiency, Mosaic policy	

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			andprocedure requires committee meeting records to be reviewed on a quarterly basisto assure all evaluations are current.	