STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 the investigation of complaints #IN00458737 and #IN00456286. This visit resulted in an Immediate Jeopardy that was not removed prior to the exit on 5/27/25. Complaint #IN00458737: Federal/state deficiencies related to the allegation(s) were cited at W102, W104, W122, W149, W153 and W154. Complaint #IN00456286: Federal/state deficiencies related to the allegation(s) were cited at W102, W104, W122, W149, W156 and W157. Unrelated deficiencies cited. Dates of Survey: 5/7, 5/8, 5/9, 5/12, 5/13, 5/14, 5/15, 5/16, 5/19, 5/20, 5/21, 5/22, 5/23 and 5/27, 2025 Facility Number: 009969 Provider Number: 15G676 AIM Number: 200129000 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/28/25.	W 0000		
W 0102 Bldg. 00	483.410 GOVERNING BODY AND MANAGEMENT Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Governing Body for 2 of 2 sampled clients (A and B) plus 1 additional client (C). The governing body neglected to implement its policy and procedures to prevent the physical and	W 0102	A change in leadership occurred at Mosaic in Northern Indiana on 6/3/25, resulting in bringing in support from Mosaic's national Operations, including an interim operational director who is present on site at the facility until a new	06/26/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jen Zajicek	VP of Operations Performance and Developm	06/17/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	psychological abuse of clients B and C by client A. The governing body failed to ensure its system for detecting and preventing abuse was implemented to prevent the abuse of clients B and C. The governing body failed to report allegations of abuse immediately to the administrator and to the Bureau of Disabilities Services (BDS) in accordance with state law. The governing body failed to conduct thorough investigations of allegations of abuse. The governing body failed to take sufficient corrective action to address the pattern of abuse and client B's increased picking behaviors, isolation in her bedroom, and meal refusals leading to a significant 38 pound weight loss. The governing body failed to address client C's isolation in his bedroom. The governing body failed to ensure the clients had the right to due process in regard to admission, discharge and transfer processes into or from the group home affecting all clients. The governing body failed to prevent the psychological abuse of client C when moving him to another group home without informing this was a permanent move. The governing body failed to investigate the allegations of neglect when client A eloped from the home. The governing body failed to investigate the allegations of sexual grooming of client A within 5 days. The governing body failed to prevent the neglect of client C when he was left alone at the hospital. The governing body failed to provide a sanitary environment in the group home. Findings include: 1. Please see W104. For 2 of 2 sampled clients (A and B) plus 1 additional client (C), the facility's governing body failed to exercise operating direction over the facility to ensure its policies		leader can be recruited, hired and trained. This role is focused on ensuring that policies, processes and systems are in place and monitored to ensure that people are protected from abuse and neglect, a system for monitoring and documenting service delivery is in place, and that there is a system to identify and improve areas of concern. Routine monitoring and observations by both local and national staff will ensure that these issues do not reoccur. 1. DSPs and agency leadership will be retrained on Indiana's ABNE policy, particularly related to identification and prevention of physical and psychological abuse, including peer to peer abuse by 6/26/25. DSPs and agency leadership will also be trained on the Indiana Peer to Peer Abuse Protocol by 6/26/25. 2, DSPs and agency leadership will be trained on the Indiana Peer to Peer Abuse Protocol by 6/26/25. The Quality Coordinator will meet weekly with the leadership team to review any incidents of peer to peer abuse and identify trends. Trends that are identified will be reported to agency leadership, who will facilitate a meeting with Mosaic's national operations, quality and clinical behavior services staff to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	and procedures were implemented. The governing body failed to implement its policy and procedures to prevent the physical and psychological abuse of clients B and C by client A. The governing body failed to ensure its system for detecting and preventing abuse was implemented to prevent the abuse of clients B and C. The governing body failed to report allegations of abuse immediately to the administrator and to the Bureau of Disabilities Services in accordance with state law. The governing body failed to conduct thorough investigations of allegations of abuse. The governing body failed to take sufficient corrective action to address the pattern of abuse and client B's increased picking behaviors, isolation in her bedroom, and meal refusals leading to a significant 38 pound weight loss. The governing body failed to address client C's isolation in his bedroom. The governing body failed to ensure the clients had the right to due process in regard to admission, discharge and transfer processes into or from the group home affecting all clients. The governing body failed to prevent the psychological abuse of client C when moving him to another group home without informing this was a permanent move. The governing body failed to investigate the allegations of neglect when client A eloped from the home. The governing body failed to investigate the allegations of sexual grooming of client A within 5 days. The governing body failed to prevent the neglect of client C when he was left alone at the hospital. The governing body failed to provide a sanitary environment in the group home. 2. Please see W122. For 2 of 2 sampled clients (A and B) plus 1 additional client (C), the governing body failed to meet the Condition of Participation:		develop strategies to address the trend and prevent further abuse. 3. Agency leadership will be retrained on Indiana's ABNE policy, by 6/26/25, with special attention to reporting allegations to BDS in accordance with state law. 4. Agency leadership will be trained on Indiana's ABNE policy and Mosaic's Investigations policy by 6/26/25, which includes conducting thorough investigations of allegations of abuse. 5. Agency leadership will be retrained on Indiana's ABNE policy by 6/26/25, with particular attention paid to taking proper corrective action to address a pattern of abuse. This will include monitoring of the corrective action to ensure that it is effective in preventing further abuse. 6. Agency leadership will be retrained on Indiana's ABNE policy by 6/26/25, with particular attention paid to identifying changes in behavior that could indicate the person is being abused, for example isolation, self harm, weight loss, etc. DSPs and agency leadership will also be retrained on the Change of Condition policy by 6/26/25, which includes identifying, reporting and monitoring a change in condition.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	Client Protections. The governing body neglected to implement its policy and procedures to prevent the physical and psychological abuse of clients B and C by client A. The governing body failed to ensure its system for detecting and preventing abuse was implemented to prevent the abuse of clients B and C. The governing body failed to report allegations of abuse immediately to the administrator and to the Bureau of Disabilities Services in accordance with state law. The governing body failed to conduct thorough investigations of allegations of abuse. The governing body failed to take sufficient corrective action to address the pattern of abuse and client B's increased picking behaviors, isolation in her bedroom, and meal refusals leading to a significant 38 pound weight loss. The governing body failed to address client C's isolation in his bedroom. The governing body failed to ensure the clients had the right to due process in regard to admission, discharge and transfer processes into or from the group home affecting all clients. The governing body failed to prevent the psychological abuse of client C when moving him to another group home without informing this was a permanent move. The governing body failed to investigate the allegations of neglect when client A eloped from the home. The governing body failed to investigate the allegations of sexual grooming of client A within 5 days. The governing body failed to prevent the neglect of client C when he was left alone at the hospital. The governing body failed to provide a sanitary environment in the group home. This federal tag relates to complaints #IN00458737 and #IN00456286.		7. Mosaic leadership will review and update the Admissions policy to ensure that due process is afforded to people supported and their guardians in regards to the admission, discharge and transfer process. Staff will be trained on the updated policy by 6/26/25. The Quality Coordinator and QIDP will ensure that this policy is followed for all admissions, transfers and discharges and that BDS has been involved and provided approval prior to moves occurring. 8. DSPs and agency leadership will be trained on Indiana's ABNE policy and Mosaic's Investigations policy by 6/26/25, specifically identifying elopement as a form of neglect if the person leaves without staff knowing, which requires that an investigation be conducted. 9. Mosaic leadership team will be retrained on the Investigations Policy - Indiana Addendum which includes action steps for communication of results and findings by 6/26/25. The Quality Coordinator with support from the Executive Director will ensure communication to the state around the results of future findings occurs by the 5th business day.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	9-3-1(a)		10. DSPs and agency leadership will be trained by 6/26/25 on the expectation that staff must accompany people served to the hospital, make sure the hospital has Mosaic's contact information and stay with the person until they are admitted into the hospital with the hospital having the necessary information to care for them or until a legal guardian or their designee relieve Mosaic staff. Failure to accompany a person to the ER is considered neglect and will be reported and investigated as such. 11. The Environmental Health and Safety policy will be reviewed and updated to include proper food storage, labeling, expiration and safety, as well as sanitary environments. All staff will be retrained on the updated policy by 6/26/25. Safety inspections will be completed and documented at least monthly by agency leadership to validate that the policy is being followed.	
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY Based on observation, interview and record review for 2 of 2 sampled clients (A and B) plus 1 additional client (C), the facility's governing body failed to exercise operating direction over the	W 0104	1. DSPs and agency leadership will be retrained on Indiana's ABNE policy by 6/26/25, particularly related to identification and prevention of physical and	06/26/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	facility to ensure its policies and procedures were implemented. The governing body failed to implement its policy and procedures to prevent the physical and psychological abuse of clients B and C by client A. The governing body failed to ensure its system for detecting and preventing abuse was implemented to prevent the abuse of clients B and C. The governing body failed to report allegations of abuse immediately to the administrator and to the Bureau of Disabilities Services (BDS) in accordance with state law. The governing body failed to conduct thorough investigations of allegations of abuse. The governing body failed to take sufficient corrective action to address the pattern of abuse and client B's increased picking behaviors, isolation in her bedroom, and meal refusals leading to a significant 38 pound weight loss. The governing body failed to address client C's isolation in his bedroom. The governing body failed to ensure the clients had the right to due process in regard to admission, discharge and transfer processes into or from the group home affecting all clients. The governing body failed to prevent the psychological abuse of client C when moving him to another group home without informing this was a permanent move. The governing body failed to investigate the allegations of neglect when client A eloped from the home. The governing body failed to investigate the allegations of sexual grooming of client A within 5 days. The governing body failed to prevent the neglect of client C when he was left alone at the hospital. The governing body failed to provide a sanitary environment in the group home. Findings include:		psychological abuse, including peer to peer abuse. DSPs and agency leadership will also be trained on the Indiana Peer to Peer Abuse Protocol by 6/26/25. 2. DSPs and agency leadership will be trained on the Indiana Peer to Peer Abuse Protocol by 6/26/25. The Quality Coordinator will meet weekly with the leadership team to review any incidents of peer to peer abuse and identify trends. Trends that are identified will be reported to agency leadership, who will facilitate a meeting with Mosaic's national operations, quality and clinical behavior services staff to develop strategies to address the trend and prevent further abuse. 3. Agency leadership will be retrained on Indiana's ABNE policy, by 6/26/25, with special attention to reporting allegations to BDS in accordance with state law. 4. Agency leadership will be trained on Indiana's ABNE policy and Mosaic's Investigations policy by 6/26/25, which includes conducting thorough investigations of allegations of abuse. 5. Agency leadership will be retrained on Indiana's ABNE policy by 6/26/25, with particular attention paid to taking proper	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	1a. On 5/7/25 from 3:40 PM to 8:15 PM an observation at the group home was conducted. At 4:07 PM client C was at the table eating spinach, rice and chicken. Client C was throwing spoonfuls of rice onto the floor after eating the spinach that had rice mixed into it. At 4:09 PM DSP (Direct Support Professional) #2 indicated she would clean up the floor when client C was done eating. There was no attempt to redirect client C to not throw his unwanted bites of food on the floor. At 4:10 PM the kitchen refrigerator had an open tin can of pineapple with a black and brown, fuzzy substance on the inside of the can. There was an open tin can of tamales with a brown and black, fuzzy substance on the inside of the can. b. On 5/9/25 from 4:00 PM to 5:00 PM an observation at the group home was conducted. At 4:10 PM the kitchen refrigerator had an open tin can of pineapple with a black and brown, fuzzy substance on the inside of the can. There was an open tin can of tamales with a brown and black substance on the inside of the can. There were no dates on any of the six leftover food containers or 3 clear bags containing food. At 4:42 PM client C had ants in his room. On client C's floor there were food particles lying near his bed and his nightstand. DSP #4 stated, "[Client C], we can't be eating in our room, or we are going to have problems with ants again. We got rid of them but will need to have the [exterminator] come back out again." At 4:45 PM DSP #4 removed a used cup, a spoon and a plate with bread scraps and took it to the kitchen. At 4:56 PM there was a pot of green beans, a pot of mashed potatoes, and a pot of macaroni and cheese sitting on the stove. DSP #5 indicated the items on the stove had been cooked at 1:30 PM for the clients' lunch and needed to be put away.		corrective action to address a pattern of abuse. This will include monitoring of the corrective action to ensure that it is effective in preventing further abuse. 6. Agency leadership will be retrained on Indiana's ABNE policy by 6/26/25, with particular attention paid to identifying changes in behavior that could indicate the person is being abused, for example isolation, self harm, weight loss, etc. DSPs and agency leadership will also be retrained on the Change of Condition policy by 6/26/25, which includes identifying, reporting and monitoring a change in condition. 7. Mosaic leadership will review and update the Admissions policy to ensure that due process is afforded to people supported and their guardians in regards to the admission, discharge and transfer process. Staff will be trained on the updated policy by 6/26/25. The Quality Coordinator and QIDP will ensure that this policy is followed for all admissions, transfers and discharges and that BDS has been involved and provided approval prior to moves occurring. 8. DSPs and agency leadership will be trained on Indiana's ABNE policy and Mosaic's Investigations policy by 6/26/25, specifically	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	c. On 5/12/25 from 2:00 PM to 3:26 PM an observation at the group home was conducted. At 2:06 PM the kitchen refrigerator had an open tin can of pineapple with a black and brown, fuzzy substance on the inside of the can. There was also an open tin can of tamales with a brown and black, fuzzy substance on the inside of the can. There were 8 undated containers of food and 6 clear food bags of undated food in the kitchen refrigerator. d. On 5/13/25 from 4:00 PM to 5:00 PM an observation in the group home was conducted. At 4:19 PM there was a bowl of cereal with a spoon, a set of chicken bones in a 2nd bowl and a bowl of uneaten tamales on client B's dresser along with an empty water bottle on the floor and 2 pop cans on the dresser. DSP #8 took the used dishes and empty bottles and cans to the kitchen. At 4:33 PM, client C was in his room sitting in the wheelchair without clothes. On the floor between his feet was a milky, white substance. On the floor by his bed was a trail of cracker crumbs. At 4:37 PM DSP #9 took out a used bowl, a spoon, an empty cup and an empty pop can to the kitchen and stated, "We have to stop eating in these rooms. We have ants again. The [exterminator] just finished getting rid of ants." e. On 5/14/25 from 1:56 PM to 7:00 PM an observation at the group home was conducted. At 2:02 PM client C had food particles on his floor. Client C indicated he had been eating cookies in his room. At 2:06 PM the kitchen refrigerator had an open tin can of pineapple with a black and brown, fuzzy substance on the inside of the can. There were brown spots on the pineapple. The bottom right hand drawer had a dried, red colored stain on the bottom of the		identifying elopement as a form of neglect if the person leaves without staff knowing, which requires that an investigation be conducted. 9. Mosaic leadership team will be retrained on the Investigations Policy - Indiana Addendum which includes action steps for communication of results and findings by 6/26/25. The Quality Coordinator with support from the Executive Director will ensure communication to the state around the results of future findings occurs by the 5th business day. 10. DSPs and agency leadership will be trained by 6/26/25 on the expectation that staff must accompany people served to the hospital, make sure the hospital has Mosaic's contact information and stay with the person until they are admitted into the hospital with the hospital having the necessary information to care for them or until a legal guardian or their designee relieve Mosaic staff. Failure to accompany a person to the ER is considered neglect and will be reported and investigated as such. 11. The Environmental Health and Safety policy will be reviewed and updated to include proper food storage, labeling, expiration and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	drawer containing lunch meat. There were 8 undated containers of food and 3 clear food bags of undated food in the kitchen refrigerator. At 2:17 PM the garage refrigerator had an expired ½ gallon of lactose free milk (4/21/25), a container of sour cream (11/24/24) and 2 gallons of 2% milk (5/10/25). f. CI (Confidential Interview) #12 indicated Mosaic had overflowing recycling bins. CI #12 indicated with a stiff wind, the trash from the cans blew into a neighboring yard. CI #12 indicated the agency didn't pick up the blowing trash. CI #12 indicated they requested the group home not leave bins with the trash can lids angled up as the overflowing cans and boxes will blow into neighboring yards. On 5/14/25 at 10:30 AM, the AD (Associate Director) indicated when a trash bin was full and could not be closed, it should have been stored in the garage to avoid trash blowing into neighboring yards. 2. Please see W125. For 2 of 2 sampled clients (A and B) plus 3 additional clients (C, FCD (former client D) and FCE (former client E), the governing body failed to ensure the clients had the right to due process in regard to admission, discharge and transfer processes into or from the group home. 3. Please see W149. For 2 of 2 sampled clients (clients A and B) plus 1 additional client (client C), the governing body neglected to implement its policies and procedures to prevent the physical and psychological abuse of clients B and C by client A. (1) The governing body failed to ensure its system for detecting and preventing abuse was implemented to prevent the abuse of clients B and C. The governing body failed to report allegations		safety, as well as sanitary environments. All staff will be retrained on the updated policy by 6/26/25. Safety inspections will be completed and documented at least monthly by agency leadership to validate that the policy is being followed, particularly food storage and labeling, as well as not having dirty dishes in bedrooms or food debris in the house. 12. DSPs will be retrained by 6/26/25 on the proper way to discard recycling, including storage of the recycling container with the lid closed so it does not blow into the neighbor's yard. 13. Mealtime observations will occur at least monthly, starting in June 2025, to ensure that staff are following proper food preparation and storage guidelines, including checking for expiration dates.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	of abuse immediately to the administrator and to the Bureau of Disabilities Services (BDS) in accordance with state law. The governing body failed to conduct thorough investigations of allegations of abuse. The governing body failed to take sufficient corrective action to address the pattern of abuse and client B's increased picking behaviors, isolation in her bedroom, and meal refusals leading to a significant 38 pound weight loss. The governing body failed to address client C's isolation in his bedroom. (2) The governing body failed to prevent the psychological abuse of client C when moving him to another group home without informing this was a permanent move. (3) The governing body failed to investigate the allegations of neglect when client A eloped from the home and was returned by members of the community. (4) The governing body failed to investigate the allegations of sexual grooming of client A by NSS #1 (night shift staff #1) within 5 days. (5) The governing body failed to prevent the neglect of client C when he was left alone at the hospital. 4. Please see W157. For 2 of 2 sampled clients (A and B) plus 1 additional client (C), the governing body failed to ensure appropriate corrective actions were implemented to address recurrent issues of client to client aggression. 5. Please see W202. For 1 of 2 sampled clients (A) plus 2 additional clients (C and FCD), the governing body failed to ensure the guardians were provided reasonable time during the transfer process affecting clients A, C and FCD. This federal tag relates to complaints #IN00458737 and #IN00456286. 9-3-1(a)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0122 Bldg. 00	483.420(a) CLIENT PROTECTIONS Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 2 of 2 sampled clients (A and B) plus 1 additional client (C). The facility neglected to implement its policy and procedures to prevent the physical and psychological abuse of clients B and C by client A. The facility failed to ensure its system for detecting and preventing abuse was implemented to prevent the abuse of clients B and C. The facility failed to report allegations of abuse immediately to the administrator and to the Bureau of Disabilities Services (BDS) in accordance with state law. The facility failed to conduct thorough investigations of allegations of abuse. The facility failed to take sufficient corrective action to address the pattern of abuse and client B's increased picking behaviors, isolation in her bedroom, and meal refusals leading to a significant 38 pound weight loss. The facility failed to address client C's isolation in his bedroom. The facility failed to ensure the clients had the right to due process in regard to admission, discharge and transfer processes into or from the group home affecting all clients. The facility failed to prevent the psychological abuse of client C when moving him to another group home without informing this was a permanent move. The facility failed to investigate the allegations of neglect when client A eloped from the home. The facility failed to investigate the allegations of sexual grooming of client A within 5 days. The facility failed to prevent the neglect of client C when he was left alone at the hospital.	W 0122	1. DSPs and agency leadership will be retrained on Indiana's ABNE policy by 6/26/25, particularly related to identification and prevention of physical and psychological abuse, including peer to peer abuse. DSPs and agency leadership will also be trained on the Indiana Peer to Peer Abuse Protocol by 6/26/25. 2. DSPs and agency leadership will be trained on the Indiana Peer to Peer Abuse Protocol by 6/26/25. The Quality Coordinator will meet weekly with the leadership team to review any incidents of peer to peer abuse and identify trends. Trends that are identified will be reported to agency leadership, who will facilitate a meeting with Mosaic's national operations, quality and clinical behavior services staff to develop strategies to address the trend and prevent further abuse. 3. Agency leadership will be retrained on Indiana's ABNE policy, by 6/26/25, with special attention to reporting allegations to BDS in accordance with state law. 4. Agency leadership will be trained on Indiana's ABNE policy and Mosaic's Investigations policy	06/26/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	This non-compliance resulted in an Immediate Jeopardy as the facility neglected to address the pattern of physical and psychological abuse of clients B and C from client A, client B's fear of client A and isolation in her (client B's) room which led to a significant 38 pound weight loss, and client C's fear of client A leading to prolonged isolation in the group home. The Immediate Jeopardy was identified on 5/9/25 at 12:00 PM. The Associate Director (AD) was notified of the Immediate Jeopardy on 5/12/25 at 1:14 PM. The Immediate Jeopardy began on 5/7/25. On 5/9/25 from 4:00 PM to 5:00 PM a monitoring observation was conducted at the group home. The surveyor was met at the door by client A. Client B came out of her room, saw client A and turned right back around and re-entered her own room and shut the door. At 4:10 PM DSP (Direct Support Professional) #4 stated, "I have been worried about [client B] not eating." DSP #4 indicated client B ate minimal cereal at the table and then client A got up for the day, came out to the table and client B went to her own room and didn't finish her cereal. DSP #4 indicated client B refused her lunch. DSP #4 indicated she hoped the fish for dinner might appeal to client B, but she would have to take it to client B's room to get her to even try the fish. DSP #4 indicated client B rarely ate at the dining room table and if client A came near her, her (client B's) meal was done even if the DSPs were sitting near her (client B). At 4:42 PM, DSP #1 indicated client C needed to be reminded not to eat food in his room. At 4:43 PM DSP #1 stated, "[Client C] is afraid of [client A] and would eat in his room when [client A] gets aggressive." DSP #1 indicated the group home had an exterminator out to rid client C's room of ants because he had left uneaten food around when he ate in his room after client A's aggressive		by 6/26/25, which includes conducting thorough investigations of allegations of abuse. 5. Agency leadership will be retrained on Indiana's ABNE policy by 6/26/25, with particular attention paid to taking proper corrective action to address a pattern of abuse. This will include monitoring of the corrective action to ensure that it is effective in preventing further abuse. 6. Agency leadership will be retrained on Indiana's ABNE policy by 6/26/25, with particular attention paid to identifying changes in behavior that could indicate the person is being abused, for example isolation, self harm, weight loss, etc. DSPs and agency leadership will also be retrained on the Change of Condition policy by 6/26/25, which includes identifying, reporting and monitoring a change in condition, including behavioral changes. 7. Mosaic will establish and train agency leadership on the procedure for communication with guardians by 6/26/25, particularly that guardians must be notified of a change of condition, peer to peer abuse, injury of unknown origin and any other change in health, behavioral or service delivery status.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	incidents. On 5/12/25 from 2:00 PM to 3:26 PM a monitoring observation was conducted at the group home. At 3:12 PM the QIDP (Qualified Intellectual Disabilities Professional) indicated client A had been aggressive with client C until client B moved in. Client A then targeted Client B. The QIDP stated, "Even with a BSP (Behavior Support Plan) change to increase positive attention toward [client A] every 15 minutes during awake hours, she continues to target both [clients B and C] without provocation. The QIDP stated, "The plan was to move [client C] to the [street name] group home for two reasons. First and foremost was for his (client C's) safety. Secondly, he can't use the key required to lock his door and if the DSPs aren't around, [client C] can't access his room. He (client C) would require a magnetic type door lock with a lanyard he would need to wear but was unclear if he could use it properly. A transfer to the [street name] group home would be a better option." On 5/13/25 from 4:00 PM to 5:00 PM a monitoring observation was conducted at the group home. At 4:00 PM client B was at the front door asking to go on a car ride. Client B indicated she wanted to go to [local retail store]. At 4:21 PM client A was walking down the hall to client C's room. Client A opened client C's door and saw DSP #1 and DSP #2 in the room. Client A shut client C's door, turned and came back down the hallway into the living room. At 4:42 PM DSP #1 was sitting at the table and DSP #2 was charting on the computer. Client B continued to ask for a ride. DSP #1 indicated there wasn't enough staffing to take her out on a ride. At 4:44 PM client A had picked open a scab on her forehead and one by her nose. Both open areas on client B's face were		8. Mosaic leadership will review and update the Admissions policy to ensure that due process is afforded to people supported and their guardians in regards to the admission, discharge and transfer process. Staff will be trained on the updated policy by 6/26/25. The Quality Coordinator and QIDP will ensure that this policy is followed for all admissions, transfers and discharges and that BDS has been involved and provided approval prior to moves occurring and making sure that a person served who moves fully understand the reason for the move and nature of the move, for example a permanent versus temporary move. Staff will also ensure that all personal belongings of a person moving are accounted for and moved to their home when they move. 9. DSPs and agency leadership will be trained on Indiana's ABNE policy and Mosaic's Investigations policy by 6/26/25, specifically identifying elopement as a form of neglect if the person leaves without staff knowing, which requires that an investigation be conducted. The investigation will include the review of any rights restrictions and if they were used properly, for example, if door alarms should be in place. 10. Mosaic leadership team will be	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	bleeding. After client B started licking the blood off her fingers, DSP #1 got up from the table and stated, "You don't have to pick when you are nervous." At 4:46 PM DSP #2 indicated it was DSS (Day Service Staff) #2 who took her on outings but client B was continuing to state, "Are you ready, ride, go [local retailer store name], [local retailer store name] Tuesday, read to go, get key, red car." At 4:50 PM client B started to spell the name of the [local retailer] she wanted to go visit. Client B stated, "get keys, I want bye byes. I want floaties." DSP #2 continued working on the computer while DSP #1 did not respond to client B asking to leave the house. At 4:52 PM DSP #1 stated, "It's frustrating fixing meals as none of the clients will eat them. [Client B] only eats when she's starving. [Client C] will only eat if [client A] is not at the table. [Client C only asks for snacks all day and will eat those in his room." On 5/14/25 from 1:56 PM to 7:00 PM a monitoring observation was conducted at the group home. At 1:56 PM the staff was being educated on the new changes for living room furniture placement to keep client A from having access to clients B and C. At 2:01 PM, client C was moving the recliner because he had no clear passage to get to the medication room in his wheelchair and didn't want to go by the dining room table. At 2:07 PM the furniture pattern had been rearranged by client B and client A now had a direct path toward clients B and C. At 3:25 PM client A took a swipe at client C's head and connected with her open hand. DSP #2 stated, "Get away from [client C], you hear me? Stay away from [client C]." At 3:26 PM client C stated "She (client A) hit me." DSP #2 stated, "We don't hit. It's not nice, it hurts people when you hit them." At 3:27 PM client C stated, "I'm going to pull her hair but it isn't nice." DSP #2 was trying to have client A say she was		retrained on the Investigations Policy - Indiana Addendum which includes action steps for communication of results and findings by 6/26/25. The Quality Coordinator with support from the Executive Director will ensure communication to the state around the results of future findings occurs by the 5th business day. 11. DSPs and agency leadership will be trained by 6/26/25 on the expectation that staff must accompany people served to the hospital, make sure the hospital has Mosaic's contact information and stay with the person until they are admitted into the hospital with the hospital having the necessary information to care for them or until a legal guardian or their designee relieve Mosaic staff. Failure to accompany a person to the ER is considered neglect and will be reported and investigated as such. 12. DSPs and agency leadership will be trained on the Indiana Healthcare Policy by 6/26/25, including the need for a risk plan to be in place with documentation that staff were trained on any identified health risk protocol. The nurse will complete an audit of health risk protocols that are in place and monitor to ensure that there is a protocol for each	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	sorry. At 3:28 PM client A stated, "No, No, No, I want [television cartoon show]. No hit, no hit, not nice." At 3:41 PM client A went to client B's room and DSP #2 stated, "You (client A) don't come into [client B's] room. No, you are not coming in here. Go to your room. No, [DSP #11] can change your channel." At 3:46 PM client A bolted from her room and pulled client C's hair with both of her hands till he screamed and then hit his head with an open hand while he was in the living room. DSP #11 was trying to get the television show client A requested and DSP #2 was in the laundry room. DSP #2 checked client C's head and it was red but not bleeding. DSP #2 turned to client A and stated, "Personal space ...I got to put in a GER (General Events Report) cause you keep putting your hands on [client C]. It is not nice. Stop trying to hit [client C]." At 3:48 DSP #11 was on the phone and client A attempted to hit her (unprovoked) and DSP #11 was able to move out of the way because DSP #2 stated, "Watch out!!" DSP #2 picked up a yellow square pillow and put it between her and client A and stated, "Personal space, this is how much space you should be away from people." At 3:51 PM DSP #2 cautioned DSP #11 to move to the other side of the dining room table or she risked being struck by client A. At 4:01 PM DSP #6 arrived and after 3 minutes of observation of client A's aggressive interaction with staff and client C indicated she would be taking client B out on an outing for her safety. At 4:02 PM client B exited her room holding her hair as she moved to the front door to leave with DSP #6. At 4:36 PM client B returned with DSP #6 carrying a swimsuit, markers and a new floatie. At 4:56 PM client B went into client C's room and plugged up the toilet with a roll of toilet paper she unrolled without staff knowledge. At 4:59 PM		identified health risk a person has.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	DSP #6 was cleaning up the wet bathroom floor and stated, "[Client B] stole the swimsuit from the store, but the store manager said it was ok because she usually takes something every time she is in the store." At 5:00 PM client B was asking for the security tag on the swimsuit to be removed. DSP #2 stated, "[Client B] stay out of [client C's] room." Client C started screaming, "No her (client B) in my room." At 5:05 PM DSP #12 entered the group home and asked about the security tag on the swimsuit client B was holding. DSP #6 stated, "[local retail store] said it is ok because she takes things often." At 5:11 PM DSP #2 was talking with client C in the laundry room. At 5:12 PM client A entered the laundry room. At 5:13 PM DSP #2 placed herself between client B and client A. DSP #2 stated, "You (client A) need to go that way, no hit." At 6:00 PM client B went into client C's room and into his bathroom. At 6:01 PM the surveyor alerted DSP #2 that client B was in client C's bathroom again. DSP #2 went back to client C's bathroom and stated, "Go, go, go. This isn't your bathroom." (DSP #11 was cooking dinner and DSP #2 had been dealing with client A). At 6:10 PM client B went to the laundry room and took a box of unopened gloves and took them to her room. At 6:12 PM client B came out of her room with a torn box of gloves that was empty. Client B went into the first bathroom off the dining room and threw the box in the trash. At 6:15 PM when DSP #2 was done helping client A in the laundry room, the surveyor alerted her (DSP #2) to the box of gloves client B had taken. At 6:16 PM DSP #2 went into client B's room and stated, "Thank you for opening a new box of gloves for me, that was very helpful." DSP #2 came through the living room carrying all the gloves in her arms back to the laundry room. At 6:33 PM DSP #11 was			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	mopping up spilled pop from the dining room floor which happened when client C dropped the pop he was drinking. Client A was asking for her blanket and started pulling on DSP #2's arm. At 6:35 PM client A stated, "I want blanket." DSP #2 stated, "You can't lay down with a wet blanket." At 6:36 PM client A stated, "I want blanket." DSP #2 stated, "It is still drying, now let me go." Client A screamed, "NO!!" At 6:37 AM client A struck the surveyor in the head with open hand twice. DSP #2 got between the surveyor (sitting in a chair) and client A and stated, "[Client A] you gotta go now." On 5/15/25 from 12:24 PM to 2:30 PM a monitoring observation was conducted at the group home. At 12:26 PM client C stated, "I'm going on vacation." At 12:27 PM DSP #10 indicated client C was being packed to go to [street name] group home. At 12:42 PM client C was at the kitchen table eating a plate of 14 miniature vanilla flavored cookies and stated, "I am going on vacation and going to 'relax' (client C put his hands behind his head and closed his eyes and smiled)." At 12:49 PM, client C went into the kitchen with his plate of cookies and came back out of the kitchen and stated, "She (pointing to client A in the doorway) she scratched my head." There was no attempt by DSP #10 to check client C's head. At 12:50 PM DSP #10 stated, "It's ok, we are getting you packed for your overnight stay at [street name]." At 12:53 PM the QIDP stated, "I have approval to move [client C] to [street name] group home." At 12:54 PM while the QIDP was packing up three large plastic bags with medication cards, bottles, nasal sprays and MARs (Medication Administration Records), DSP #10 stated, "[Client C] you will now have lots more space to use your wheelchair. You are going to a big 2 story house with all guys in the vacation home. You will like it			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	there." At 12:59 PM client C picked up his feet and stated, "Let's go on vacation." At 1:04 PM DSP #1 stated, "We have to wash all of [client C's] clothes. He (client C) doesn't know he's not coming back. [Client C] has enough clothes till we get them all washed and taken over to [street name] group home for him. At 1:20 PM DSP #1 and DSP #10 indicated client C's move would be good for him because he (client C) would be in a new house, a new room with a new bed, and his dresser, nightstand and his belongings would go with him. DSP #1 indicated client C would have access to more day programming options. DSP #10 stated, "It is an all guys house so he should feel safer and with it being a bigger house, would have more area to roll around or walk when he (client C) wanted space." At 2:10 PM DSP #1 stated, "[Client A] let's go," but got slapped on the right arm by client A's open hand. At 2:18 PM client A asked for mommy and DSP #10 stated, "Tomorrow." Client A hit DSP #10 on the top of the head with an open hand (unprovoked). At 2:15 PM DSP #10 stated, "Let's go watch [cartoon show], no hitting. No hitting hands, put your hands down. We can talk but no hitting." At 2:16 PM DSP #1 stated, "[Client A] let's go," but got slapped on the right arm by client A's open hand. At 2:18 PM client A asked for mommy and DSP #10 stated, "Tomorrow." Client A hit DSP #10 on the top of the head with an open hand (unprovoked). DSP #10 stated, "Let's go watch [cartoon show], no hitting. No hitting hands, put your hands down. We can talk but no hitting." On 5/15/25 at 5:54 PM the facility submitted a plan to remove the Immediate Jeopardy. The plan indicated "Please see our 5/15/25 removal plan to keep everyone free of abuse. 1. Staff Training and Oversight			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	On May 16, 2025, all Direct Support Professionals (DSPs) are retrained on the proper implementation of [client A and B's] BSPs to ensure consistent use of appropriate interventions and de-escalation strategies. Staff were also retrained on: -General Event Reports (GERs) and peer-to-peer incident reporting. -Health services documentation, including proper protocols for documenting change of condition. -This training was completed on May 13, 2025, and prior to each DSP's next scheduled shift. -The Qualified Intellectual Disabilities Professional (QIDP) increased on-site presence to three days per week to provide direct oversight, staff coaching, and to monitor BSP adherence during in-home visits. -As of May 15, 2025, administrative staff began daily reviews of GERs (General Events Report) and TLogs (Behavior Tracking system), including weekends, to ensure all incidents are identified and reported within 24 hours. MANDT (De-escalation training) training for all DSPs is scheduled for completion by May 21, 2025. 2. Health and Clinical Support -A nutritional assessment for [client B] was ordered and is scheduled to be completed during the week of May 19, 2025. -Following[client B's] (sic) doctor's appointment on May 6, 2025, an iron supplement was prescribed. A follow-up appointment is scheduled for July 7, 2025. 3. Environmental and Safety Measures -Furniture in the common areas was rearranged to improve visibility and ensure line-of-sight monitoring for both individuals, supporting enhanced supervision.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	-Staffing ratios are being maintained at 1:1 during active hours, ensuring consistent and appropriate supervision throughout the day, utilizing the active treatment schedule. -The Associate Director (AD) will conduct weekly monitoring of staffing ratios to ensure continued compliance. 4. Individual Transitions and Peer Grouping -[Client C] transitioned to [street name] House with approval from BDS to be placed in a more appropriate peer group and supportive living environment. 5. Active Treatment and Engagement -A new activity calendar focused on active treatment programming was implemented on May 13, 2025, promoting meaningful engagement and skill development. 6. Quality Assurance and Leadership Oversight -Leadership will meet as peer to peer occurs to review all peer-to-peer incidents, with an emphasis on: -Prevention strategies -Environmental adjustments -Staff support and training needs." On 5/16/25 from 11:45 AM to 1:00 PM a monitoring observation was conducted at the group home. At 11:59 AM client A's mother came into the home to take client A on an outing. Client A ran up to her mom and stated, "I'm so sorry, I'm so sorry." Client A's mom brought client A over to the table and stated, "You (client A) can say you're sorry. Look at [client B], she is scared of you. You've hurt her." Client B was observed to be up out of her chair moving backward and was holding her hair while moving toward the kitchen. At 12:00 PM client A's mom stated, "I'm taking her			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	out (client A)." As soon as she (client A) had left, client B started asking to call her daddy. At 12:20 PM, client B had removed all the pool floaties from her room and had them piled up by the chair she was sitting on in the entry way to the group home. DSP #1 indicated the more anxious client B was, the more pool floaties she had near her. On 5/16/25 at 3:40 PM an email from BDS SC (Service Coordinator) indicated "It is my understanding that yesterday while IDOH was there [client A] managed to attack a housemate without staff witnessing it despite being assigned a 1:1 staff ... I'd like to know the plan for the weekend with staffing and how Mosaic will be keeping [client B] safe. You (Mosaic) have moved 2 individuals out of [street name] now for their safety and while it does get them away from their aggressor it is not addressing the cause. From everything I've read once [Former Client D/FCD] moved out she (client A) turned on [client C] and [client B] when she (client B) moved in a few months ago. The IJ report indicates [client B's] health has suffered tremendously in just a few short months. I also see that [SC] had been asking Mosaic to look into additional behavioral services for her (client A), was that ever done? I'm going to get our director of community supports, [DCS], involved to help with finding placement but please know that there needs to be a plan like yesterday for keeping the remaining housemates safe ... To further note, the guardian (client A's mother) expressed confusion yesterday when I had our service coordinator, [SC], reach out to her (client A's mother) and the CM (Case Manager) to express the urgency of the situation and the need to get [client A] moved. As of yesterday afternoon, she said no one from Mosaic had reached out to her to discuss the situation at the home. I'm going to recommend an IDT			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	(Interdisciplinary Team) meeting ...but I would like to know Mosaic's plan for at least the weekend ...." On 5/16/25 at 6:13 PM an email from the ED was reviewed and indicated" ...We understand the urgency of the situation and appreciate the collaborative approach you are taking to ensure the safety and well-being of all individuals in the home. -To address your initial point: We have reported that the incident that occurred while IDOH was onsite was unmonitored on 5/14/25 and the appropriate IR (Incident Report) was filed. -Regarding weekend planning: we are actively working to put interim safeguards in place to maintain the safety of all residents. [Client A] will be relocated to her mother's house with Mosaic staffing as requested until we can meet to determine next steps. -We want to clarify that Mosaic has not served notice to [client A] at this time (sic). However, we do recognize that peer-to-peer conflict has continued, following the closure of the last incident survey on 4/1/25, we implemented several changes that did reduce these events to 6, though we acknowledge that our goal of zero incidents has not yet been met. -As for the movement of housemates: [FCD] was relocated due to patterns we observed post-placement that suggested [client A] may target individuals who use wheelchairs. [Client C's] transition discussion was already underway due to lack of peer compatibility in the current setting after [FCD] moved. We did request to forgo 30 days for his best interest. -We have no internal documentation indicating 'attacks at night,' and the HRC (Human Rights Committee) -approved door locks were implemented to address [client B's]			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	well-documented skin-picking behavior, as relayed by her family. Nevertheless, we are now opening a full internal review to better understand the discrepancies between our records and the information that's been shared externally. We take these matters seriously and want full clarity on what is occurring in the home. -We agree entirely that a meeting is critical. We are proposing Monday or Tuesday at the latest for an IDT to bring all parties together to review [client A's] placement and determine a comprehensive safety plan ... -Regarding additional behavioral supports: [client A] continues to be overseen by our BCBA (Board Certified Behavior Analyst), and her BSP is reviewed and updated as clinically indicated ...." On 5/19/25 from 9:00 AM to 10:24 AM a monitoring observation was conducted at the group home. At 9:07 AM when the front door opened, there was no alarm turned on. Client B was singing this morning. At 9:11 AM the surveyor alerted DSP #10 client B was in the bathroom as DSP #10 was in the kitchen cooking client B's breakfast. At 9:13 AM DSP #10 indicated that client A had gone home over the weekend with her mom. DSP #10 stated, "[Client A's] mom was given no option, just the instructions to take her home and a meeting would be convened for Monday to decide next steps." At 9:14 AM DSP #10 indicated client B had been out in the living room watching her [electronic device], increased verbalizations heard this weekend, and she had been smiling. DSP #10 indicated she has been out of her room, eating at the table and walking around the house. DSP #10 stated, "With [client A] gone, [client B] is a whole new person." At 9:16 AM client B was asking for a car ride but DSP #10 indicated she couldn't take her for a ride. At 9:17 AM client B emptied the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	kitchen trash and went outside with DSP #10 to put it in the outside trash can. At 9:19 AM client B went into the laundry room and took the trash out. Client B stated, "ta da, we did it." Client B had a big smile on her face. Client B went back inside and put new bags in both trash cans. At 9:20 AM client B went into the bathroom and took that bag to the outside trash can and then followed DSP #10 into the kitchen to retrieve a plastic shopping bag to place it in the bathroom trash can. Client B stated, "Ta da, You did it, Great job. You can do it. Good Morning Sunshine." DSP #10 stated, "Wow!!" At 9:25 AM client B stated, "Key, Key, Unlock, Key." Client B was outside of client C's door. DSP #10 unlocked the door and client B went back in the bathroom in client C's room to retrieve his trash bag. At 9:27 AM DSP #10 was asked about client C's dresser that was still in the room. DSP #10 indicated he didn't need it at his new group home so it was going to stay here for the new lady coming. DSP #10 indicated they hadn't been given a start date for her but she had completed all her visits. At 9:29 AM client C took out the fourth bag of trash to the outside trash can. Client B stated, "Ta Da! I did it, You did it. Good job. Good morning." At 9:40 AM DSP #10 was asked about the belongings in the closets and in the other dresser and in the drawers under the closets in client C's bedroom and bathroom. DSP #10 indicated they had remained in the home after FCD moved out in 2/8/25. DSP #10 indicated she didn't know why the clothes hadn't gone with him. At 9:55 AM client B's mom came for a surprise visit to client B. Client B's mom opened a package of fresh tamales and client B sat down and started eating. Client B's mom stated, "You are so skinny, mama." Client B was asking to go home. Client			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	B's mom stating, "This is [client B's] home. Client B stated, "No, No, No, No, No!!" Client B's mom stated, "Yes, Yes, Yes, Si, Si, Yes this is [client B's] home." Client B's mom stated, "Mama (client B), you are so skinny. Let me take your picture." Client B was sitting at the table eating tamales her mom had brought with her. At 10:00 AM client B's mom was told by DSP #10 only 2 clients lived in the home at the present time. Client B's mom stated, "You are so skinny and have to have lost 30 pounds in these first three months." At 10:10 AM client B did a face call with an aunt and the aunt shouted, "God she is so skinny, that is a huge change in less than 3 months." At 10:13 AM client B's mom stated, "Her anxiety is increasing, I will take her for a ride and bring her back." At 10:18 AM DSP #10 stated, "[Client A] went home with her mom on Friday. No staff went with her." On 5/19/25 at 3:00 PM an IDT meeting was held. On 5/20/25 at 4:24 PM BDS sent the following: "[Client A] IDT Meeting 5/19/25 at 3pm notes indicated In attendance: [SC/Service Coordinator], [DM/District Manager], [VP/ Vice President of Operational Excellence), [ED/Executive Director], [RVP/Regional Vice President], [Supportive Group Living/SGL Manager], [QIDP/Qualified Intellectual Disability Professional], [HM/House Manager], [Client A's Mother/Guardian], [MS/Mission Supports], [Quality Coordinator/QC], [Assistant Director/AD], plus one unidentified individual. [Client A] spent the weekend at home with mother. Staff were not involved this weekend at the home. Kept it more of a 'home visit' situation to be less confusing for her (client A), and was concerned about animals at the home. Behaviors Friday were pretty intense, isolated			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	confusion/repetitive/wanting to go back to staff and the home requests. She did settle down after she understood the transition. Mother discussed it was due to behaviors that she (client A) needed to take a break. Mosaic asks is it a 'must that she find a new provider'. The [SGL Manager] states no, but that Mosaic needs a plan to keep [client A] safe and needs to provide a plan to IDOH (Indiana Department of Health) detailing how everyone will be kept safe (sic). Mosaic states they don't have capacity in Supported Living sites at this time (sic). The Vice President (VP) states to be clear, she (client A) could go back to the home if there is a plan to support safely (sic). The SGL Manager states if there is a plan in place that IDOH approves of that can keep her and others safe (sic). Mosaic asks [client A's mother) what she would like to see happen. (Client A's) mom states that is a loaded question. She wants [client A] to be safe wherever she goes. She has behaviors that need to be addressed. Even with medication, she needs the triggers to be addressed. Dr's (doctor's) office is not willing to give medication until she sees a behavioral specialist (sic). The VP asks if it is possible that she received a behavior consultant in SGL. The SGL Manager states that either in house or outside services can be sought if needed for an individual. Mosaic/mom need to work together to find that support (sic). The VP asks if there are triggers that are at play with behavior at the home. The ED states yes, that there is some jealousy with the new housemate. She states there have been some positive interactions between the two individuals. (sic) The SGL Manager states that she can come back to the home at any time if Mosaic believes they can protect the individuals at the home. Mosaic needs to have a plan in place,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	and they risk their license if they don't have a plan provided to IDOH. (sic) The VP states speaking for Mosaic, they want her to be able to return to her home if that is what she wants. She states that Mosaic will build a plan that safely allows her to go back to her home, and continued supports to help her get past her triggers and challenges. (sic) The VP states that a plan is great, but they need to have the measures in place at the home before the plan is implemented. She states they need to move beyond the 'bandaid plan' and move into the long term plan. (sic) Mosaic did not detail a plan at this time. The SGL Manager agrees and mentioned the incident in which 1:1 staffing was in place but [client A] was still able to aggress on her housemate. That was concerning the IDOH and BDS as well. (sic) What is plan to reintroduce and reintegrate, as 1:1 staffing is not feasible long term. Communication with Dr (doctor) need to be followed up on to ensure that he has all of the information on what supports are in place. The VP confirms that the QIDP is writing the ISP/BSP (Individual Support Plan/Behavior Support Plan) and updating that. [House manger name] is the house manager and is responsible for training and updating staff. [Client A's mother] states she has faith in the [HM's] with the team as she has worked with [client A] a lot with the day program. [Client A's] mother concerned with the food items that she is getting that she should not be getting. [Client A's] mother explains that getting the items that are not supposed to be included in her diet could be causing her anxiety and behaviors worse. (sic) She acknowledges that it is not causing all of the issues, but that it could be playing a part into it. Mosaic confirms NO risk plan for gluten/dairy free plan. She has diagnosis for both. The VP states risk plans need to be created and signed by staff ASAP. (sic) Mosaic states they need to do a better job of 'hyping up'			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	her special diet and staffing to support following the diet at the dinner table. (sic) The SGL Manager asks [client A's] mother if she is on board with [client A] returning to the home. [Client A's] mother hesitates yes. The SGL Manager reiterates that [client A's] mother has choice, and that if she is not comfortable with that then we can talk through alternate plans or options as she has choice. Mosaic echoes that statement. [Client A's] mother confirms that Mosaic needs to submit a plan to IDOH and have it approved. The VP states yes and that the plan needs to be ready to implement before she comes back to the home (sic). The SGL Manager asks if there is a timeline for this plan, as we don't want to drag [client A's mother] along waiting for a plan. [The ED] states they have been working on parts of the plan, and that they should have all parts and HRC (Human Rights Committee) approvals completed by Wednesday 5/21/25. The VP asks if a follow up call would be beneficial in a few weeks. Mosaic states they will be meeting regardless. The [Services Coordinator] states yes that she would like to be included in the meeting and BDS leadership as needed or available." On 5/20/25 at 10:37 AM an email from the ED was reviewed and indicated "After meeting with the BDS ...and the Mosaic team, we have determined that-with our current plan to remove the IJ and our continued efforts to improve services at [street name] group home we are hopeful that [client A] can return to the home as early as Wednesday, following the completion of MANDT (de-escalation) training. We have also spoken with [client B's] guardian, who expressed support for [client A's] return and confirmed she has no concerns			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	regarding [client B]. She did commend the positive changes already observed at the home. That said, she understands the current environment involves a period of adjustment, with increased visitors and recent staffing changes affecting the home's structure and routine."On 5/20/25 at 1:44 PM an email from the ED was reviewed and indicated "I wanted to touch base and see if this plan has been reviewed so we can give an update to [client A]."On 5/20/25 at 1:47 PM an email was sent to the ED from IDOH and indicated "The plan was reviewed. [Client A] is not currently in the home so it is not possible to determine if the plan is being implemented or is effective. When is she (client A) expected to return?"On 5/20/25 at 10:37 PM an email from the ED was reviewed and indicated "Thank you for reviewing the plan. We are anticipating [client A's] return on 5/22/25 ... Her IDT team has been updated with this information as well, and we are prepared to move forward with implementation upon her return."On 5/21/25 at 10:00 AM client A was not in the home.On 5/27/25 at 9:15 AM to 10:15 AM a monitoring observation was conducted at the group home. At 9:15 AM client A was seated at the dining room table eating breakfast with her fingers and was cued by the HM (House Manager) to use her fork. Client A used her fork with			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	verbal prompting. Client A was holding the 'guy's' blanket (NSS #1) while seated at the table. At 9:20 AM client A stated, "[NSS #1's] ears?" At 9:22 AM the surveyor entered client A's room and an audible alarm was heard upon entry and exit. At 9:24 AM DSP #2 stated, "[Client B] has come to the table with staff sitting on both sides of [client A] and she (client B) might eat a bite or two." At 9:26 AM DSP #2 indicated DSP #10 had taken client B to [local store] and wouldn't be back for a few hours. Client A stated, "Wash [NSS #1's] blanket." Client A turned her neck up for staff to kiss her. DSP #2 stated, "[Client A], stop that." At 9:27 AM client A stated, "Want to wash it." DSP #2 stated, "[Client A], you need to learn to be patient." Client A was angling her neck up for staff to kiss her. DSP #2 stated, "Stop that." At 9:28 AM client A stated, "Wash blanket, wash blanket NOW!" DSP #2 stated, "Now what did I say, you can ask me 50 times and each time I am going to tell you no. There is a load in the washing machine needing to finish its cycle and then we can put yours in the next load." Client A stated, "No!! Wash blanket Now !!" DSP #2 stated, "No means no. You will have to be patient." 9:29 AM DSP #2 attempted to redirect client A by asking her to 'take your dishes to the sink.' Client A took her plate to the sink. At 9:30 AM client A stated, "I			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	want to wash it." Client A tried to go around DSP #2 to get to the washing machine. DSP #2 attempted to redirect but client A pushed DSP #2 out of the way and entered the laundry room. Client A was crying at being told she had to wait for the current cycle to be completed. At 9:32 AM the HM stated, "Put your hands down, we don't hit." Client A stated, "Don't be mean." The HM stated, "I am not being mean, the load still has 47 minutes till it done." Client A stated, "No wash blanket now!" At 9:33 AM the HM stated, "No you only have to wait 46 minutes now." Client A stated, "No, Don't be mean." At 9:34 AM the HM attempted redirection to have client A watch a show. Client A stated, "No." At 9:38 AM DSP #2 stated, "Let's go get a shower, that will help you feel better and when you are done and dressed, the washer should be almost through. I will help you get started and the HM will bring us the items needed for your shower." Client A walked directly to the bathroom with DSP #2. At 9:54 AM client A was done with her shower and walked to her room with DSP #2 to get dressed for the day. At 9:55 AM, the HM opened client C's locked room door and client C's dresser was still in the room. The HM indicated it was staying with the house. The HM indicated all of FCD's belongings had been packaged up and delivered to his			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	new [street name] group home. At 10:15 AM the surveyor went to the [local store] but client B was not in the store. The clerk called the second [local store] in [city name] and there were no female customers in the store. Clients A and B were not in the home at the same time during the 5/27/25 observation time period. Based on observation, interview and record review, the facility's corrective measures and the plan of action to remove the Immediate Jeopardy were not sufficient to remove the Immediate Jeopardy on 5/12/25, 5/13/25, 5/14/25, 5/15/25, 5/16/25, 5/19/25, 5/20/25, 5/21/25, and 5/27/25. The facility remained out of compliance at the Immediate Jeopardy level and the Condition of Participation (Client Protections). The Immediate Jeopardy continued because the facility needed to develop client specific protocols for clients A and B regarding the facility's systemic neglect to implement effective systemic oversight and action to safeguard client B from abuse by client A, to prevent fear and intimidation of client B by client A, and to ensure competent and appropriate interactions, interventions and program implementation with clients to prevent abuse, neglect, and mistreatment. The facility's failure to immediately report, thoroughly investigate, and implement effective corrective measures to prevent the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	recurrence of clients B and C's continued abuse by client A, and the recurrence of client B's fear and intimidation by client A regarding the increased weight loss from 32 to 38 pounds, and an increase in behaviors by client B when she can't go on outings to get out of the house. The facility failed to prevent client to client abuse of clients B and C by client A and client to staff aggression by client A as exhibited by:There was no t-log (staff reporting form) entry, GER (abuse or property destruction form) or BDS reports available for the following incidents: 5/14/25 at 3:26 PM client A hit client C.5/14/25 at 3:46 PM client A hit client C in the head with an open hand.5/15/25 at 2:18 PM client A hit DSP #10.5/16/25 at 11:59 AM client A's mom stated, "You hurt [client B]. She is afraid of you."-A 5/15/25 t-log indicated "[Client A] was walking around in the living room. She (client A) ran up and hit a person from the state agency on the arm. Staff ran to intervene and asked [client A] to stop. She (client A) attempted again to try to hit the person (state surveyor) and staff tried to block her (client A). (Client A) walked off. There were no injuries."-A 5/15/25 t-log indicated "[Client A] was acting agitated. Staff was in the living room and another staff was sitting in the dining room. [Client A] was walking around in the living room and ran up			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	to hit the staff sitting at the dining room table. Staff asked her to stop. [Client A] then ran towards the staff again and staff ran to intervene to stop [Client A]. Staff asked the staff to move to the other side of the table. There were no injuries."-A 5/14/25 t-log indicated "[Client C] was sitting in his wheelchair in front of the front door. Staff was assisting another staff to get another individual ready for their shower. When staff came out of the bathroom, a person from the state informed staff that [client A] pulled [client C's] hair. There were no injuries."During the Immediate Jeopardy monitoring observations on 5/14/25, 5/15/25, and 5/16/25, the pattern of client to client abuse by client A continued as evidenced by the above incidents. On 5/19/25, 5/20/25, 5/21/25, and 5/27/25, clients A and B were not in the home together during the monitoring observations to evaluate the effectiveness of the implementation of the agency's 5/15/25 Immediate Jeopardy removal plan. The Immediate Jeopardy was not removed. Findings include:1. Please see W125. For 2 of 2 sampled clients (A and B) plus 3 additional clients (C, FCD/former client D and FCE/former client E), the facility failed to ensure the clients had the right to due process in regard to admission, discharge and transfer processes into or from the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	group home.2. Please see W149. For 2 of 2 sampled clients (clients A and B) plus 1 additional client (client C), the facility neglected to implement its policies and procedures to prevent the physical and psychological abuse of clients B and C by client A. (1) The facility failed to ensure its system for detecting and preventing abuse was implemented to prevent the abuse of clients B and C. The facility failed to report allegations of abuse immediately to the administrator and to the Bureau of Disabilities Services (BDS) in accordance with state law. The facility failed to conduct thorough investigations of allegations of abuse. The facility failed to take sufficient corrective action to address the pattern of abuse and client B's increased picking behaviors, isolation in her bedroom, and meal refusals leading to a significant 38 pound weight loss. The facility failed to address client C's isolation in his bedroom. (2) The facility failed to prevent the psychological abuse of client C when moving him to another group home without informing this was a permanent move. (3) The facility failed to investigate the allegations of neglect when client A eloped from the home and was returned by members of the community. (4) The facility failed to investigate the allegations of sexual grooming of client A by NSS #1 (night shift staff #1) within 5 days.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	(5) The facility failed to prevent the neglect of client C when he was left alone at the hospital with a cognitive disability requiring constant supervision.3. Please see W153. For 2 of 2 sampled clients (A and B) plus 1 additional client (C), the facility failed to ensure staff immediately reported allegations of abuse, neglect and mistreatment to the administrator.4. Please see W154. For 2 of 2 sampled clients (A and B) plus 1 additional client (C), the facility failed to complete a thorough investigation for an injury of unknown origin affecting client C, allegations of client to client aggression affecting all clients, and the property destruction of the group home computer by client A.5. Please see W156. For 1 of 2 sampled clients (A), the facility failed to ensure the results of an investigation were reported to the administrator within 5 working days.6. Please see W157. For 2 of 2 sampled clients (A and B) plus 1 additional client (C), the facility failed to ensure appropriate corrective actions were implemented to address recurrent issues of client to client aggression.This federal tag relates to complaints #IN00458737 and #IN00456286.9-3-2(a)			
W 0125 Bldg. 00	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS Based on observation, interview and record	W 0125	1. Mosaic leadership will review and update the Admissions policy	06/26/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	review for 2 of 2 sampled clients (A and B) plus 3 additional clients (C, FCD/former client D and FCE/former client E), the facility failed to ensure the clients had the right to due process in regard to admission, discharge and transfer processes into or from the group home. Findings include: A review of the facility's emails regarding clients' transfers/discharges was conducted on 5/8/25 at 5:00 PM and indicated the following: 1. An email from the HM (House Manager) dated February 7, 2025, at 11:38 AM indicated "We are requesting an emergency transition for [FCD] to our male opening at the [street name] home, starting immediately for an undetermined amount of time for his safety. The peer to peer with [client A] has amplified after a medication change that her (client A's) mom is insisting on. We need to keep [FCD] safe and this is the only way we can guarantee safety at this time. We have brought in Mosaic BCBA (Board Certified Behavior Analyst) to assist with [client A] and will be seeking [psychiatric medication] testing to help get her the medication that is right for her. We can re-evaluate [FCD's] safety after we make some strides in reducing [client A's] aggression. [FCD's] guardian and advocate is aware and approves this change. Staff training is being completed today and we hope to have [FCD] start staying there tonight." An email from the HM (House Manager) dated May 19, 2025, at 8:25 AM indicated "2/7/25 [FCD's] move to [street name]. I (HM) talked with FCD's [brother] about [FCD] moving to [street name] when he (FCD) got out of the hospital and he (FCD's brother) was happy to have [FCD]		to ensure that due process is afforded to people supported and their guardians in regards to the admission, discharge and transfer process. Staff will be trained on the updated policy by 6/26/25. The Quality Coordinator and QIDP will ensure that this policy is followed for all admissions, transfers and discharges and that BDS has been involved and provided approval prior to moves occurring and making sure that a person served who moves fully understand the reason for the move and nature of the move, for example a permanent versus temporary move. Staff will also ensure that all personal belongings of a person moving are accounted for and moved to their home when they move. Mosaic will also ensure that there is a discharge meeting and a discharge transfer summary when someone is discharged or transferred to another home. The Quality Coordinator and QIDP will ensure that there is documentation of the meeting and that a copy of the discharge summary is sent to BDS and the guardian. 2. Mosaic will establish and train agency leadership on the procedure for communication with guardians by 6/26/25, particularly that guardians must be notified of a change of condition, peer to peer	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	being moved out of [street name] group home. He (FCD's brother) asked if it was going to be temporary and I (HM) said 'for now yes, it will be temporary'." An email from the HM dated May 19, 2025, at 8:25 AM indicated "2/8/25 I (HM) talked to [FCD's brother] at [street name] group home about [FCD] and he (FCD's brother) said 'that [FCD] will adjust to the house.' He (FCD's brother) said '[FCD] likes it and asked when all of his things will come over.' I (HM) told him (FCD's brother) I was going to be getting some of his things that day. An email from the ED dated May 16, 2025, at 6:13 PM indicated "...As for the movement of housemates: [FCD] was relocated due to patterns we observed post-placement that suggested [client A] may target individuals who use wheelchairs ...." On 5/20/25 from 5:00 PM to 7:06 PM an observation was conducted at the group home. FCD's belongings remained in his previous group home's two bathroom closets, and 3 drawers in both the bathroom and the dresser. At 5:50 PM DSP (Direct Support Professional) #8 indicated she didn't know why FCD's belongings were still in the closets and drawers since his move occurred in February 2025. Client FCD's focused record review was conducted on 5/20/25 at 6:00 PM. Client FCD's transfer/discharge summary was not provided. On 5/19/25 at 11:45 AM an interview with the BDS (Bureau of Disability Services) SC (Service Coordinator) was conducted and stated, "Mosaic did not follow protocol when they transferred		abuse, injury of unknown origin and any other change in health, behavioral or service delivery status. 3. DSPs and agency leadership will be trained on the Indiana Healthcare Policy by 6/26/25, including the need for a risk plan to be in place with documentation that staff were trained on any identified health risk protocol. The nurse will complete an audit of health risk protocols that are in place and monitor to ensure that there is a protocol for each identified health risk a person has. 4. DSPs and agency leadership will be trained on Indiana's ABNE policy and Mosaic's Investigations policy by 6/26/25, specifically identifying elopement as a form of neglect if the person leaves without staff knowing, which requires that an investigation be conducted. The investigation will include the review of any rights restrictions and if they were used properly, for example, if door alarms should be in place.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	[FCD] to [street name] group home. The agency claimed it was an emergency transfer for safety but they had already discussed moving [FCD] since May 2024. On June 25, 2024, the agency asked for permission to relocate [FCD] for his safety. At that time we (BDS) asked for copies of [FCD's] ISP (Individual Support Plan), BSP (Behavior Support Plan), RP (Risk Plan) and COD's (Certificate of Diagnosis). On 7/18/24 we (BDS) put in a second request for the same documents. On 12/16/24 a 3rd request was made of the agency for the same documents. There was no ISP, BSP, RP or COD documentation provided. On February 7th I (SC) received notification they (Mosaic) would be moving him to [street name] group home on February 8, 2025. The agency was told BDS can't move a client without doing the paperwork to ensure their diagnosis met qualifications and the client was appropriate for the house with the other clients already in the home." The SC stated, "[FCD's] IRs (Internal Reviews/BDS reports) that were concerning included: - (from early fall time) issue with shunt. He was struck by [client A] and had swelling and had to go to the ER (Emergency Room). He vomited twice, had an increased pulse and was admitted for observation. -1/31/25 - [FCD] was sitting by the front door. [Client A] grabbed his hair and pulled his head to the side, became fatigued and vomited. EMS (Emergency Medical Services) was called, evaluated and transported [FCD] to the ER (Emergency Room) for further evaluation. Testing and imaging revealed chronic fractured (broken) shunt catheter (tube in the brain that takes spinal fluid to the stomach to be excreted through client's urine) since 9/2024. [FCD] was to follow up with Neurosurgeon in 5-7 days and PCP (Primary Care Physician) in 2-3 days. No follow			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	up IR (Investigative Report) was given to indicate if the follow-up appointments were kept." On 5/20/25 at 2:19 PM an interview with FCD's guardian was conducted. FCD's guardian stated, "[FCD] is doing great at [previous group home]. When told he (FCD) wasn't at [street name] group home stated, "What the h--- are you talking about? I didn't know he (FCD) got moved. No one called me (the guardian) for permission to move my son. I am in utter disbelief and shock. I was just with [FCD] and [friend] and he was doing great - it was Mother's Day. He (FCD) was in his wheelchair and looked great. No one has discussed any problems or concerns happening at the group home so why was he moved? I am going to hang up now and find out what the h--- is going on. I am calling my [friend] and talk with him. I am his mother. I am his guardian. I gave birth to him and on one is talking to me?" On 5/20/25 at 2:33 PM a second interview with FCD's guardian was conducted. FCD's guardian stated, "I just spoke with my [friend]. He (friend) thought I already knew about this change. The [friend] told me the agency moved in a 31-year-old high functioning female (client A) into an all-male house and she (client A) was hitting [FCD]. The 31-year-old female has hit enough people that three clients have had to move out. Do you know why they would bring in a female to an all-male house? I am angry that [street name] group home has not called me to say he moved out. The administration side of the agency should have called to discuss this with me." FCD's mother apologized for the previous call. "I'm just happy that the [friend] thinks [FCD] is doing well in his new place and seems happier than at [street name] group home. I am also upset that the new home has never reached out to introduce themselves.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	Why didn't they just move the girl who was hitting? He (FCD) saw his neurosurgeon last week and there is still a crack in his shunt but he (FCD) isn't having any complications. The excess fluid made from his brain condition (Occipital Encephalocele - brain not covered by bone since birth) is not giving him lethargy, vomiting or agitation. As long as he is not having those symptoms, they don't want to do surgery to repair the shunt. I hope the new house knows about this and what to look for. He (FCD) was hospitalized this past winter but I don't think it had to do with the new lady who was hitting but I don't know that for sure. I was never called and told he was being hit. Had I been told, I would have made a trip up to the group home to get things settled. The hitting wouldn't have continued if I had been made aware the hitting was even going on in the group home. Do you know why they didn't move his clothes and shoes and belongings with him when they moved him? Never mind, I will ask when I call administration to find out why they decided not to tell me about his move." On 5/20/25 at 5:25 PM an interview with the RN (Registered Nurse was conducted. The RN indicated she didn't know FCD had a shunt. The RN indicated she has not done an assessment on the client since she started in April 2025. The RN indicated any teaching the new group home would have received would have been done by the AD (Assistant Director) as she was filling in while the nurse position was being filled. The RN indicated there were other RNs that could answer questions but they were only available remotely. The RN indicated since he is not having any issues right now, she had not completed his assessment or needed to reach out to his guardian.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	On 5/22/25 at 1:30 PM an interview with the ED (Executive Director was conducted. The ED indicated a move is discussed at an IDT (Interdisciplinary Team) meeting and guardians may or may not be present. The ED stated, "Guardians can and will refuse to participate. If the guardian is not available then the HM (House Manager), the QIDP (Qualified Intellectual Disabilities Professional), and the AD (Assistant Director) will meet to discuss what will happen with the clients regarding admission, transfer or discharge. Initially BDS (Bureau of Disability Professionals) will send us a referral. If the IDT team meet and the client seems like a good fit on paper, we will reach out to BDS and they will open the packet, schedule a 30-day meeting and review paperwork. BDS will give us the move-in date when everything is in order. We are required to do 3 visits with each prospective client. We currently do not do the overnight visit." The Vice President of Operational Excellence/VP stated, "We have asked for information on the regulations the state has set up. We don't feel the state is using best practices for admitting clients. We are asking staff who knows nothing about these clients to care for them overnight with little to know information. We can not give medications without a physician's order and we cannot have client's families stay overnight because of risk and liability. For these reasons the state needs to explain the regulations further so we can mitigate the risk and liability being asked of our agency. Other states do not have these requirements and have stopped the practice until the state satisfies our legal department." The VP indicated the home office is run out of [city, state]. The ED stated, "I have been working with the SC (Service Coordinator), the RM (Regional Manager) and the SGL (Supportive Group Living)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	Manager. Guardians are notified by email of the meeting invites and given their copy of the state reports. We rarely call the guardians. On our BDS report when it says guardian notified, it means we sent them an email." The ED indicated BDS protocols for admission, transfer and discharge should be followed and the guardians included. 2. On 5/15/25 from 12:24 PM to 2:30 PM an observation was conducted at the group home. At 12:26 PM client C stated, "I'm going on vacation." At 12:27 PM DSP #10 indicated client C was being packed to go to [street name] group home. At 12:42 PM client C was at the kitchen table eating a plate of 14 miniature, vanilla flavored cookies and stated, "I am going on vacation and going to 'relax' (client C puts his hands behind his head and closes his eyes and smiles)." At 12:49 PM, client C went into the kitchen with his plate of cookies and came back out of the kitchen and stated, "She (pointing to client A in the doorway) scratched my head." At 12:50 PM DSP (Direct Support Professional) #10 stated, "It's ok, we are getting you packed for your overnight stay at [street name]." At 12:53 PM the QIDP (Qualified Intellectual Disabilities Professional) stated, "I have approval to move [client C] to [street name] group home." At 12:54 PM while the QIDP was packing up three large plastic bags with medication cards, bottles, nasal sprays and MARs (Medication Administration Records), DSP #10 stated, "[Client C] you will now have lots more space to use your wheelchair. You are going to a big 2 story house with all guys in the vacation home. You will like it there." At 12:59 PM client C picked up his feet and stated, "Let's go on vacation." At 1:04 PM DSP #1 stated, "We have to wash all of [client C's] clothes. He doesn't know he's not coming back.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	He has enough clothes till we get them all washed and taken over to [street name] group home for him." At 1:20 PM DSP #1 and DSP #10 indicated client C's move would be good for him because he (client C) would be in a new house, a new room, would get a new bed, and his dresser, nightstand and his belongings would go with him. DSP #1 indicated client C would have access to more day programming options. DSP #10 stated, "It is an all guys' house so he should feel safer and with it being a bigger house, would have more area to roll around or walk when he (client C) wanted space." A review of the agency's emails was conducted on 5/8/25 at 5:00 PM and indicated the following: An email from the BDS (Bureau of Disability Services) SC (Service Coordinator) dated May 15, 2025, at 11:39 AM indicated "Yes, BDS will approve of the emergency transition of [client C]. Please send his updated plans and a current COD (Certificate of Diagnosis) so I can complete the Level of Care. We will also need to set up a 30-day post-transition meeting to check in on how things are going." An email from the Associated Director (AD) dated May 15, 2025, at 11:39 AM indicated "[Client C's] guardian toured our [street name] home yesterday and would love to move [client C] there. This will put [client C] with people more in his peer group. Can we get approval for an emergency move for [Client C] to [street name]?" An email from the Executive Director (ED) dated May 16, 2025, at 12:24 PM indicated "He (client C) stayed at [street name] last night, [SC]. I (ED) read this as the move was approved. I (ED) requested his (client C's) COD to (sic) submitted to you today."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	An email from the ED dated 5/16/25 from 6:13 PM indicated "As for the movement of housemates: ... [client A] may target individuals who use wheelchairs. [Client C's] transition discussion was already underway due to lack of peer compatibility in the current setting after [FCD] moved. We did request to forgo 30 days for his (client C's) best interest." On 5/8/25 at 7:00 PM client C's focused record review was completed. There was no discharge/transfer summary provided. On 5/12/25 at 3:12 PM an interview with the QIDP was conducted and indicated client A had been aggressive with client C until client B moved in and then client A targeted client B. The QIDP stated, "Even with a BSP (Behavior Support Plan) change to increase attention toward [client A] every 15 minutes during awake hours, she continued to target both [clients B and C] without provocation. The plan was to move [client C] to the [street name] group home for two reasons. First and foremost was for his safety. Secondly, he can't use the key required to lock his door. If staff aren't around, [client C] can't access his room. He would require a magnetic type door lock with a lanyard he would need to wear, It remained unclear if he could use it properly. A transfer to the [street name] group home would be a better option." On 5/14/25 at 10:30 AM an interview with the AD (Associate Director) was conducted and indicated client C's guardian was doing a walk through later that day and the plan was to get client C moved out. On 5/14/25 at 12:30 PM an interview with the RN			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	(Registered Nurse) was conducted and indicated she should have a say medically regarding the move of client C. The RN indicated no one had told her client C was planning to be moved to [street name] group home. The RN indicate she did not know the guardian was planning to do a walk through at the [street name] group home later today. On 5/19/25 at 11:45 AM an interview with the SC was conducted and stated, "Mosaic did not follow protocol when they transferred [client C] to the [street name] group home. They did not ask permission for a packet to be opened to ensure proper placement criteria had been met. They did not inform BDS prior to [client C's] visits taking place. They (the agency) emailed on Thursday requesting immediate transfer after they had already transferred [client C] to the [street name] group home. We (BDS) got told the guardian toured the [street name] group home and he (guardian) loved the home. They (the agency) indicated he (client C) would be moved to a better peer group. Request was made for [client C's] BSP, ISP (Individual Support Plan), RP (Risk Plan) and COD to be provided. There has been no documentation provided." On 5/20/25 at 1:53 PM an interview with the SC was conducted and indicated the paperwork received from the agency was client C's ISP and COD. The SC indicated there was no documentation of client's BSP or RP provided. On 5/20/25 at 5:25 PM a second interview with the RN was conducted. The RN indicated when client C was transferred, she only had to reach out to the guardian for medical needs, it was the responsibility of the QIDP or the AD/ED to inform the guardians of any changes in group home			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	status. On 5/22/25 at 1:30 PM an interview with the ED (Executive Director was conducted. The ED indicated BDS protocols for admission, transfer and discharge should be followed and the guardians included. The ED indicated summaries should be provided for continuity of care of a client who is being admitted to the agency, transferred or discharged from the agency. 3. A review of the agency's emails was conducted on 5/8/25 at 5:00 PM and indicated the following: On 5/8/25 at 10:39 AM an email from the ED was received in response to the request for Former Client E's (FCE) discharge summary to be provided. The email indicated "Is this a state requirement? I'd like to review the regulations if you could point me in the right direction since we have not been asked for this in the past." On 5/8/25 at 7:45 PM FCE's focused record review was completed. There was no discharge summary provided. On 5/20/25 at 1:53 PM an interview with the SC (BDS Service Coordinator) was conducted and stated, "An IDT (Interdisciplinary Team) meeting was held prior to [FCE's/Former client E] discharge back to her family home. Communication breakdown led to the discharge of the client. [FCE's] mom started making physician appointments when Mosaic was missing appointments or not scheduling them. Mosaic accused [FCE's mom] of not informing the agency of medication changes and [FCE's] mom got insulted because she said the accusations were untrue. In the meeting [FCE] stated, 'I don't want to go back to the group home.' There were issues trying to resolve new seizure activity without a			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	cause." On 5/20/25 at 1:53 PM the SC indicated the paperwork received from the agency included FCE's ISP and COD. The SC indicated there are still some outstanding questions pending but the paperwork has been received. On 5/22/25 at 1:30 PM an interview with the ED (Executive Director was conducted. The ED indicated BDS protocols for admission, transfer and discharge should be followed and the guardians included. The ED indicated summaries should have been provided for the continuity of care of a client who was being admitted, transferred or discharged from the agency. 4. On 5/19/25 at 11:45 AM an interview with the SC regarding client A's possible transfer to CIH (Community Integration and Habilitation) Waiver to the group home was conducted. The SC stated, "Mosaic has been in talks with BDS since May 2024 regarding the following issues: - increased patterns of aggression toward clients in the [street name] group home. - needing paperwork - asked for BSP, ISP, RP and COD's for [client A]. - no BCBA (Board Certified Behavioral Analyst) as a request on 4/30/25 to a previous [BCBA] for [Client A] refused to take her back as a client again. - 30-day meetings back in May 2024 initiated when [client A] hurt [FCD]. - need for increased behavior supports from an outside agency requested. What was completed from May 2024 to May 2025 included: -added weighted vests. -introduced sensory beads.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	-talked with [client A's mom]." On 7/23/24 our IDT meeting indicated discussions on the following: - "[client A] was targeting clients who can't defend themselves (FCD) -increased elopement incidents -need for increased door alarms to alert staff of [client A's] elopements -adding mitts that can be used on [client A] -need for a psychiatry appointment -the changes in her Olanzapine (antipsychotic medication) and the lack of its effectiveness on behavior changes -added a rocking chair and sandbox (just completed in April 2025) -having input from the BC (Behavioral Consultant) on the National team for guidance on behavior incident increases -CIH (Community Integration and Habilitation) Waiver approved as of 7/1/24 for [client A]. [Client A's] CIH Waiver information: -worked with Care Manager (CM) -mom unable to find another provider -Mosaic has a moratorium on Supportive Living since 7/2024 with no attempt to correct the issues to get moratorium lifted." On 5/20/25 at 1:53 PM an interview with the SC indicated the paperwork outstanding from the agency included: "[Client A's] RP for Gluten Free/Dairy Free (GF/DF) dietary needs." On 5/8/25 at 6:00 PM client A's focused record review was completed. There was no RP documentation provided. On 5/20/25 at 5:25 PM an interview with the RN was conducted. The RN indicated client A's RPs			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	should have been completed within 30 days of her admission to the group home. On 5/22/25 at 1:30 PM an interview with the ED (Executive Director was conducted. The ED indicated BDS protocols for admission, transfer and discharge should be followed and the guardians included. The ED indicated summaries should be provided for continuity of care of a client who is being admitted to the agency, transferred or discharged from the agency. 5. On 5/19/25 at 11:45 AM an interview with the SC regarding client B's admission to the group home was conducted. The SC stated, "When [client B] was on her visit to the home to see if she would be an appropriate placement for the group home, she (client B) had problems immediately with [client A]. [Client A] was repeatedly aggressive with [client B] during the entire observation. There were voiced concerns about compatibility and [client B's] safety. The agency said 'If [client B's] PRN (as needed) medication was given on a daily basis it would help both [clients A and B] adjust to each other'." On 5/20/25 at 1:53 PM an interview with the SC indicated the paperwork outstanding from agency included: "[Client B's] ISP, BSP, RP, and COD." On 5/8/25 at 6:30 PM client B's focused record review was completed. There was no COD documentation provided. The Aspiration RP was incomplete. On 5/20/25 at 5:25 PM an interview with the RN was conducted. The RN indicated client B's COD should have been obtained by administration. The RN stated, "The aspiration risk plan should have			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	been complete and included staff supervision at meal times and for staff to be present when [client B] was eating or drinking in her room." The RN indicated the COD and RP should have been available within 30 days of admission to the group home. On 5/22/25 at 1:30 PM an interview with the ED (Executive Director was conducted. The ED indicated BDS protocols for admission, transfer and discharge should be followed and the guardians included. The ED indicated summaries should be provided for continuity of care of a client who is being admitted to the agency, transferred or discharged from the agency. The ED indicated all paperwork should have been completed and been available upon request. 9-3-2(a)			
W 0149 Bldg. 00	483.420(d)(1) STAFF TREATMENT OF CLIENTS Based on observation, interview, and record review for 2 of 2 sampled clients (clients A and B) plus 1 additional client (client C), the facility neglected to implement its policies and procedures to prevent the physical and psychological abuse of clients B and C by client A. (1) The facility failed to ensure its system for detecting and preventing abuse was implemented to prevent the abuse of clients B and C. The facility failed to report allegations of abuse immediately to the administrator and to the Bureau of Disabilities Services (BDS) in accordance with state law. The facility failed to conduct thorough investigations of allegations of abuse. The facility failed to take sufficient corrective action to address the pattern of abuse and client B's increased picking behaviors, isolation in her	W 0149	1.DSPs and agency leadership will be retrained on Indiana's ABNE policy by 6/26/25, particularly related to identification and prevention of physical and psychological abuse, including peer to peer abuse. DSPs and agency leadership will also be trained on the Indiana Peer to Peer Abuse Protocol by 6/26/25. 2. DSPs and agency leadership will be trained on the Indiana Peer to Peer Abuse Protocol by 6/26/25. The Quality Coordinator will meet weekly with the leadership team to review any	06/26/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	bedroom, and meal refusals leading to a significant 38 pound weight loss. The facility failed to address client C's isolation in his bedroom. (2) The facility failed to prevent the psychological abuse of client C when moving him to another group home without informing this was a permanent move. (3) The facility failed to investigate the allegations of neglect when client A eloped from the home and was returned by members of the community. (4) The facility failed to investigate the allegations of sexual grooming of client A by NSS #1 (night shift staff #1) within 5 days. (5) The facility failed to prevent the neglect of client C when he was left alone at the hospital with a cognitive disability requiring constant supervision. Findings include: On 5/7/25 from 3:40 PM to 8:15 PM an observation was conducted at the group home. At 4:10 PM DSP (Direct Support Professional) Team Lead #6 encouraged client B to come to the table to eat. Client B came out of her room holding her long hair with her hands and walked toward the living room. When client B rounded the corner and saw client A coming out of her room, she turned around and went back into her bedroom. At 4:14 PM client B brought out a pool floatie to the living room and stated, "Pump, pump, pump, pump" until DSP #2 inflated her pool floatie. When client A got up from the table, client B's repeated "pump, pump, pump" increased in pitch and intensity. Client B started looking at client A and then at her floatie. Once pumped up, client B took the pool floatie to her room. At 4:17 PM DSP #4 stated, "This is a coping mechanism for [client B] when her anxiety or fear increases." DSP #4 stated, "The more floaties she wants blown up, the more anxious or fearful she is." During the		incidents of peer to peer abuse and identify trends. Trends that are identified will be reported to agency leadership, who will facilitate a meeting with Mosaic's national operations, quality and clinical behavior services staff to develop strategies to address the trend and prevent further abuse. 3. Agency leadership will be retrained on Indiana's ABNE policy, by 6/26/25, with special attention to reporting allegations to BDS in accordance with state law. 4. Agency leadership will be trained on Indiana's ABNE policy and Mosaic's Investigations policy by 6/26/25, which includes conducting thorough investigations of allegations of abuse. A 24 hour incident reporting process will be implemented. A Daily Oversight Log will be implemented and monitored for tracking follow-up for individuals involved in abuse or neglect related reports. An incident review committee will be created, including agency leadership, Quality Coordinator, QIDP and Mosaic national staff to review all open cases and patterns of concern on a monthly basis. 5. Agency leadership will be retrained on Indiana's ABNE policy by 6/26/25, with particular attention paid to taking proper	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	observation period client B asked for 6 floaties to be inflated (some she would let the air out so she could have them refilled). At 6:44 PM, client A bolted from the living room and went to client B's room. Client A hit client B on her head with a closed fist and pulled her hair while she was lying on her bed watching her [electronic device]. There were no injuries or red marks. DSP #5 and #6 had been talking with client A when she bolted from the living room toward her housemates' bedrooms. DSP #6 came in and client A ran out. DSP #6 comforted client B and asked her if she would like to eat in her room. Client B stated, "pop." Client B was given a clear soda in her room. DSP #6 indicated this was client B's food intake for the night unless she asked for snacks later. DSP #6 stated, "If [client A] is in the kitchen or the dining room, [client B] will not eat anywhere but her bedroom. When she is ready to eat we take the food to her bedroom." On 5/8/25 from 7:30 AM to 9:30 AM an observation was conducted at the group home. At 8:29 AM client B went to the laundry room and asked for a pop. At 8:30 AM DSP #7 asked client B to bring her pop to the medication cart to take her medications. Client B started toward the medication cart located next to client A's room and stopped when she saw client A in the doorway. Client B went back to her room. At 8:34 AM client B came out of her room and walked toward the kitchen. Client A came across the living room by the dining room table where DSP #8 was seated and recording receipts. Client A struck client B three times in the head with her open hand, grabbed her coat and returned to her room. Client A was not redirected because DSP #7 was behind a medication screen preparing medications and DSP #8 was at the table. At 8:40 AM client C entered the living room and was sitting in the		corrective action to address a pattern of abuse. This will include monitoring of the corrective action to ensure that it is effective in preventing further abuse. 6. Agency leadership will be retrained on Indiana's ABNE policy by 6/26/25, with particular attention paid to identifying changes in behavior that could indicate the person is being abused, for example isolation, self harm, weight loss, etc. DSPs and agency leadership will also be retrained on the Change of Condition policy by 6/26/25, which includes identifying, reporting and monitoring a change in condition, including behavioral changes. 7. Mosaic will establish and train agency leadership on the procedure for communication with guardians by 6/26/25, particularly that guardians must be notified of a change of condition, peer to peer abuse, injury of unknown origin and any other change in health, behavioral or service delivery status. 8. Mosaic leadership will review and update the Admissions policy to ensure that due process is afforded to people supported and their guardians in regards to the admission, discharge and transfer process. Staff will be trained on the updated policy by 6/26/25.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	recliner. Client A came over to client C and hit him in the head with a closed fist and stated, "That is the guy's chair." Client C immediately went back to his room and locked his bedroom door. At 8:50 AM DSP #8 indicated she hadn't seen either client B or client C get hit by client A. DSP #8 stated, "I was focused on getting these receipts entered." Neither DSP #8 or DSP #7 checked on clients B and C after being alerted to the client to client abuse with client A that had occurred. At 9:26 AM DSP #7 asked client B if she was hungry. Client B stated, "Mt. Dew, Mt. Dew, Mt. Dew." Client B refused anything to eat. There was no further attempt to offer client B food choices. Client B was given a pop which she took to her room. On 5/9/25 from 4:00 PM to 5:00 PM an observation was conducted at the group home. The surveyor was met at the door by client A. Client B came out of her room, saw client A and turned right back around and re-entered her own room and shut the door. At 4:10 PM DSP #4 stated, "I have been worried about [client B] not eating." DSP #4 indicated client B ate minimal cereal at the table and then client A got up for the day, came out to the table and client B went to her own room and didn't finish her cereal. DSP #4 indicated client B refused her lunch. DSP #4 indicated she hoped the fish for dinner might appeal to client B, but she would have to take it to client B's room to get her to even try the fish. DSP #4 indicated client B rarely ate at the dining room table and if client A came near her, her (client B's) meal was done even if the DSPs were sitting near her (client B). At 4:42 PM, DSP #1 indicated client C needed to be reminded not to eat food in his room. At 4:43 PM DSP #1 stated, "[Client C] is afraid of [client A] and would eat in his room when [client A] gets aggressive." DSP #1 indicated the group home		The Quality Coordinator and QIDP will ensure that this policy is followed for all admissions, transfers and discharges and that BDS has been involved and provided approval prior to moves occurring and making sure that a person served who moves fully understand the reason for the move and nature of the move, for example a permanent versus temporary move. Staff will also ensure that all personal belongings of a person moving are accounted for and moved to their home when they move. 9. DSPs and agency leadership will be trained on Indiana's ABNE policy and Mosaic's Investigations policy by 6/26/25, specifically identifying elopement as a form of neglect if the person leaves without staff knowing, which requires that an investigation be conducted. The investigation will include the review of any rights restrictions and if they were used properly, for example, if door alarms should be in place. 10. Mosaic leadership team will be retrained on the Investigations Policy - Indiana Addendum which includes action steps for communication of results and findings by 6/26/25. The Quality Coordinator with support from the Executive Director will ensure communication to the state	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	had an exterminator out to rid client C's room of ants because he had left uneaten food around when he ate in his room after client A's aggressive incidents. A review of the agency's BDS reports was conducted on 5/8/25 at 5:30 PM and indicated the following: 1a. There was no t-log (staff reporting form) entry, GER (abuse or property destruction form) or BDS reports available for the following incidents: 5/7/25 at 6:44 PM client A hit client B on the head. Client A pulled client B's hair. 5/8/25 at 8:36 AM client A hit client C with a closed fist. 1b. A 5/8/25 t-log indicated "[DSP (Direct Support Professional) #10] was in client A's room and a state worker came and told me that client A hit client B three times on the head." There was no investigation or BDS report completed. 1c. A 4/29/25 BDS report for an incident on 4/28/25 at 7:30 PM indicated "On 4/28/25, [client B] came out into the living room. When her housemate (client A) saw her, she came over and pulled her hair. No injuries were noted. Staff redirected the housemate. Plan to Resolve: Follow the housemates' (sic) BSP (Behavior Support Plan). Provide emotional support and ensure the individuals' (sic) safety and security." A 4/28/25 T-log (agency record of client to client aggression, behaviors and property destruction) entry from 7:51 PM indicated "[Client B] was in the living room when [client A] saw her she pulled her hair (sic)."		around the results of future findings occurs by the 5th business day. 11. DSPs and agency leadership will be trained by 6/26/25 on the expectation that staff must accompany people served to the hospital, make sure the hospital has Mosaic's contact information and stay with the person until they are admitted into the hospital with the hospital having the necessary information to care for them or until a legal guardian or their designee relieve Mosaic staff. Failure to accompany a person to the ER is considered neglect and will be reported and investigated as such. 12. The Mission Support Senior Professional completed an audit of all incident reports and GERs to identify any other unreported or un-investigated cases of potential abuse, neglect, or psychological harm. All clients will be reviewed for signs of behavioral changes or distress. Updates to BSPs will be made when needed. Abuse/neglect training records will be reviewed for all employees and any gaps will be corrected immediately with retraining and verification. 13. All incident reports regarding ANE, including peer to peer abuse, will be reviewed for the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	A 4/29/25 investigation indicated "What is the allegation: [client A] pulled [client B's] hair. Substantiated by Witness: Witnessed by staff, yes, substantiated. Is there a BSP in place? Yes. Was the BSP followed to de-escalate the individual? No. Supervisor Notified: Not by reporting staff. The supervisor saw a GER (General Event Report) for it. BDS Report/APS (Adult Protective Services) notified: Yes. Summary of Evidence: [Client A] was standing in front of the loveseat by the staff. When [client B] entered the living room, [client A] saw her and immediately pulled her hair. Recommendations from Incident Review- I recommend that staff be retrained on [client A and B's] BSPs and that [client A] get a behaviorist from outside of Mosaic. Corrective Measures to Take Place: An emergency meeting will be held to discuss the increase in behaviors. An IR (Internal Record) was completed." 1d. A 4/26/25 BDS report from 11:30 AM indicated "On 4/26/25, [client B] walked into the kitchen where a housemate (client A) and a staff member were prepping the housemate's meal. The housemate immediately went toward [client B] and hit her multiple times and pulled her hair. The housemate stopped immediately upon redirection from staff. No injuries were noted. Plan to Resolve: Follow the housemate's BSP. Provide emotional support and ensure the individuals' safety and security." A T-log entry dated 4/26/25 at 1:21 PM indicated "[client A] chased roommate and hit her on the		past six months to ensure timely 24 hour reporting, completion of investigation within 5 calendar days, and documentation of protection interventions occurred. The Quality Coordinator will monitor incident reports moving forward to ensure that they are reported, completed, and reviewed, with follow-up documented moving forward. Mosaic national staff will complete random audits monthly as well to ensure that Indiana's ABNE policy is being followed. Client Specific Client A: Upon leadership transition, a new investigation into the allegation of sexual grooming was opened. The staff member named in the report was terminated due to unrelated findings that surfaced from the original investigation. Emotional support was offered to Client A, including increased QIDP check-ins and observation for behavioral changes. Mosaic served notice of termination to the guardian and BDS are actively working with them to transition her to a new provider. This process includes regular communication to ensure a safe, appropriate transfer. She was moved to alternative placement in an extended stay hotel on June 06,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	head and pulled her hair a couple of times today (sic) Not long after I got on shift this morning (sic). Staff got in between them immediately each time. Staff did a GER." A 4/29/25 investigation indicated "What is the allegation: [client A] pulled [client B's] hair and hit her 3-4 times on the head. Substantiated by Witness: Yes, this was witnessed by staff. Is there a BSP in place? Yes. Was the BSP followed to de-escalate the individual? (left blank). Supervisor Notified: Not at the time. A retraining was done on this on 4-29-25. BDS Report/APS notified: Yes. Summary of Evidence: [Client A] and [DSP #2] were in the kitchen making [client A's] food. [Client B] came into the kitchen and said no hit no hit (sic). [Client A] immediately went over and pulled [client B's] hair and hit her openhanded 3-4 times on top of the head. Staff immediately intervened and put herself between the individuals for their safety. [Client B] went back to her room and [client A] continued helping [DSP #2] in the kitchen. Recommendations from Incident Review: Emergency meeting will be scheduled. Staff retraining on BSPs. Corrective Measures to Take Place: Staff retraining. IR Investigation." 1e. A T-log entry dated 4/22/25 at 12:20 PM indicated "[Client A] went to house mates (sic) room and scratched he (client C) (sic) on the face and nose. Addendum note by the QIDP (Qualified Intellectual Disabilities Professional) indicated on 4/22/25 at 1:33 PM ...Please complete a GER for both clients."		2025 with 24 hour 1:1 supervision. Client B; She has exhibited increased anxiety, isolation, and self-injurious behavior related to previous peer-to-peer involving Client A. Her BSP was updated with coping strategies and structured activities. Her schedule was modified to incorporate preferred activities and consistent staffing. Weekly emotional support check-ins by the Assistant Director and ongoing QIDP monitoring were implemented. She has also seen her doctor and had a medication change that the doctor indicated would reduce the weight loss and the picking behavior. Client C: The Assistant Director and QIDP will meet with Client C and guardian to explain the misunderstanding of moving him to another home and to ensure emotional reassurance. In a separate incident, Client C was left unsupervised when he was admitted to the hospital. Immediate review of the incident was conducted and 1:1 protocols were implemented for all future hospital visits. Staff retraining is being planned and scheduled to ensure client safety during off-site medical care.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	There was no BDS report or investigation provided. 1f. A T-log entry dated 4/22/25 at 12:20 PM indicated "[Client A] went to house mates room (sic) and scratched her (client B) on the face and pulled her hair. Addendum note by the QIDP indicated on 4/22/25 at 1:33 PM ...Please complete a GER for both clients." There was no BDS report or investigation provided. 1g. A 4/21/25 BDS report from 3:30 PM indicated "On 4/20/25 it was reported that one of his housemates (client A) scratched his (client C) nose an (sic) face. The housemate was immediately redirected and went back to her room. [Client C] said he was ok. Plan to Resolve: Staff will provide emotional support, and his PRN (as needed) (sic) for pain, and Mosaic policies will be followed." A 4/24/25 investigation indicated "What is the allegation: [Client A] went into [client C's] room and scratched him on the face and nose. Staff redirected [client A] according to the GER. Substantiated by Witness: The staff member could not be reached in a timely manner. The GER said it was a witnessed event so I would say it is substantiated. Is there a BSP in place - yes. Was the BSP followed to de-escalate the individual? I am unsure. Supervisor Notified: No, but they have been now. BDS Report/APS notified: No, but they have been now. Summary of Evidence: Staff wrote in the GER that they witnessed [client A] go into [client C's] room and scratch him on the face and nose. It said that			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	the staff redirected [client A]. Recommendations from Incident Review- (left blank). Corrective Measures to Take Place: Staff need to be retrained on GERs. Staff need to be retrained on notifying a supervisor. The GER states she sent a message to the supervisor. A supervisor either never got the message or they didn't report it further." 1h. A 4/18/25 BDS report from 12:00 PM reported on 4/21/25 indicated "On 4/18/25, [client A] went into a housemates (sic) (client B's) room. [Client A] hit the roommate and pulled her hair. The staff quickly redirected [client A]. No injuries were noted from this incident. Plan to Resolve: Follow the individuals' (sic) BSP, provide emotional support, and ensure the safety and security of individuals." A T-log entry dated 4/18/25 at 11:40 AM indicated "[Client A] went to house mates (sic) room and scratched her (client B) on the face and pulled her hair." A 4/24/25 investigation indicated "What is the allegation: [Client A] went into [client B's] room, pulled her hair, and hit her. Substantiated by Witness: Yes, Staff witnessed the behavior. Is there a BSP in place: Yes. Was the BSP followed to de-escalate the individual? [Client A] left the room as soon as staff came in. Supervisor Notified: Yes. BDS Report/APS notified: Yes. Summary of Evidence: [Client A] was walking around the house, pacing back and forth, calling for her mom and the guy (staff). She began to get upset, knocking over chairs onto the wall,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	screaming and crying. Staff were trying to pick up the chairs, and then the staff went down the hallway and saw [client A] in her roommate's room. When staff entered the room, she was already pulling her hair and scratching her face. When [client A] saw the staff, she stopped the behavior and left the room. Staff assisted [client B] with the first aid kit and then notified the supervisor via a message. Recommendations from Incident Review: Monitor [client A] and [client B] more when they are around each other. Try keeping [client A] out of [client B's] room. Corrective Measures to Take Place: Continue following BSPs. Staff should monitor [client A] closely when she goes down the hall. That area does not have anything that pertains to [client A] except the bathroom, which is closest to the living room. This is not to say that she cannot be in the hallway, but that staff should pay close attention when she goes there since she has nothing over in that area of the home." 1i. A T-log entry dated 4/18/25 at 11:10 AM indicated "[Client A] picked up my cell phone from the table and threw it at my face. She also broke the [group home] computer." There was no BDS report or investigation provided. 1j. A T-log entry dated 4/18/25 at 10:29 AM indicated "[Client A] woke up with aggressive behaviors. She has been hitting, scratching and screaming for hours." There was no BDS report or investigation provided.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	1k. A T-log entry dated 4/7/25 at 2:19 PM indicated "[Client A] has been hitting staff throughout the day and having loud outburst (sic)." Addendum: "I was going to file a T-log as well, but will add to this one. [Client A] hit the back of my head with an open palm a few times in a row this morning while visiting the [group home] (about 10:30 a.m.). She ran up quick behind and I wasn't aware she was there, then she hit my head. After she stopped, I said, '[client A], hi!' If you want to greet me, you can say 'Hi, [DSP #9]' instead of hitting my head. She then said, 'Hi!' Seemed like (sic) agitated (I did throw their morning routine off a bit by being there for van training). No injury." An additional addendum by the QIDP dated 4/8/25 at 9:32 AM indicated "Please make sure behaviors are added to her behavior tracker." There was no behavior tracking provided. 1l. A T-log entry dated 4/7/25 at 5:56 PM indicated "[Client A] has been continuously hitting staff, screaming and yelling asking for a certain staff member. also (sic) throwing chairs and other stuff around the house." Addendum by the QIDP dated 4/8/25 at 9:31 AM indicated "Please add this to her behavior tracker." There was no BDS report or investigation completed. 1m. A T-log entry dated 4/2/25 at 5:38 PM indicated "Screaming and yelling to the top of her lungs, and crying for most of the day asking for the guy to come. Staff has tried to calm her down multiple times." Addendum by the QIDP dated 4/3/25 at 12:36 PM indicated "Please make sure to add this to her behavior tracker."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	There was no behavior tracking provided. 1n. A 4/3/25 BDS report from 9:30 PM indicated "On 4/2/25, it was reported that [client A] picked up a staff member's backpack and threw it, resulting in the staff member's laptop breaking. Before this, [client A] had been having undesirable behaviors since earlier in the day." A T-log entry dated 4/2/25 at 9:16 PM indicated "[Client A] has been crying, yelling all night. She's throwing things away and trying to destroy properties. She threw my bag (sic) pack away and broke my laptop. She's upset because the 'guy' is not here." Addendum by the QIDP dated 4/3/25 at 12:35 PM indicated "Please be sure to add these to her behavior tracker." There was no investigation provided. 1o. A T-log entry dated 4/2/25 at 2:45 PM indicated "[Client A] has been hitting, scratching, and screaming most of the day. Crying for the guy and wanting it to be night time so he can come in. She is having a lot of loud outburst (sic) screaming for the guys (sic) blanket. The staff called her mom and were still not able to calm her down (sic)." Addendum by the QIDP dated 4/3/25 at 12:34 PM indicated "Please be sure to document this in her behavior tracker." There was no BDS report or investigation provided. 1p. A 3/28/25 BDS report from 1:30 PM was reported on 3/31/25 and indicated "On 3/28/25, [client C] was wheeling himself around the home in a wheelchair. [Client C] was near the front door when a housemate (client A) came out from her			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	room and went offer (sic) and hit him open-handed on top of the head. The housemate was immediately redirected and went back to her room. [Client C] said he was ok. Staff saw no injuries. Plan to Resolve: Staff will provide emotional support, an investigation will be completed, and Mosaic policies will be followed. ANE Substantiated. Was staff suspended: No." There was no investigation provided. 1q. A 3/25/25 BDS report from 7:00 PM reported on 4/24/25 indicated "On 3/25/25, [client A] pulled a housemate's hair. [Client A] released immediately, and no redirection was needed. No injuries were noted from this incident. Plan to Resolve: Follow the individuals' (sic) BSP, provide emotional support, and ensure the safety and security of individuals." There was no investigation provided. 1r. A T-log entry dated 3/25/25 at 4:55 PM indicated "[Client A] pulled one of the individuals (sic) hair." Addendum added by the QIDP dated 3/26/25 at 9:26 AM indicated "Please complete a GER for [client A] and any clients who were hit." There was no BDS report or investigation provided. 1s. A 3/25/25 BDS report from 12:00 AM reported on 4/24/25 indicated "On 3/25/25, [client B's] housemate pulled her hair. The housemate released [client B's] hair immediately. No injuries were noted. Plan to Resolve: Follow the housemates' (sic) BSP, provide emotional support, and ensure the individuals' (sic) safety and security."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	There was no investigation provided. Client A's record review was conducted on 5/8/25 at 6:00 PM. Client A's 3/1/25 BSP indicated "Behaviors Targeted for Reduction: 1. Compulsive Behavior (repetitive vocal statements or questions ...grabbing) ... 2. Physical Aggression (hitting, kicking, scratching, grabbing, digging nails into others' arms or hands, and pulling hair) ... 3. Property Destruction (attempts to break, destroy, or damage to her or other's property) ... 4. Verbal Aggression (yelling and/or screaming at housemates, family or staff) ... 5. Leaving the house without staff (going into neighbor's homes, garages, and vehicles) ... Risk Versus Benefit Assessment: [Client A] hits hard when hitting others. She also scratches and often causes marks, bleeding, and pain for the person she is scratching. When [client A] leaves the home without staff, she threatens her safety. She has been reported to enter the neighbor's house, vehicles, and garages. When it occurs, this poses a risk for her, the homeowners, and the staff. When throwing items, she does not understand that it can cause damage or harm to someone in the item's path. All of these behaviors can cause serious physical injury or death to staff, housemates, and herself. If a behavior support plan is not implemented, [client A] will likely continue to have compulsive behaviors, show physical aggression, property destruction, verbal aggression, and leave the house without staff. [Client A] could accidentally cause harm to others or herself. Implementing this BSP will reduce aggression, keep her an others safe, an improve the quality of her life ... Appendix A Universal			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	Behavioral Supports: ...Give [client A] lots of good attention! [Client A] needs more attention than we realize. Try to give her good attention at least once every 10-15 minutes ...." Client A's 2/10/25 Emergency IDT notes indicated: "...Medication changes - no Zyprexa/Ritalin; Lorazapam (sic) - hard time sleeping; Duloxetine (depression medication) - upped to 90? (sic)...Needs behaviorist, a PCP (Primary Care Physician) that will do well w/ (with) IDD (Individuals with developmental disabilities), behavioral therapy ...." 2/24/25 IDT notes indicated: "...medication changes - Duloxetine + (plus) Birth control, see psych (psychiatric) Dr. (Doctor) in 3 months ...get client a state ID ...." 4/1/25 IDT notes indicated: "...she did not hit him hard like she normally would. The team agrees we are on the right track at this time. Continue following the BSP. Monitor with behavior tracker." 4/30/25 4/30/25 Emergency IDT meeting notes indicated "This meeting we discussed increased physical aggression in the home. The [AD] asked if we see a trend with peer to peers. Staff, time of day, time of month what was happening before or after. The [QIDP] will look for trends as she does peer-to-peer investigations. Could this be jealousy of the attention [client B] is receiving? The [BCBA] brought up this question during the [QIDP] and the [AD's] meeting with her (BCBA). We reviewed staffing. Staffing is double, except at night due to clients being asleep. [Client A's] new birth control should be pretty close to being in her system and adjusted. The [QIDP] will call psych (psychiatry) Dr (doctor) to report changes			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	and see her recommendations. Action Items: left blank." 5/19/25 [client A] IDT Meeting from 3:00 PM indicated " ...[Client A] spent the weekend at home with mother. Staff were not involved this weekend at home. Kept it more of a 'home visit' situation to be less confusing for her, and was concerned about animals at the home. Behaviors Friday were pretty intense, isolated confusion/repetitive/wanting to go back to staff and the home requests. She did settle down after she understood the transition. Mother discussed it was due to behaviors that she needed to take a break. Mosaic asks is it a "must that she find a new provider". [SGL (Supportive Group Living) Manager] states no, but that Mosaic needs a plan to keep [client A] safe and needs to provide a plan to IDOH (Indiana Department of Health) detailing how everyone will be kept safe. Mosaic states they don't have capacity in Supported Living sites at this time. The [VP/Vice President] states to be clear, she could go back to the home if there is a plan to support safely. [SGL Manager states if there is a plan in place that IDOH approves of that can keep her and others safe. Mosaic asks [client A's mother] what she would like to see happen. [Client A's mom] states that is a loaded question. She (client A's mom) wants [client A] to be safe wherever she (client A) goes. She (Client A) has behaviors that need to be addressed. Even with medication, she needs the triggers to be addressed. Dr's (Doctors) office is not willing to give medication until she (client A) sees a behavioral specialist. The [VP] asks if it is possible that she (client A) received a behavior consultant in SGL. [SGL Manager] states that either in house or outside			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	services can be sought if needed for an individual. Mosaic/mom need to work together to find that support. The [VP] asks if there are triggers that are at play with behavior at the home. The [Executive Director (ED)] states yes, that there is some jealousy with the new housemate. The ED states there have been some positive interactions between the two individuals. The [SGL Manager] states that she can come back to the home at any time if Mosaic believes they can protect the individuals at the home. Mosaic needs to have a plan in place, and they risk their license if they don't have a plan provided to IDOH. The [VP] states speaking for Mosaic, they want her to be able to return to her home if that is what she wants. She states that Mosaic will build a plan that safely allows her to go back to her home, and continued supports to help her get past her triggers and challenges. The [VP] states that a plan is great, but they need to have the measures in place at the home before the plan is implemented. She states they need to move beyond the 'bandaid plan' and move into the long term plan. Mosaic did not detail a plan at this time. The [SGL Manager] agrees and mentioned the incident in which 1:1 staffing was in place but [client A] was still able to aggress on her housemate. That was concerning the IDOH and BDS (Bureau of Disability Services) as well. What is plan to reintroduce and reintegrate, as 1:1 staffing is not feasible long term. Communication with Dr need to be followed up on to ensure that he has all of the information on what supports are in place. The [VP] confirms that the [QIDP/Qualified Intellectual Disability Professional] is writing the ISP/BSP (Individual Support Plan/Behavioral Support Plan) and updating that. The [HM/House			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	manager] is responsible for training and updating staff. [Client A's Mom] states she has faith in the [HM's] footing with the team as she has worked with [client A] a lot with the day program. [Client A's Mom] is concerned with the food items that she (client A) is getting that she should not be getting. [Client A's Mom] explains that getting the items that are not supposed to be included in her (client A's) diet could be causing her anxiety and behaviors worse. She (Client A's mom) acknowledges that it is not causing all of the issues, but that it could be playing a part into it. Mosaic confirms NO risk plan for gluten/dairy free (GF/DF) plan. She (client A) has diagnosis for both. The [VP] states risk plans need to be created and signed by staff ASAP (As Soon As Possible). Mosaic states they need to do a better job of 'hyping up' her (client A's) special diet (GF/DF plan) and staffing to support following the diet at the dinner table. The [SGL Manager] asks [client A's mom] if she is on board with [client A's] returning to the home. [Client A's mom] hesitates yes. The [SGL Manager] reiterates that [client A's mom] has choice, and that if she is not comfortable with that then we can talk through alternate plans or options as she has choice. Mosaic echoes that statement. [Client A's mom] confirms that Mosaic needs to submit a plan to IDOH and have it approved. The [VP] state yes and that the plan needs to be ready to implement before she comes back to the home. The [SGL Manager] asks if there is a timeline for this plan, as we don't want to drag [client A's mom] along waiting for a plan. The [ED] states they have been working on parts of the plan, and that they should have all parts and HRC (Human Rights Committee) approvals completed by Wednesday 5/21/25.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	The [VP] asks if a follow up call would be beneficial in a few weeks. Mosaic states they will be meeting regardless. The [Service Coordinator] states yes that she would like to be included in the meeting and BDS leadership as needed or available." Client A's 3/26/25 Programmatic Tracker indicated "...Physical Aggression x 13, Compulsive Behavior x 38 incidents ...." Client A's April 2025 Programmatic Tracker documentation was not available. Client A's 5/5/25 Programmatic Tracker indicated "...Verbal Aggression x 54 incidents, Physical Aggression x 59 incidents, Compulsive Behavior x 84 incidents ... [client A's] scores are similar to last months. She is maintaining. We have seen several behaviors this month. So despite going out more often, sticking to a schedule and med changes the behaviors are increasing. Psych was called and they said they recommend a behaviorist." Client B's record review was conducted on 5/8/25 at 6:30 PM. Client B's 4/1/25 ISP (Individual Support Plan) indicated "[Client B] has an undesirable behavior of rectal manipulation ... [Client B] will manipulate her rectum when she is alone or she thinks no one is looking. She will go to her room and shut the door. Staff should be checking on [client B] often to help deter this behavior ... The result of her rectal manipulation will end up with bleeding, feces, and blood on her hands, and feces and blood on everything she touches ... [Client B] has an undesirable skin-picking behavior. She will do this anywhere and pick at her skin until it bleeds... [Client B] does not like to go to the doctor. She will go, but she may try to leave or ask to leave			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	the entire time you are there with her. She has become physically aggressive with staff during an ER visit, and the staff and [client B] left without her being seen by a physician ...General Supervision: [Client B] likes to be in bed, watching her tablet. Staff should encourage her to stay in common areas to help deter skin picking and rectal manipulation. If [client B] refuses to stay in the common areas, staff should check on her often, every 15 minutes, to ensure she is safe and to deter undesirable behaviors ...." Client B's 5/5/25 Programmatic Tracker indicated " ...Picking incidents x 37 ...." Client B's 3/1/25 through 5/7/25 Weight Tracking indicated "3/1/25 - 186 # (pounds) 3/12/25 - 185 # 3/19/25 - 170.5 # 3/26/25 - 170 # 4/2/25 - 165 # 4/9/25 - 167 # 4/18/25 - 159 # 4/25/25 - 157 # 5/1/25 - 157 # 5/7/25 - 154 #." Client B's 3/1/25 through 3/31/25 Meal tracking indicated "3/1/25 - refused to eat 3/2/25 - ate 100 % of meal 3/3/25 - refused to eat 3/4/25 - refused to eat; didn't eat all of dinner 3/5/25 - meal refused 3/6/25 - meal refused 3/7/25 - meal refused; ate part of dinner 3/8/25 - meal refused; ate breakfast, reused lunch; ate a snack 3/9/25 - meal refused			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	3/10/25 - meal refused 3/11/25 - meal refused 3/12/25 - meal refused 3/13/25 - meal refused 3/14/25 - ate most of dinner 3/15/25 - meal refused 3/16/25 - assisted eating 3/17/25 - assisted eating 3/18/25 - not eating 3/19/25 - meal refused 3/20/25 - assisted eating 3/21/25 - ate all dinner 3/22/25 - refused breakfast 3/23/25 - didn't eat much 3/24/25 - refused meals 3/25/25 - chose not to eat 3/26/25 - refused meal 3/27/25 - didn't want to eat today 3/28/25 - doesn't eat much 3/29/25 - assisted eating 3/30/25 - assisted eating 3/31/25 - assisted eating." Client B's April 2025 Meal Tracking documentation was not available. Confidential Interview (CI) #1 stated, "[Client A] is not afraid of the staff or the clients but [clients B and C] are afraid of [client A]. The staff is afraid of [client A]." CI #2 stated, "[Clients B and C] are afraid of [client A]. She will hit them or pull their hair." CI #3 stated, "[Client A] will state 'no hit, no pull hair' immediately after hitting [clients B and C]." CI #3 indicated clients B and C are unsure (afraid) around client A.CI #4 indicated a			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	staff member was injured on their first day of employment by client A. When the staff member asked for a house reassignment, the staff member was told by administration to "work it out or resign." CI #4 indicated the staff should not be afraid of the clients. CI #4 stated the administration knew about the ANE (Abuse, Neglect and Exploitation) allegations but were told to watch what was called "neglect" and not to make too much out of it. CI #4 indicated clients B and C were afraid of client A. CI #4 indicated she was afraid of client A and stated, "I'm working to overcome my fear." CI #4 indicated client A's aggression increased when "the guy (night shift staff #1)" is off and not coming in to work. CI #4 stated, "[Client A] is mean to the other clients and GERs have been put in for review."CI #5 indicated client B had been in the home for eight weeks but her picking behaviors had increased after client A's aggression towards her. CI #5 indicated clients B and C are afraid of client A. CI #5 indicated client C's fear had increased enough to have a lock placed on his door. CI #5 stated, "[Client A] will get violent if [NSS/night shift staff #1] isn't coming in to work on the night shift." CI #5 indicated client A was able to access client B and C's rooms because staff are on their phones and not doing the 15 minute checks. CI #5 stated, "If staff were			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	watching [clients B and C] and [client A] was given her every 15 minute interactions, there would have been less client to client aggression." CI #5 indicated she couldn't get client B to eat at the dining room table; if she ate at all, she would have to eat in her room and shut the door. CI #6 indicated client B is afraid of client A. CI #6 stated, "[Client B] will say 'don't hit, don't hit' when she leaves her room."CI #7 indicated client A's aggressive behaviors were increasing. CI #7 indicated client C was afraid of client A and locked his bedroom door. CI #7 indicated client B will try to stay away from client A. CI #7 indicated client A will hit client B. CI #7 stated, "The team leads, home managers, QIDP, and administrators are aware of the increase in [client A's] aggressive behaviors but haven't done anything about it."CI #8 indicated client B was afraid of client A because she had been hit by client A.CI #9 indicated client B was afraid of client A. CI #9 indicated client B would not eat at the table or be in the kitchen if client A was out of her room. CI #10 indicated client C was afraid of client A and locks his door to feel safe. CI #10 indicated client B won't come out of her room unless she was leaving the house. CI #11 indicated clients B and C are afraid of client A. CI #11 indicated clients B and C don't sit at the dinner table with client A because she has hit them in the past. CI			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	#11 indicated both clients B and C will go to their rooms if client A was out of her room. CI #11 indicated client C locked his door to keep client A out to keep from being hit. CI #11 indicated client B would retreat to her room. CI #11 indicated if and when client B was hungry, she would come out for food but would take the food back to her room to eat. CI #11 stated, "[Client A's] mom, other staff, and supervisors were all aware but doing nothing to lessen [client A's] aggression." CI #11 indicated administration told them it was gluten behavior (behavior affected if client A eats something with gluten in it.) CI #11 indicated client A will hit or scratch if she doesn't get her way. CI #11 indicated client A was targeting client C until client B moved in and now was targeting client B because she has not fought back. CI #11 stated, "In the past two months more than 10 T-logs and GERs have been put in regarding the client to client aggression, client to staff aggression and property destruction but nothing was being done to prevent the behaviors." CI #11 indicated an IDT (interdisciplinary Team) meeting had been held but no help was given to staff. CI #11 indicated staff were instructed to watch client A's gluten intake. On 5/12/25 at 2:20 PM an interview with the QIDP was conducted and indicated staff should be filling out T-logs. The QIDP indicated the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	staff should have been reporting incidents of client to client abuse, client to staff aggression, elopement and property destruction immediately to their supervisor. The QIDP indicated all client to client incidents should have been investigated. The QIDP stated, "I and the Quality Coordinator, the Associate Director and the Regional Director all have the responsibility to ensure the BDS reports were completed but we don't always do it." The QIDP indicated client A's aggression incidents had been increasing even with additional staff in the home. The QIDP indicated she was now working out of the home 4-5 days a week to lend support. The QIDP indicated client A was fast and would bolt or run and hit clients B or C or pull their hair. The QIDP indicated client C was possibly going to be moving to another group home within the agency as he is not able to unlock his door by himself. The QIDP indicated client C could lock his door from the inside to feel protected. The QIDP indicated client A's behaviors would be ramping up when she was told 'the guy (night shift staff #1)' won't be returning to the house as he was dismissed from employment at Mosaic last week. The QIDP indicated the client to client aggression of client A toward clients B and C is unprovoked. The QIDP indicated client A was targeting client C until client B			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	moved in and had been targeting client B since client B won't fight back. The QIDP indicated former client D was moved in December 2024, to another group home within Mosaic after multiple client to client abuse incidents by client A. The QIDP indicated client B's incidences of anxiety and picking behaviors had been increasing even with additional support in the home. The QIDP indicated she was aware of client B's 38 pound weight loss since her admission on 2/24/25. The QIDP indicated client B will graze on snacks and eat them in her room. The QIDP indicated client B's PCP was aware of her not eating and had not made any recommendations. On 5/12/25 at 3:27 PM the RN (registered nurse) was interviewed. The RN indicated she was new and did not know about client B's 38 pound weight loss since 2/24/25. The RN indicated client B's next PCP visit was scheduled for 7/7/25. The RN indicated she was aware of the new diagnosis of anemia (low blood counts). The RN indicated client B had been taking a new medication for a week but improvement of blood counts and decreases in pica (persistent craving and consumption of non-nutritive, non-food substances) and picking incidents would take up to 3 months to be seen. The RN indicated fear of client A would be a contributing factor to client B's increased			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	anxiety and behaviors.2. On 5/15/25 from 12:24 PM to 2:30 PM an observation was conducted at the group home. At 12:26 PM client C stated, "I'm going on vacation." At 12:27 PM DSP (Direct Support Professional) #10 indicated client C was being packed to go to [street name] group home. At 12:42 PM client C was at the kitchen table eating a plate of 14 miniature vanilla flavored cookies and stated, "I am going on vacation and going to 'relax' (client C put his hands behind his head and closed his eyes and smiled)." At 12:49 PM, client C went into the kitchen with his plate of cookies and came back out of the kitchen and stated, "She (pointing to client A in the doorway) she scratched my head." There was no attempt by DSP #10 to check client C's head. At 12:50 PM DSP #10 stated, "It's ok, we are getting you packed for your overnight stay at [street name]." At 12:53 PM the QIDP (Qualified Intellectual Disabilities Professional) stated, "I have approval to move [client C] to [street name] group home." At 12:54 PM while the QIDP was packing up three large plastic bags with medication cards, bottles, nasal sprays and MARs (Medication Administration Records), DSP #10 stated, "[Client C] you will now have lots more space to use your wheelchair. You are going to a big 2 story house with all guys in the vacation home.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	You will like it there." At 12:59 PM client C picked up his feet and stated, "Let's go on vacation." At 1:04 PM DSP #1 stated, "We have to wash all of [client C's] clothes. He (client C) doesn't know he's not coming back. [Client C] has enough clothes till we get them all washed and taken over to [street name] group home for him. At 1:20 PM DSP #1 and DSP #10 indicated client C's move would be good for him because he (client C) would be in a new house, a new room with a new bed, and his dresser, nightstand and his belongings would go with him. DSP #1 indicated client C would have access to more day programming options. On 5/16/25 from 12:00 PM to 1:00 PM an observation was conducted at the group home. At 12:55 PM client C's nightstand and dresser were still in his room. DSP #10 indicated his nightstand and dresser were to be moved later today.On 5/19/25 from 9:00 AM to 10:24 AM an observation was conducted at the group home. At 9:27 AM DSP #10 opened client C's door and his nightstand was gone but his 6 drawer dresser was still in the room. DSP #10 stated, "[Client C] doesn't need the dresser as there is a dresser in the room in his new home. He didn't have a nightstand so they took him that piece of furniture." On 5/8/25 at 1:30 PM client C's receipt from the QIDP from client C's February 2025 spend down			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	indicated a 6-drawer dresser had been purchased by [client C] for $299.99 and a matching 1-drawer nightstand had been purchased for 89.99, a protection plan had been purchased for $49.99 and Taxes totaling $27.30 for a total of $467.27 of client C's money spent for the furniture sitting in his room. When Client C was moved to [street name] group home, only his nightstand was transported to his new room.On 5/20/25 from 5:00 PM to 7:06 PM an observation was conducted at the group home. At 5:50 PM DSP #10 unlocked client C's room door and his dresser remained in the room. DSP #10 stated, "They only took what he (client C) needed in his new room. The dresser was left behind because he had a dresser at his new group home provided. This dresser will be for the new client moving into this room." An email from the Associate Director (AD) dated May 15, 2025, at 11:10 AM indicated "[Client C's] guardian toured our [street name] home yesterday and would love to move [client C] there. This will put [client C] with people more in his peer group. Can we get approval for an emergency move for [Client C] to [street name]?"An email from the BDS (Bureau of Disability Services) SC (Service Coordinator) dated May 15, 2025, at 11:39 AM indicated "Yes, BDS will approve of			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	the emergency transition (Client C). Please send his updated plans and a current COD (Certificate of Diagnosis) so I can complete the Level of Care. We will also need to set up a 30-day post-transition meeting to check in on how things are going."An email from the Executive Director (ED) dated May 16, 2025, at 12:24 PM indicated "He (client C) stayed at [street name] last night, [SC]. I (ED) read this as the move was approved. I (ED) requested his (client C's) COD to (sic) submitted to you today."An email from the ED dated 5/16/25 from 6:13 PM indicated "As for the movement of housemates: ...[client A] may target individuals who use wheelchairs. [Client C's] transition discussion was already underway due to lack of peer compatibility in the current setting after [FCD] moved. We did request to forgo 30 days for his (client C's) best interest." On 5/8/25 at 7:00 PM client C's record review was completed. Client C's 12/1/24 ISP (Individual Support Plan) indicated "[Client C] has his own bedroom and is under 24-hour supervision from staff...[Client C] is vulnerable in the community and benefits from staff supervision....There was no documentation of client C's discharge/transfer summary provided.On 5/12/25 at 3:12 PM an interview with the QIDP was conducted and indicated client A had been aggressive with			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	client C until client B moved in and then client A targeted Client B. The QIDP stated, "Even with a BSP (Behavior Support Plan) change to increase attention toward [client A] every 15 minutes during awake hours, she continued to target both [clients B and C] without provocation. The plan was to move [client C] to the [street name] group home for two reasons. First and foremost was for his safety. Secondly, he can't use the key required to unlock his door. If staff aren't around, [client C] can't access his room. He would require a magnetic type door lock with a lanyard he would need to wear. It remained unclear if he could use it properly. A transfer to the [street name] group home would be a better option."On 5/14/25 at 10:30 AM an interview with the AD (Associate Director) was conducted and indicated client C's guardian was doing a walk through later that day and the plan was to get client C moved out. On 5/14/25 at 12:30 PM an interview with the RN (Registered Nurse) was conducted and indicated she should have a say medically regarding the move of client C. The RN indicated no one had told her client C was planning to be moved to [street name] group home. The RN indicate she did not know the guardian was planning to do a walk through at the [street name] group home later today.On 5/19/25 at 11:45 AM an			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	interview with the BDS (Bureau of Disability Services) SC was conducted and stated, "Mosaic did not follow protocol when they transferred [Client C] to the [street name] group home. They did not ask permission for a packet to be opened to ensure proper placement criteria had been met. They did not inform BDS prior to [client C's] visits taking place. They (the agency) emailed on Thursday requesting immediate transfer after they had already transferred [client C] to the [street name] group home. We (BDS) got told the guardian toured the [street name] group home and he (guardian) loved the home. They (the agency) indicated he (client C) would be moved to a better peer group. Request was made for [client C's] BSP, ISP (Individual Support Plan), RP (Risk Plan) and COD to be provided. There has been no documentation provided."On 5/20/25 at 5:25 PM a second interview with the RN was conducted. The RN indicated when client C was transferred, she only had to reach out to the guardian for medical needs, it was the responsibility of the QIDP or the AD/ED to inform the guardians of any changes in group home status.On 5/22/25 at 1:30 PM an interview with the ED (Executive Director), the Vice President of Operational Excellence (VP), the QIDP (Qualified Intellectual Disability Professional), the Quality Coordinator			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	(QC), and the Associate Director (AD) was conducted. The ED indicated a move is discussed at an IDT (Interdisciplinary Team) meeting and guardians may or may not be present. The ED stated, "Guardians can and will refuse to participate. If the guardian is not available then the HM (House Manager), the QIDP, and the AD will meet to discuss what will happen with the clients regarding admission, transfer or discharge. Initially BDS (Bureau of Disability Professionals) will send us a referral. If the IDT team meet and the client seems like a good fit on paper, we will reach out to BDS and they will open the packet, schedule a 30-day meeting and review paperwork. BDS will give us the move-in date when everything is in order. We are required to do 3 visits with each prospective client. We currently do not do the overnight visit." The VP stated, "We have asked for information on the regulations the state has set up. We don't feel the state is using best practices for admitting clients. We are asking staff who knows nothing about these clients to care for them overnight with little to know information. We can not give medications without a physician's order and we cannot have client's families stay overnight because of risk and liability. For these reasons the state needs to explain the regulations further so we can mitigate the risk and liability being			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	asked of our agency. Other states do not have these requirements and have stopped the practice until the state satisfies our legal department." The VP indicated the home office is run out of [city, state]. The ED stated, "I have been working with the BDS SC (Service Coordinator), the RM (Regional Manager) and the SGL (Supportive Group Living) Manager. Guardians are notified by email of the meeting invites and given their copy of the state reports. We rarely call the guardians. On our BDS report when it says guardian notified, it means we sent them an email." The ED indicated BDS protocols for admission, transfer and discharge should be followed and the guardians included. 3. A T-log entry dated 3/14/25 at 6:00 PM indicated "[Client A] chose to go out through the garage and to the neighbor's house the neighbor was not happy and he asked 'are they going to have be bothered by her again'? staff didn't respond (sic)." Addendum on the t-log entry by the RN (Registered Nurse) dated 3/15/25 at 1:10 PM indicated "Was the back door to garage locked with the alarm on?"On 5/7/25 from 3:40 PM to 8:10 PM an observation was conducted at the group home. At 3:58 PM DSP #3 indicated client A had eloped from the group home within the past 2 months and was over at the neighbor's house. DSP #3			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	stated, "[Client A] walks and then bolts and will be gone before you know it."CI #10 indicated client A had eloped to the neighbor's house approximately March 2025. CI #10 stated, "There should be a T-log and probably a GER completed for the incident." CI #11 stated "[Client A] had gotten out to the neighbors' houses in the past. Since the door alarms have been placed it's gotten better." CI #12 stated, "Even with a different lock on the door, 1 month ago, [client A] opened my door and a heavy set women came and retrieved her. She has no business being in my house. Now they have a second woman in the house, is she going to start coming in my house too? I talked with the agency last fall and was assured they would be moving her to a different home but that hasn't happened. They just don't care. The group home's trash cans and recycle cans will be filled to overflowing and the lids won't go down. When that happens, the trash blows into my yard and they won't pick it up so I have to go clear their trash from my yard. They do not care for the yard and I'm lucky if they mow it one time per month. The staff doesn't watch the residents. One time [client A] came over to my yard and laid in my front lawn grass. The male staff on the phone eventually came over but didn't do anything to get her up out of my lawn."CI			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	#13 stopped the surveyor on the sidewalk and asked if the surveyor was a new employee. The surveyor indicated she was there for observation. CI #13 stated, "Well if you were, I just wanted to be sure you knew the following information." CI #13 stated, "The group home has their hands full with [client A]. [Client A] gets out frequently especially on the weekends. [Client A] comes out on the weekend because there is only 1 staff in the home and they can't even know she's gotten out. I asked them to put an alarm on the door. Since they've done that, she has been getting out less. [Client A] has even gotten into [neighbor's names] house. I've brought her back before and the staff didn't even realize she was out of the house. This usually happens on the weekends." On 5/14/25 at 10:30 AM the AD (Associate Director) indicated client A had gotten out last fall but nothing recent. The AD indicated she was unaware client A had gotten out 3/14/25. The AD indicated alarms have been put on both the front and garage door to capture her leaving the group home so staff could follow her outside. On 5/14/25 at 11:30 AM the QC (Quality Coordinator) indicated client A had not gotten out since last fall. The QC indicated she was unaware of client A's elopement from the group home on 3/14/25. The QC indicated there are alarms			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	on the door and staff should have been able to prevent her from reaching the neighbor's house. On 5/14/25 at 12:30 PM the RN (Registered Nurse) indicated client A had a recent elopement within the past month but was uncertain of the date. The RN indicated the alarms are on the doors and are active. The RN indicated client A should not have been at the neighbor's house. On 5/22/25 at 1:30 PM the ED (Executive Director) indicated the elopement should not have occurred. The ED indicated increased staffing has been put in place and the HRC (Human Rights Committee) approved exterior door alarms are in place and active. The ED indicated staffing has been increased to 2-2-1 staffing 7 days per week (2 staff on 7:00 AM to 3:00 PM, 2 staff on 3:00 PM to 11:00 PM and 1 staff from 11:00 PM to 7:00 AM). Staff should have reported the incident of elopement immediately to the supervisor to have a BDS report filled out and should have had an investigation completed within 5 days. There was no BDS report or investigation for elopement provided. 4. A 5/1/25 BDS report from 11:00 AM indicated "On 5/1/25, a report was made from a staff member about possible sexual grooming of [client A] by another staff member. Allegations of inappropriate pet names were used by [the guy/night shift staff #1 (NSS #1)], [NSS #1]			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	saying he had 'total control' over [client A], [NSS #1] smiled at her anguish of a lost item, and that [client A] is showing sexual types of movements towards other staff members. Plan to Resolve: The Mosaic staff (NSS #1) was suspended while Mosaic does an internal investigation. Findings will be reported to APS (Adult Protective Services). Mosaic staff will provide emotional support and ensure [client A's] safety and security. Was the allegation of ANE substantiated/unsubstantiated? Unknown. Staff Suspended: Yes."A 5/9/25 investigation for an 4/30/25 allegation of sexual grooming of client A indicated "Summary of Evidence: [Client A] ... who receives 24-hour services from Mosaic local operations ... [client A] is unable to advocate for herself due to communication barriers, including great difficulty in receptive and expressive communication. [Client A] can make basic needs and wants known ... This investigation was initiated as a result of a complaint by staff regarding concerns that Direct Support Professional (DSP) [NSS #1] may be sexually grooming [client A] ... The allegations also included the use of inappropriate pet names by [NSS #1], [NSS #1] saying he had 'total control' of [client A], [NSS #1] smiling at [client A's] anguish of a lost item, and [client A] is showing sexual types of movements toward			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	other staff members .... [Client A] was not interviewed for this investigation as it is thought that no new information would be provided. An investigation was done in March of 2025 with very similar allegations that were called in anonymously. That investigation was found to be unsubstantiated ... [DSP #4] sent an email to [AD] on May 1, 2025, reporting [DSP #4] believed [client A] was being 'sexually exploited or groomed' by [NSS #1]... [DSP #4] reports this is because of some comments that [NSS #1] made, such as 'I have her under my full control', meaning [NSS #1] had [client A] under his (NSS #1's) control ... [DSP #4] reports asking [NSS #1] to explain, and [NSS #1] responded to [DSP #4], 'I just do' ... [DSP #2] reports hearing [NSS #1] say that [NSS #1] was not worried about [client A] because [client A] is completely under [NSS #1's] control ... [NSS #1] reports in a witness statement never having said this, instead, [NSS #1] reports saying 'She (client A) listens to me. I have control over her. She listens to me' ... [NSS #1] reports that [client A] listens to [NSS #1] because [NSS #1] keeps a constant routine, never changing the routine ... A review of the behavior support plan shows that '[Client A] does best with routine'; abrupt changes can lead to undesirable behavior ... [DSP #4] reports			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	that [NSS #1] calls [client A] pet names such as 'sweet girl' and 'honey' which [DSP #4] admits hearing other staff use as well ... [DSP #2] reports that [client A] calls [NSS #1] 'Froot Loop' and 'Pop-tart' ... [NSS #1] reports that he (NSS #1) only calls [client A], [client A] and that [client A] does not call [NSS #1] any names other than his (NSS #1)name ... When asked about being called 'froot loop' (sic), [NSS #1] reports that [client A] may have heard [NSS #1] asking a housemate about breakfast cereal and repeated it. [DSP #2] also reports that [client A] will get in the staff's face and ask, "When is the guy (NSS #1) coming?", meaning when is [NSS #1] coming and beat the chair, and if [client A] does not get the answer [client A] wants, [client A] will start scratching and hitting ... [DSP #4 and DSP #2] reported that [client A] has been displaying some 'very sexual behaviors' stating that at first it was just 'clinginess to the overnight staff' and then escalated to asking staff for kisses and 'grinding on' staff from behind and that the behaviors occurred everytime (sic) [NSS #1] worked ... [DSP #2] confirms the behaviors of trying to kiss staff on the lips and trying to hold people from behind, and sometimes rubbing [DSP #2's] bottom ... [DSP #2] also reports that [client A] is exposing her (client A's) breast and playing with her (client A's) nipples, but			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	[DSP #2] also reports that this is a behavior that has been displayed by [client A] in the past ... There is no mention of any of these behaviors on the behavior tracker ... [DSP #2] reports that [client A] will scream and yell for [NSS #1] and beat on the chair when waiting for [NSS #1] to come to work ...[NSS #1] reports never having touched [client A] inappropriately, stating that [NSS #1] does not even shower [client A] unless it is absolutely necessary because [NSS #1] does not feel comfortable showering ladies ... [DSP #2] reports coming in to relieve [NSS #1] on an unknown date and when [DSP #2] came in, [DSP #2] asked [client A] if [client A] wanted a shower at that time and [client A] said yes so [NSS #1] took [client A] into the bathroom and assisted with getting undressed and in the shower while [DSP #2] got some towels and clean clothes ... [DSP #2] reports that upon entering the bathroom, [client A] was naked in the shower, giggling and 'looked like she was messing around', but [DSP #2] did not see [NSS #1] touch [client A], and once [DSP #2] was in the bathroom, [NSS #1] told [DSP #2] that [DSP #2] would give the shower and exited the bathroom ... Both [DSP #2 and DSP #4] report never having seen [NSS #1] touch [client A] inappropriately at any time, nor had [DSP #2 or DSP #4] heard [NSS #1] say			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	anything inappropriate to [client A]... DSP #2 indicated [client A] is normally laughing and giggling when [NSS #1] comes around and does not appear to be scared of [NSS #1]. [DSP #2] reports that while training, [DSP #4] came in a little early for the shift, [NSS #1] was still there and [client A] was crying and asking for 'his' blanket and [DSP #4] told [client A] that [NSS #1] does not have a blanket and [client A] was adamant that [NSS #1] had a blanket but that [client A] could not find the blanket ... [DSP #4] reports asking [NSS #1] for the blanket, but [NSS #1] just kept laughing in [client A's] face and staring at [client A]... [DSP #4] reports that [NSS #1] then asked [DSP #4], 'You know why she wants it,' and [DSP #4] answered, 'No, but if you have it, can you give it to her?' To which [NSS #1] responded, 'I don't have anything'... [DSP #4] reports eventually finding the blanket in a bag on the top shelf in the garage ... [DSP #2] reports not being present at this time... [NSS #1] reports [client A] was screaming because [client A] did not have 'her' blanket, which is a house blanket that used to belong to a housemate and had been used by [NSS #1] previously to cushion the arm of the old couch because it was painful to lean on the edge of the couch so [client A] assumed that it was [NSS #1's] blanket and that is why [client A] wanted it ...When asked why it			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	mattered if it was [NSS #1's] blanket, [NSS #1] responded 'because she is obsessed with me for some freaking reason. I don't know. I have no desire to entertain her obsession either'... [NSS #1] reports, 'I don't know why she is obsessed with me. There is no rhyme or reason behind it in my opinion. She's always been that way' ... [NSS #1] reports that when asked by [DSP #4] about the blanket, [NSS #1] did not laugh, and 'was trying' to let [DSP #4] know that [client A] was obsessed with the blanket and with [NSS #1], and that is all [NSS #1] said ... [NSS #1] reports not remembering laughing but states that if he (NSS #1) did laugh, it was because of something else that had nothing to do with (client A)... [NSS #1] reports being tired from working an 11-hour shift and that at that time, [NSS #1] just wanted to go home because he (NSS #1) was 'tired' and 'worn out' about the 'whole thing' ... [DSP #4] reports that the blanket in question is a house comforter but that there are multiples and that [DSP #4] is not sure if the house even uses the blanket anymore because it was found in a bag in the garage ... [DSP #4] then reports that [client A] will 'wear it around the house' until [NSS #1] comes back and then [client A] will make sure to put the blanket back where it was found and then [NSS #1] will use it and then [client A] will go back and get it and			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	'wear it through the house as clothes all day everyday'...This does not seem likely if the blanket was found in a bag on the top shelf in the garage, and [DSP #4] is unsure if the blanket is even used anymore. [DSP #4] reports that [client A] goes to bed at around 8 pm every night but then gets up when the overnight shift arrives so [client A] can see who it is and if it is someone that [client A] likes, [client A] will come to the living room with all of her (client A's) stuff and hang out in the living room, but if it is someone [client A] does not want, client A] will go back to bed ... [DSP #4] reports that while staff are present with [NSS #1], [NSS #1] is 'like a standoff' and that there is not a big difference in the way [NSS #1] interacts with others versus interacting with [client A]... [NSS #1] reports that when arriving at work, [client A] will come out of her (client A's) bedroom and say random things, but [NSS #1] will redirect [client A] back to bed by saying 'lights out' and will turn off the lights so that [client A] knows it is time for bed ... [NSS #1] reports discouraging [client A] from physically touching [NSS #1] because [NSS #1] does not want [client A] to touch [NSS #1] inappropriately again ...[NSS #1] reports that when in the home alone during the overnight shift, [client A] will come out of her (client A's) bedroom and try to engage with [NSS #1], but [NSS #1] will not			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	engage because if [NSS #1] does not engage, [client A] will get bored and go back to bed ... [client A] has verbalized having a crush on [NSS #1]... [DSP #4] reports not feeling like there is anything physical happening at this time, but feels that [client A] may be being groomed for something to happen later ... Site Visit Completed?: ? Yes ? No ? NA.Investigatory Question:Question: Are the interactions between person in service, [client A], and [NSS #1] appropriate and professional in nature? Answer: The evidence in this investigation can not determine if the interactions between [client A] and [NSS #1] are appropriate and professional in nature. This is based on the following facts. [Client A] has been displaying some new behaviors that are sexual in nature, although at least one of the behaviors has been exhibited in the past ... There is no documentation found on the new behaviors ... [Client A] is usually laughing and giggling when [NSS #1] is around and does not appear to be scared of [NSS #1]... [NSS #1] reports that [client A] listens to [NSS #1] because [NSS #1] keeps a very consistent routine, and that is important to [client A]... Both [DSP #4 and DSP #2] admit to never hearing [NSS #1] say anything inappropriate to [client A], nor seeing [NSS #1] do anything inappropriate			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	to [client A] ... Due to a lack of witnesses when [NSS #1] is on shift, because it is the overnight shift that only requires one staff, it can not be determined if anything inappropriate is taking place			
W 0153 Bldg. 00	483.420(d)(2) STAFF TREATMENT OF CLIENTS Based on record review and interview for 2 of 2 sampled clients (A and B) plus 1 additional client (C), the facility failed to ensure staff immediately reported allegations of abuse, neglect and mistreatment to the administrator and to the Bureau of Disabilities Services (BDS) in accordance with state law. Findings include: A review of the agency's BDS (Bureau of Disabilities Services) reports was conducted on 5/8/25 at 5:30 PM and indicated the following: 1. There was no t-log (staff communication for staff to client/behavior changes) entry, GER (General Events Reports - client to client, ANE or property destruction) or BDS reports available for the following incidents: 5/7/25 at 6:44 PM client A hit client B on the head. Client A pulled client B's hair. 5/8/25 at 8:36 AM client A hit client C with a closed fist. 5/14/25 at 3:26 PM client A hit client C. 5/14/25 at 3:46 PM client A hit client C in the head with an open hand. 5/15/25 at 2:18 PM client A hit DSP #10. 5/16/25 at 11:59 AM client A's mom stated, "You hurt [client B]. She is afraid of you."	W 0153	1. DSPs and agency leadership will be trained on Indiana's ABNE policy by 6/26/25, with particular attention paid to the identification and reporting of injuries of unknown origin and peer to peer abuse as well as reporting injuries to BDS in accordance with state law. 2. DSPs and agency leadership will also be retrained on the Change of Condition policy by 6/26/25, which includes identifying, reporting and monitoring a change in condition, including injuries of unknown origin. 3. DSPs and agency leadership will be retrained on Indiana's ABNE policy by 6/26/25, particularly related to identification and prevention of physical and psychological abuse, including peer to peer abuse. DSPs and agency leadership will also be trained on the Indiana Peer to Peer Abuse Protocol by 6/26/25.	06/26/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	There was no BDS report provided. 2. A 5/17/25 t-log indicated "Where [client C's] left thumb is he has a nick on it and it's bleeding a little, have no clue how it happened he was slamming and throwing stuff in his room which he was told he can't do for that reason." There was no BDS report provided. 3. A 5/16/25 t-log indicated "[Client B] kept mentioning going home while at the park. Staff explained that she (client B) would be at the park a little bit longer than home was next. She began grabbing her peers arm. The peer told [client B] to stop but this only increased behavior. The peer was assisted by staff to find a new seat and staff sat beside [client B] instead. She (client B) grabbed staff a few times. When this happened staff redirected her to hold her own hands, and give herself a hug. She instantly responded to this and it paused the behavior. She then stood up to walk towards another peer and proceed to grab their arm. The peer yelled 'no' and had her arms up and crossed them making an 'x'. [Client B] continued grabbing her arms during this. Staff stood between [client B] and her peer. This was followed by [client B] hitting staff on the arms and back. Staff was able to redirect/pause the behavior using the same method as before. [Client B] continued grabbing staff occasionally until departure but responded quickly to redirection." There was no BDS report provided. 4. A 5/15/25 t-log indicated "[Client A] was walking around in the living room. She (client A) ran up and hit a person from the state agency on the arm. Staff ran to intervene and asked [client A]			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	to stop. She (client A) attempted again to try to hit the person (state surveyor) and staff tried to block her (client A). (Client A) walked off. There were no injuries." There was no BDS report provided. 5. A 5/14/25 t-log indicated "[Client C] was sitting in his wheelchair in front of the front door. Staff was assisting another staff to get another individual ready for their shower. When staff came out of the bathroom, a person form the state informed staff that [client A] pulled [client C's] hair. There were no injuries." There was no BDS report provided. 6. A 5/8/25 t-log indicated "[DSP (Direct Support Professional) #10] was in [client A's] room and a state worker came and told me that [client A] hit [client B] three times on the head." There was no BDS report provided. 7. A T-log entry dated 4/22/25 at 12:20 PM indicated "[Client A] went to house mates (sic) room and scratched he (client C) (sic) on the face and nose." Addendum note by the QIDP (Qualified Intellectual Disabilities Professional) indicated on 4/22/25 at 1:33 PM "...Please complete a GER for both clients." There was no BDS report provided. 8. A T-log entry dated 4/22/25 at 12:20 PM indicated "[Client A] went to house mates room (sic) and scratched her (client B) on the face and pulled her hair." Addendum note by the QIDP indicated on 4/22/25 at 1:33 PM "...Please complete a GER for both clients."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	There was no BDS report provided. 9. A T-log entry dated 4/18/25 at 11:10 AM indicated "[Client A] picked up my cell phone from the table and threw it at my face. She also broke the [group home] computer." There was no BDS report provided. 10. A T-log entry dated 4/18/25 at 10:29 AM indicated "[Client A] woke up with aggressive behaviors. She has been hitting, scratching and screaming for hours." There was no BDS report provided. 11. A T-log entry dated 4/7/25 at 5:56 PM indicated "[Client A] has been continuously hitting staff, screaming and yelling asking for a certain staff member. also (sic) throwing chairs and other stuff around the house." Addendum by the QIDP dated 4/8/25 at 9:31 AM indicated "Please add this to her behavior tracker." There was no BDS report provided. 12. A T-log entry dated 4/2/25 at 2:45 PM indicated "[Client A] has been hitting, scratching, and screaming most of the day. Crying for the guy and wanting it to be night time so he can come in. She is having a lot of loud outburst (sic) screaming for the guys (sic) blanket. The staff called her mom and were still not able to calm her down (sic)." Addendum by the QIDP dated 4/3/25 at 12:34 PM indicated "Please be sure to document this in her behavior tracker." There was no BDS report provided.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	13. A T-log entry dated 3/25/25 at 4:55 PM indicated "[Client A] pulled one of the individuals (sic) hair." Addendum added by the QIDP dated 3/26/25 at 9:26 AM indicated "Please complete a GER for [client A] and any clients who were hit." There was no BDS report provided. 14. A 5/15/25 Investigation for an incident that occurred in the group home on 5/14/25 at 3:45 PM indicated "What is the allegation: Staff assisted another staff member in grabbing a towel for the individual in the shower. When staff came out of the restroom, a state person informed them that they saw [client A] walk up and pull another individual's hair. There were no injuries. Substantiated by Witness: [state surveyor] witnessed it, and marks were seen the following day. Is there a BSP in place? Yes. Was the BSP followed to de-escalate the individual? (Left blank). Supervisor Notified: [HM] (House Manager), 5-14-25. BDS Report/APS (Adult Protective Services) notified: Yes, 5-14-25. Investigation Completed By/Date: [QIDP/Qualified Intellectual Disabilities Professional],5-15-25. Witness: [state surveyor], State Witness: [client A]. Witness: [client C]. Witness: [DSP #2]. Summary of Evidence: The [state surveyor] was in the home and witnessed [client A] pull [client C's] hair and hit him while staff were busy attending to another client. Staff reported that they did not see the entire incident but successfully redirected [client A] and then stayed between them to ensure safety.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	Recommendations from Incident: Review - One staff member should stay where they can see [client A] at all times. Further BSP (Behavioral Support Plan) training, discussion about staying where they can see [client A] when 2 staff are available. MANDT (De-escalation) training. Corrective Measures to Take Place: GERs, IRs (Internal Reviews), Investigation, Peer-to-peer incident review. Were plans of both parties reviewed and updated as applicable: Yes, both were reviewed and updates are in process by QIDP and BCBA (Board Certified Behavioral Analyst)...." There was no BDS report provided. 15. A 5/20/25 T-log (not timed) was placed by DSP #8. The T-log indicated "Today [client B] was upset because she kept trying to connect the tablets to the wifi thatbis (sic) currently unavailable. She headbutt me when i (sic) tried telling her that i (sic) couldn't fix it . Also she went in her room and broke the tablets." On 5/12/25 at 2:20 PM an interview with the QIDP was conducted and indicated staff should be filling out T-logs. The QIDP indicated the staff should have been reporting incidents of client to client abuse, client to staff aggression, elopement and property destruction immediately to their supervisor. The QIDP stated, "I and the Quality Coordinator, the Associate Director and the Regional Director all have the responsibility to ensure the BDS reports were completed but we don't always do it." The QIDP indicated client A's aggression incidents had been increasing even with additional staff in the home. The QIDP indicated she was now working out of the home 4-5 days a week to lend support.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	On 5/7/25 at 2:30 PM the AD (Associate Director) was interviewed. The AD indicated Mosaic had an ANE policy in place to prevent and detect allegations of ANE. The AD indicated employees were trained through internet teaching, onboarding, yearly and PRN (as needed) trainings. The AD indicated the facility was to report all allegations of abuse/neglect to the administrator immediately, BDS within 24 hours and complete an investigation within 5 days. The AD indicated the facility used T-logs to record incidents and then supervisors were to fill out the GERs. The AD indicated client A didn't do traditional community based day programming because of her aggressive behaviors. Client A required 1:1 when out in the community. On 5/22/25 at 1:30 PM the ED was interviewed The ED indicated ANE should have been prevented. The ED indicated staff should have been reporting incidents of ANE immediately to their supervisor. The ED indicated BDS reports should have been completed within 24 hours. This federal tag relates to complaint #IN00458737. 9-3-2(a)			
W 0154 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS Based on record review and interview for 2 of 2 sampled clients (A and B) plus 1 additional client (C), the facility failed complete a thorough investigation for an injury of unknown origin affecting client C, allegations of client to client aggression affecting all clients, and the property destruction of the group home computer by client	W 0154	1. Agency leadership will be trained on Indiana's ABNE policy as well as Mosaic's Investigations-Operational policy by 6/26/25, with particular attention paid to the identification and reporting of injuries of unknown origin and peer to peer	06/26/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	A. Findings include: A review of the agency's BDS (Bureau of Disabilities Services) reports was conducted on 5/8/25 at 5:30 PM and indicated the following: 1. There was no t-log (Staff communication for staff to client or behavior change) entry, GER (General Event Report - client to client, ANE or property destruction) or BDS reports available for the following incidents: 5/7/25 at 6:44 PM client A hit client B on the head. Client A pulled client B's hair. 5/8/25 at 8:36 AM client A hit client C with a closed fist. 5/14/25 at 3:26 PM client A hit client C. 5/14/25 at 3:46 PM client A hit client C in the head with an open hand. 5/15/25 at 2:18 PM client A hit DSP #10. 5/16/25 at 11:59 AM client A's mom stated, "You hurt [client B]. She is afraid of you." There was no investigation provided. 2. A 5/17/25 t-log indicated "Where [client C's] left thumb is he has a nick on it and it's bleeding a little, have no clue how it happened he was slamming and throwing stuff in his room which he was told he can't do for that reason." There was no investigation provided. 3. A 5/16/25 t-log indicated "[Client B] kept mentioning going home while at the park. Staff explained that she (client B) would be at the park a little bit longer than home was next. She began grabbing her peer's arm. The peer told [client B] to stop but this only increased behavior. The		abuse. If the origin of an injury cannot be determined, the agency Quality Coordinator will escalate to the Investigations team per the Investigations Policy and request an investigation be initiated by Mosaic national support staff. 2. DSPs and agency leadership will also be trained on the Indiana Peer to Peer Abuse Protocol by 6/26/25. 3. DSPs and agency leadership will also be retrained on the Change of Condition policy by 6/26/25, which includes identifying, reporting and monitoring a change in condition, including injuries of unknown origin and behavioral changes. 4. Mosaic will ensure that potential witnesses will be interviewed on site during investigations. This will be documented within the investigation documents.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	peer was assisted by staff to find a new seat and staff sat beside [client B] instead. She (client B) grabbed staff a few times. When this happened staff redirected her to hold her own hands, and give herself a hug. She instantly responded to this and it paused the behavior. She then stood up to walk towards another peer and proceed to grab their arm. The peer yelled 'no' and had her arms up and crossed them making an 'x'. [Client B] continued grabbing her arms during this. Staff stood between [client B] and her peer. This was followed by [client B] hitting staff on the arms and back. Staff was able to redirect/pause the behavior using the same method as before. [Client B] continued grabbing staff occasionally until departure but responded quickly to redirection." There was no investigation provided. 4. A 5/15/25 t-log indicated "[Client A] was walking around in the living room. She (client A) ran up and hit a person from the state agency on the arm. Staff ran to intervene and asked [client A] to stop. She (client A) attempted again to try to hit the person (state surveyor) and staff tried to block her (client A). (Client A) walked off. There were no injuries." There was no investigation provided. 5. A 5/14/25 t-log indicated "[Client C] was sitting in his wheelchair in front of the front door. Staff was assisting another staff to get another individual ready for their shower. When staff came out of the bathroom, a person from the state informed staff that [client A] pulled [client C's] hair. There were no injuries." There was no investigation provided.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	6. A 5/8/25 t-log indicated "[DSP (Direct Support Professional) #10] was in [client A's] room and a state worker came and told me that [client A] hit [client B] three times on the head." There was no investigation provided. 7. A T-log entry dated 4/22/25 at 12:20 PM indicated "[Client A] went to house mates (sic) room and scratched he (client C) (sic) on the face and nose." Addendum note by the QIDP (Qualified Intellectual Disabilities Professional) indicated on 4/22/25 at 1:33 PM "...Please complete a GER for both clients." There was no investigation provided. 8. A T-log entry dated 4/22/25 at 12:20 PM indicated "[Client A] went to house mates room (sic) and scratched her (client B) on the face and pulled her hair." Addendum note by the QIDP indicated on 4/22/25 at 1:33 PM "...Please complete a GER for both clients." There was no investigation provided. 9. A T-log entry dated 4/18/25 at 11:10 AM indicated "[Client A] picked up my cell phone from the table and threw it at my face. She also broke the [group home] computer." There was no investigation provided. 10. A T-log entry dated 4/18/25 at 10:29 AM indicated "[Client A] woke up with aggressive behaviors. She has been hitting, scratching and screaming for hours." There was no investigation provided.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	11. A T-log entry dated 4/7/25 at 5:56 PM indicated "[Client A] has been continuously hitting staff, screaming and yelling asking for a certain staff member. also (sic) throwing chairs and other stuff around the house." Addendum by the QIDP dated 4/8/25 at 9:31 AM indicated "Please add this to her behavior tracker." There was no investigation completed. 12. A 4/3/25 BDS report from 9:30 PM indicated "On 4/2/25, it was reported that [client A] picked up a staff member's backpack and threw it, resulting in the staff member's laptop breaking. Before this, [client A] had been having undesirable behaviors since earlier in the day." A T-log entry dated 4/2/25 at 9:16 PM indicated "[Client A] has been crying, yelling all night. She's throwing things away and trying to destroy properties. She threw my bag (sic) pack away and broke my laptop. She's upset because the 'guy' is not here." Addendum by the QIDP dated 4/3/25 at 12:35 PM indicated "Please be sure to add these to her behavior tracker." There was no investigation provided. 13. A T-log entry dated 4/2/25 at 2:45 PM indicated "[Client A] has been hitting, scratching, and screaming most of the day. Crying for the guy and wanting it to be night time so he can come in. She is having a lot of loud outburst (sic) screaming for the guys (sic) blanket. The staff called her mom and were still not able to calm her down (sic)." Addendum by the QIDP dated 4/3/25 at 12:34 PM indicated "Please be sure to document this in her behavior tracker."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	There was no investigation provided. 14. A 3/28/25 BDS report from 1:30 PM was reported on 3/31/25 and indicated "On 3/28/25, [client C] was wheeling himself around the home in a wheelchair. [Client C] was near the front door when a housemate (client A) came out from her room and went offer (sic) and hit him open-handed on top of the head. The housemate was immediately redirected and went back to her room. [Client C] said he was ok. Staff saw no injuries. Plan to Resolve: Staff will provide emotional support, an investigation will be completed, and Mosaic policies will be followed. ANE Substantiated. Was staff suspended: No." There was no investigation provided. 15. A 3/25/25 BDS report from 7:00 PM reported on 4/24/25 indicated "On 3/25/25, [client A] pulled a housemate's hair. [Client A] released immediately, and no redirection was needed. No injuries were noted from this incident. Plan to Resolve: Follow the individuals' (sic) BSP, provide emotional support, and ensure the safety and security of individuals." There was no investigation provided. 16. A T-log entry dated 3/25/25 at 4:55 PM indicated "[Client A] pulled one of the individuals (sic) hair." Addendum added by the QIDP dated 3/26/25 at 9:26 AM indicated "Please complete a GER for [client A] and any clients who were hit." There was no investigation provided. 17. A 3/25/25 BDS report from 12:00 AM reported on 4/24/25 indicated "On 3/25/25, [client B's] housemate pulled her hair. The housemate			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	released [client B's] hair immediately. No injuries were noted. Plan to Resolve: Follow the housemates' (sic) BSP, provide emotional support, and ensure the individuals' (sic) safety and security." There was no investigation provided. 18. A 5/20/25 T-log (not timed) was placed by DSP #8. The T-log indicated "Today [client B] was upset because she kept trying to connect the tablets to the wifi thatbis (sic) currently unavailable. She headbutt me when i (sic) tried telling her that i (sic) couldn't fix it . Also she went in her room and broke the tablets." On 5/12/25 at 2:20 PM an interview with the QIDP was conducted and indicated staff should be filling out T-logs. The QIDP indicated the staff should have been reporting incidents of client to client abuse, client to staff aggression, elopement and property destruction immediately to their supervisor. The QIDP indicated all client to client incidents should have been investigated. The QIDP stated, "I and the Quality Coordinator, the Associate Director and the Regional Director all have the responsibility to ensure the BDS reports were completed but we don't always do it." The QIDP indicated client A's aggression incidents had been increasing even with additional staff in the home. The QIDP indicated she was now working out of the home 4-5 days a week to lend support. On 5/7/25 at 2:30 PM the AD (Associate Director) was interviewed. The AD indicated Mosaic had an ANE policy in place to prevent and detect allegations of ANE. The AD indicated employees were trained through internet teaching, onboarding, yearly and PRN (as needed)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	trainings. The AD indicated the facility was to report all allegations of abuse/neglect to the administrator immediately, BDS within 24 hours and complete an investigation within 5 days. The AD indicated the facility used T-logs to record incidents and then supervisors were to fill out the GERs. On 5/22/25 at 1:30 PM the ED was interviewed The ED indicated ANE should have been prevented. The ED indicated staff should have been reporting incidents of ANE immediately to their supervisor. The ED indicated BDS reports should have been completed within 24 hours and investigations should have been thorough completed within 5 days and had corrective actions developed and implemented to prevent recurrence. This federal tag relates to complaint #IN00458737. 9-3-2(a)			
W 0156 Bldg. 00	483.420(d)(4) STAFF TREATMENT OF CLIENTS Based on record review and interview for 1 of 2 sampled clients (A), the facility failed to ensure the results of an investigation of an allegation of abuse/grooming of client A were reported to the administrator within 5 working days. Findings include: A review of the agency's BDS (Bureau of Disabilities Services) reports was conducted on 5/8/25 at 5:30 PM and indicated the following: A 5/1/25 BDS report from 11:00 AM indicated "On	W 0156	Agency leadership team will be retrained on the Investigations Policy - Indiana Addendum by 6/26/25, which includes action steps for communication of results and findings. The Quality Coordinator with support from the Executive Director will ensure communication to the state around the results of future findings occurs by the 5th business day.	06/26/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	5/1/25, a report was made from a staff member about possible sexual grooming of [client A] by another staff member. Allegations of inappropriate pet names were used by [the guy/night shift staff #1 (NSS #1)], [NSS #1] saying he had 'total control' over [client A], [NSS #1] smiled at her anguish of a lost item, and that [client A] is showing sexual types of movements towards other staff members. Plan to Resolve: The Mosaic staff (NSS #1) was suspended while Mosaic does an internal investigation. Findings will be reported to APS (Adult Protective Services). Mosaic staff will provide emotional support and ensure [client A's] safety and security. Was the allegation of ANE substantiated/unsubstantiated? Unknown. Staff Suspended: Yes.... Comments: Staff [NSS #1] to be terminated due to statements in the investigation interview, unrelated to the allegation." A 5/9/25 investigation for an 4/30/25 allegation of sexual grooming of client A indicated the investigation was not completed within 5 days. On 5/12/25 at 2:20 PM an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated all client to client incidents should have been investigated within 5 days. On 5/7/25 at 2:30 PM the AD (Associate Director) was interviewed. The AD indicated the facility was to complete an investigation within 5 days. On 5/22/25 at 1:30 PM the ED (Executive Director) was interviewed. The ED indicated investigations should have been thorough and completed within 5 days.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0157 Bldg. 00	This federal tag relates to complaint #IN00456286. 9-3-2(a) 483.420(d)(4) STAFF TREATMENT OF CLIENTS Based on record review and interview for 2 of 2 sampled clients (A and B) plus 1 additional client (C), the facility failed to ensure appropriate corrective action plans (CAPs) were implemented to address recurrent issues of client to client aggression. Findings include: A review of the agency's BDS (Bureau of Disabilities Services) reports was conducted on 5/8/25 at 5:30 PM and indicated the following: 1. A 4/29/25 BDS report for an incident on 4/28/25 at 7:30 PM indicated "On 4/28/25, [client B] came out into the living room. When her housemate (client A) saw her, she came over and pulled her hair. No injuries were noted. Staff redirected the housemate. Plan to Resolve: Follow the housemates' (sic) BSP (Behavior Support Plan). Provide emotional support and ensure the individuals' (sic) safety and security." A 4/28/25 T-log (agency record of client to client aggression, behaviors and property destruction) entry from 7:51 PM indicated "[Client B] was in the living room when [client A] saw her she pulled her hair (sic)." A 4/29/25 investigation indicated "What is the allegation: [client A] pulled [client B's] hair.	W 0157	1. Agency leadership will be retrained on Indiana's ABNE policy by 6/26/25, with particular attention paid to taking proper corrective action to address a pattern of abuse. This will include monitoring of the corrective action to ensure that it is effective in preventing further abuse. 2. The Quality Coordinator will review trends from peer to peer abuse at the agency Safety Committee Meeting. Follow up action steps of trends will be discussed, documented in the Safety Committee Minutes and implemented beginning in June 2025 and will be ongoing. Follow up that was completed will be documented in the proceeding Safety Committee Minutes. 3. An incident review committee will be created by July 2025, including agency leadership, Quality Coordinator, QIDP and Mosaic national staff to review all open cases and patterns of concern on a monthly basis.	06/26/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	Substantiated by Witness: Witnessed by staff, yes, substantiated. Is there a BSP in place? Yes. Was the BSP followed to de-escalate the individual? No. Supervisor Notified: Not by reporting staff. The supervisor saw a GER (General Event Report) for it. BDS Report/APS (Adult Protective Services) notified: Yes. Summary of Evidence: [Client A] was standing in front of the loveseat by the staff. When [client B] entered the living room, [client A] saw her and immediately pulled her hair. Recommendations from Incident Review- I recommend that staff be retrained on [client A and B's] BSPs and that [client A] get a behaviorist from outside of Mosaic. Corrective Measures to Take Place: An emergency meeting will be held to discuss the increase in behaviors. An IR (Internal Record) was completed." The CAPs implemented did not prevent recurrence. 2. A 4/26/25 BDS report from 11:30 AM indicated "On 4/26/25, [client B] walked into the kitchen where a housemate (client A) and a staff member were prepping the housemate's meal. The housemate immediately went toward [client B] and hit her multiple times and pulled her hair. The housemate stopped immediately upon redirection from staff. No injuries were noted. Plan to Resolve: Follow the housemate's BSP. Provide emotional support and ensure the individuals' safety and security." A T-log entry dated 4/26/25 at 1:21 PM indicated "[client A] chased roommate and hit her on the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	head and pulled her hair a couple of times today (sic) Not long after I got on shift this morning (sic). Staff got in between them immediately each time. Staff did a GER." A 4/29/25 investigation indicated "What is the allegation: [client A] pulled [client B's] hair and hit her 3-4 times on the head. Substantiated by Witness: Yes, this was witnessed by staff. Is there a BSP in place? Yes. Was the BSP followed to de-escalate the individual? (left blank). Supervisor Notified: Not at the time. A retraining was done on this on 4-29-25. BDS Report/APS notified: Yes. Summary of Evidence: [Client A] and [DSP #2] were in the kitchen making [client A's] food. [Client B] came into the kitchen and said no hit no hit (sic). [Client A] immediately went over and pulled [client B's] hair and hit her openhanded 3-4 times on top of the head. Staff immediately intervened and put herself between the individuals for their safety. [Client B] went back to her room and [client A] continued helping [DSP #2] in the kitchen. Recommendations from Incident Review: Emergency meeting will be scheduled. Staff retraining on BSPs. Corrective Measures to Take Place: Staff retraining. IR Investigation." The CAP implemented did not prevent recurrence. 3. A 4/21/25 BDS report from 3:30 PM indicated "On 4/20/25 it was reported that one of his housemates (client A) scratched his (client C) nose an (sic) face. The housemate was immediately redirected and went back to her room.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	[Client C] said he was ok. Plan to Resolve: Staff will provide emotional support, and his PRN (as needed) (sic) for pain, and Mosaic policies will be followed." A 4/24/25 investigation indicated "What is the allegation: [Client A] went into [client C's] room and scratched him on the face and nose. Staff redirected [client A] according to the GER. Substantiated by Witness: The staff member could not be reached in a timely manner. The GER said it was a witnessed event so I would say it is substantiated. Is there a BSP in place - yes. Was the BSP followed to de-escalate the individual? I am unsure. Supervisor Notified: No, but they have been now. BDS Report/APS notified: No, but they have been now. Summary of Evidence: Staff wrote in the GER that they witnessed [client A] go into [client C's] room and scratch him on the face and nose. It said that the staff redirected [client A]. Recommendations from Incident Review- (left blank). Corrective Measures to Take Place: Staff need to be retrained on GERs. Staff need to be retrained on notifying a supervisor. The GER states she sent a message to the supervisor. A supervisor either never got the message or they didn't report it further." The CAPs were not implemented to prevent recurrence. 4. A 4/18/25 BDS report from 12:00 PM reported on 4/21/25 indicated "On 4/18/25, [client A] went into a housemates (sic) (client B's) room. [Client A] hit the roommate and pulled her hair. The staff			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	quickly redirected [client A]. No injuries were noted from this incident. Plan to Resolve: Follow the individuals' (sic) BSP, provide emotional support, and ensure the safety and security of individuals." A T-log entry dated 4/18/25 at 11:40 AM indicated "[Client A] went to house mates (sic) room and scratched her (client B) on the face and pulled her hair." A 4/24/25 investigation indicated "What is the allegation: [Client A] went into [client B's] room, pulled her hair, and hit her. Substantiated by Witness: Yes, Staff witnessed the behavior. Is there a BSP in place: Yes. Was the BSP followed to de-escalate the individual? [Client A] left the room as soon as staff came in. Supervisor Notified: Yes. BDS Report/APS notified: Yes. Summary of Evidence: [Client A] was walking around the house, pacing back and forth, calling for her mom and the guy (staff). She began to get upset, knocking over chairs onto the wall, screaming and crying. Staff were trying to pick up the chairs, and then the staff went down the hallway and saw [client A] in her roommate's room. When staff entered the room, she was already pulling her hair and scratching her face. When [client A] saw the staff, she stopped the behavior and left the room. Staff assisted [client B] with the first aid kit and then notified the supervisor via a message. Recommendations from Incident Review: Monitor [client A] and [client B] more when they are around each other. Try keeping [client A] out of [client B's] room. Corrective Measures to Take Place: Continue			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	following BSPs. Staff should monitor [client A] closely when she goes down the hall. That area does not have anything that pertains to [client A] except the bathroom, which is closest to the living room. This is not to say that she cannot be in the hallway, but that staff should pay close attention when she goes there since she has nothing over in that area of the home." The CAPs implemented did not prevent recurrence. 5. A T-log entry dated 4/7/25 at 2:19 PM indicated "[Client A] has been hitting staff throughout the day and having loud outburst (sic)." Addendum: "I was going to file a T-log as well, but will add to this one. [Client A] hit the back of my head with an open palm a few times in a row this morning while visiting the [group home] (about 10:30 a.m.). She ran up quick behind and I wasn't aware she was there, then she hit my head. After she stopped, I said, '[client A], hi!' If you want to greet me, you can say 'Hi, [DSP #9]' instead of hitting my head. She then said, 'Hi!' Seemed like (sic) agitated (I did throw their morning routine off a bit by being there for van training). No injury." An additional addendum by the QIDP dated 4/8/25 at 9:32 AM indicated "Please make sure behaviors are added to her behavior tracker." There was no behavior tracking provided. There was no CAP implemented to prevent recurrence. 6. A T-log entry dated 4/2/25 at 5:38 PM indicated "Screaming and yelling to the top of her lungs, and crying for most of the day asking for the guy to come. Staff has tried to calm her down multiple times." Addendum by the QIDP (Qualified Intellectual Disabilities Professional) dated 4/3/25			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	at 12:36 PM indicated "Please make sure to add this to her behavior tracker." There was no CAP implemented to prevent recurrence. On 5/12/25 at 2:20 PM an interview with the QIDP was conducted and indicated CAPs should be developed and implemented to prevent recurrence. On 5/22/25 at 1:30 PM the ED (Executive Director) was interviewed The ED indicated ANE should have been prevented. The ED indicated corrective actions plans should have been developed and implemented to prevent recurrence. This federal tag relates to complaint #IN00456286. 9-3-2(a)			
W 0202 Bldg. 00	483.440(b)(4)(ii) ADMISSIONS, TRANSFERS, DISCHARGE Based on observation, interview and record review for 1 of 2 sampled clients (A) plus 3 additional clients (C, FC (former client) D and FCE), the facility failed to ensure the clients and/or guardians were provided reasonable time during the transfer process affecting clients A, C, FCD and FCE. Findings include: Please see W125. For 1 of 2 sampled clients (A) plus 3 additional clients (C, FCD and FCE, the facility failed to ensure the clients had the right to due process in regard to admission, discharge and	W 0202	Mosaic leadership will review and update the Admissions policy to ensure that due process is afforded to people supported and their guardians in regards to the admission, discharge and transfer process. Staff will be trained on the updated policy by 6/26/25. The Quality Coordinator and QIDP will ensure that this policy is followed for all admissions, transfers and discharges and that BDS has been involved and provided approval prior to moves occurring.	06/26/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G676	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MOSAIC	1703 WOODMONT DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	transfer process into or from the group home affecting all clients. 9-3-4(a)			