

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/08/2021

FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G676	(X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2021
NAME OF PROVIDER OR SUPPLIER MOSAIC		STREET ADDRESS, CITY, STATE, ZIP COD 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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 10/21/21</p> <p>Facility Number: 009969 Provider Number: 15G676 AIM Number: 200129000</p> <p>At this Emergency Preparedness survey, Mosaic was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475</p> <p>The facility has 5 certified beds. All 5 beds are certified for Medicaid. At the time of the survey, the census was 4.</p> <p>Quality Review completed on 10/26/21</p>	E 0000		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 10/21/21</p> <p>Facility Number: 009969 Provider Number: 15G676 AIM Number: 200129000</p> <p>At this Life Safety Code survey, Mosaic was found not in compliance with Requirements for</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K S712 Bldg. 01	<p>Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This one-story facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridor, as well as heat detection within the unused attic space. The facility has a capacity of 5 and had a census of 4 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 1.96.</p> <p>Quality Review completed on 10/26/21</p> <p>NFPA 101 Fire Drills Fire Drills</p> <p>1. The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to:</p> <ul style="list-style-type: none"> a. Ensure that all personnel on all shifts are trained to perform assigned tasks; b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. <p>2. The facility must:</p> <ul style="list-style-type: none"> a. Actually evacuate clients during at least one drill each year on each shift; b. Make special provisions for the evacuation of clients with physical disabilities; c. File a report and evaluation on each drill; d. Investigate all problems with evacuation 			

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	<p>drills, including accidents and take corrective action; and</p> <p>e. During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>3. Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>42 CFR 483.470(i)</p> <p>Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 2 of the last 4 quarters over the past year. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>During record review with the Quality Coordinator on 10/21/21 at 11:07 a.m., no documentation could be provided regarding a fire drill for the fourth quarter (October, November, or December) of 2020. Based on interview at the time of record review, the Quality Coordinator stated that the facility was fully operational, but there were some staffing issues during that time and she was sure that was the reason for the missing drill.</p> <p>This item was covered again at the exit conference with the Quality Coordinator on 10/21/21 at 12:30 p.m. during the exit conference.</p>	K S712	<p>The Direct Support Supervisor or Program Manager will call the home and announce that the home is to conduct a fire drill right at the moment. The Direct Support Supervisor or Program Manager will tell them which area in the home the fire has broken out. The Direct Support Supervisor or Program Manager will call back and ensure the paperwork was completed and will be turned in. The Direct Support Supervisor, Program Manager, Quality Coordinator and Safety Committee will review the documentation of fire drills before the end of each month to ensure that all drills are completed as required.</p> <p>/p></p> <p>="" p=""></p> <p>br=""></p> <p>br=""></p> <p>="" p=""></p> <p>="" p=""></p> <p>="" p=""></p> <p>="" span=""></p> <p>="" p=""></p> <p>="" span=""></p>	11/07/2021

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