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	05/22/2023

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 a post certification revisit (PCR) to the recertification and state licensure survey completed on 3/28/23. Dates of survey: May 17, 18, 19 and 22, 2023. Facility Number: 009969 Provider Number: 15G676 Aims Number: 200129000 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 6/5/23.	W 0000		
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), plus 2 additional clients (#4 and #5), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the home was in good repair. Findings include: Observations were conducted in the group home on 5/18/23 from 1:30 pm to 5:30 pm. Clients #1, #2, #3, #4 and #5 were present throughout the observation. The following environmental issues were noted affecting clients #1, #2, #3, #4 and #5: The walls in clients #1 and #4's bedroom had discolored areas where an unknown substance	W 0104	A. What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice; 1.Mosaic will ensure the room will be repainted. B. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; 1.This has the potential to affect all the residents. Mosaic will ensure the room will be repainted. C. THE PROCEDURE FOR	06/21/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kirsten Terrell	QC	06/22/2023

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	left marks. On the wall beside client #1's bed, the paint was peeled off the wall in an area measuring 28 inches by 14 inches. On 5/18/23 at 1:42 pm staff #3 stated, "I don't know what that is on the walls. Something needs done about getting these walls painted." An interview with the Quality Coordinator (QC) was conducted on 5/18/23 at 3:10 pm. The QC stated, "I think the marks on the walls are from the bug exterminator. This room is on the list to have the whole room repainted." An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 5/19/23 at 11:04 am. The QIDP stated, "The home should be clean and in good repair. The bedroom still needs to be repainted." This deficiency was cited on 3/28/23. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-1(a)		IMPLEMENTING THE CORRECTIVE ACTION(S): 1.Mosaic will ensure the room will be repainted. D. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; 1.The maintenance manager will do quarterly checks to ensure the walls are in good condition. E. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names). Administrator F. COMPLETION DATE 7/6/2023	
W 0159 Bldg. 00	483.430(a) QIDP Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the Qualified	W 0159	A. What corrective action(s) will be accomplished for these	06/21/2023

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	Intellectual Disability Professional (QIDP) failed to effectively monitor clients #1, #2, and #3's active treatment programs. The QIDP failed to update a Comprehensive Functional Assessment (CFA) for client #1. Findings include: 1. Client #1's record was reviewed on 5/18/23 at 10:00 am. Client #1's Individual Support Plan (ISP) dated 8/1/22 indicated the following goals: "Finance, Medication administration, Domestic Tasks and Behavior Tracking." There was no documentation the QIDP reviewed client #1's goals in April 2023. 2. Client #2's record was reviewed on 5/18/23 at 10:41 am. Client #2's ISP dated 10/25/22 indicated the following goals: "Body Checks, Bathing, Medication Administration, Brushing Teeth, Finance, Communication, Dressing and Behavior Tracking." There was no documentation the QIDP reviewed client #2's goals in April 2023. 3. Client #3's record was reviewed on 5/18/23 at 11:26 am. Client #3's ISP dated 6/15/22 indicated the following goals: "Hygiene, Finances and Behavior Tracking." There was no documentation the QIDP reviewed client #3's goals in April 2023. 4. The QIDP failed to update a CFA for client #1 after his admission to the hospital and return to the group home. Please see W259. This deficiency was cited on 3/28/23. The facility failed to implement a systemic plan of correction to prevent recurrence.		residents found to have been affected by the deficient practice; 1.Mosaic will ensure the individual support plan documentation is being reviewed. 2.Mosaic will ensure the individual support plan documentation is being reviewed. 3.Mosaic will ensure the individual support plan documentation is being reviewed. 4.Mosaic will ensure the comprehensive functional assessment is updated after admission to the hospital and return to the group home. B. How the facility will identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken; 1.This has the potential to affect all the residents. Mosaic will ensure the individual support plan documentation is being reviewed. 2.This has the potential to affect all the residents. Mosaic will ensure the individual support plan documentation is being reviewed. 3.This has the potential to affect all the residents. Mosaic will ensure the individual support plan documentation is being reviewed. 4.This has the potential to affect all the residents. Mosaic will ensure the comprehensive functional assessment is updated after admission to the hospital and return to the group home.	

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	9-3-3(a)		C. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S): 1.Mosaic will ensure the individual support plan documentation is being reviewed. 2.Mosaic will ensure the individual support plan documentation is being reviewed. 3.Mosaic will ensure the individual support plan documentation is being reviewed. 4.Mosaic will ensure the comprehensive functional assessment is updated after admission to the hospital and return to the group home. D. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; 1.The Quality Coordinator will ensure the QIDP is doing monthly reviews of the client's individual support plans. 2.The Quality Coordinator will ensure the QIDP is doing monthly reviews of the client's individual support plans. 3.The Quality Coordinator will ensure the QIDP is doing monthly reviews of the client's individual	

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			support plans. 4.The Quality Coordinator will ensure the QIDP is doing the comprehensive functional assessment update after admission to the hospital and return to the group home. E. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names). Administrator F. COMPLETION DATE 7/6/2023	
W 0259 Bldg. 00	483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on observation, record review and interview for 1 of 3 clients in the sample (#1), the facility failed to ensure client #1's comprehensive functional assessment (CFA) was completed and updated as needed. Findings include: Observations were conducted in the group home on 5/18/23 from 1:30 pm to 5:30 pm. Client #1 was present throughout the observation. At 3:40 pm the Quality Coordinator (QC) assisted	W 0259	A. What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice; 1.Mosaic will implement and ensure each client's specific active treatment services requirements are met. B. How the facility will identify other residents having the potential to be affected by the same deficient practice, and what	06/21/2023

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	client #1 in sitting up on the couch. QC assisted client #1 with standing up to his walker and then to his wheelchair to sit down. He was not able to walk. On 5/18/23 at 10:00 am client #1's record was reviewed. Client #1 had a CFA completed on 9/30/22. Client #1's record indicated from 2/16/23 to 2/22/23 client #1 was hospitalized due to pressure ulcers, abnormal weight loss, difficulty swallowing and dehydration. Prior to the hospitalization client #1 was able to walk. Currently he is using a wheelchair and is unable to walk on his own. There was no documentation client #1's skills had been assessed after the hospital discharge on 2/22/23. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 5/19/23 at 11:04 am. The QIDP stated, "I completed a new CFA for [client #1] yesterday. It would have been a good idea to complete a new one when he was discharged from the hospital." An interview with the Quality Coordinator (QC) was conducted on 5/19/23 at 12:05 pm. The QC stated, "The CFA should have been updated after he was released from the hospital." This deficiency was cited on 3/28/23. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-4(a)		corrective action will be taken; 1.This deficiency has the potential to affect all residents. Mosaic will implement and ensure each client's specific active treatment services requirements are met. C. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S): 1.Mosaic will implement and ensure each client's specific active treatment services requirements are met. D. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; 1.Mosaic's team consisting of direct support supervisors, the quality coordinator, the associate director, and the quality intellectual disabilities professional will do daily checks to ensure the treatment plans are being implemented. E. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff	

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			names). Administrator F. COMPLETION DATE 7/6/2023	
W 0323 Bldg. 00	483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Based on record review and interview for 2 of 3 sampled clients (#2 and #3), the facility failed to ensure clients #2 and #3 had follow up hearing exams as recommended by the doctor. Findings include: 1) Client #2's record was reviewed on 5/18/23 at 10:41 am. Client #2's most recent hearing exam was dated 11/14/19. The report indicated to return in 2 years. No follow up report was available for review. 2) Client #3's record was reviewed on 5/18/23 at 11:26 am. Client #3's most recent hearing exam was dated 4/23/18. The report indicated a referral to ENT- Ear Nose and Throat doctor for mixed hearing loss of the left ear was recommended. No follow up report was available for review. An interview with the Registered Nurse (RN) was conducted on 5/19/23 at 10:39 am. The RN stated, "Follow up appointments should be followed as recommended by the doctor." An interview with the Qualified Intellectual	W 0323	A. What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice; 1.Mosaic will ensure that a hearing exam will be scheduled per doctor's orders 2.Mosaic will ensure that an appointment with ENT will be scheduled per doctor's orders. B. How the facility will identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken; 1.This has the potential to affect all residents. Mosaic will ensure that a hearing exam will be scheduled per doctor's orders 2.This has the potential to affect all residents. Mosaic will ensure that an appointment with ENT will be scheduled per doctor's orders. C. THE PROCEDURE FOR	06/21/2023

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	Disabilities Professional (QIDP) was conducted on 5/19/23 at 11:04 am. The QIDP stated, "We are catching up on missed appointments. I think hearing tests are completed every two years." An interview with the Quality Coordinator (QC) was conducted on 5/19/23 at 12:05 pm. The QC stated, "We are still out of compliance for [clients #2 and #3]. We should be following all doctors' recommendations." This deficiency was cited on 3/28/23. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-6(a)		IMPLEMENTING THE CORRECTIVE ACTION(S): 1.Mosaic will ensure that a hearing exam will be scheduled per doctor's orders. 2.Mosaic will ensure that an appointment with ENT will be scheduled per doctor's orders. D. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; 1.The Health Service Manager will ensure the Health Service Associates schedule a hearing exam per doctor's orders. 2.The Health Service Manager will ensure the Health Service Associates schedule an ENT appointment per doctor's orders. E. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names). Administrator F. COMPLETION DATE 7/6/2023	

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W 0382 Bldg. 00	483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 2 additional clients (#4 and #5), the facility failed to ensure the clients' medications were stored in a secure manner. Findings include: Observations were conducted in the group home on 5/18/23 from 1:30 pm to 5:30 pm. Clients #1, #2, #3, #4 and #5 were present throughout the observation period. On 5/19/23 at 4:32 pm staff #4 walked out of the medication room leaving the medication cart unlocked. At 4:33 pm staff #4 walked back into the medication room and turned around and walked back out. The medication cart remained unlocked. No staff could see in the medication room. Client #2 was walking around by the medication room and the kitchen. At 4:36 pm staff #4 and the Quality Coordinator (QC) walked into the medication room. The QC told staff #4, "You need to lock the medication cart when walking out of the room." An interview with the Registered Nurse (RN) was conducted on 5/19/23 at 10:39 am. The RN stated, "Medication should be locked in the medication cart." An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 5/19/23 at 11:04 am. The QIDP stated,	W 0382	A. What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice; 1.1. Mosaic staff, who administer medications at the Woodmont home, will be retrained on appropriate medication cart safety procedures. B. How the facility will identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken; 1.All clients have the potential to be affected by the medication cart being left unlocked or keys left unattended. Mosaic staff, who administer medications at the Woodmont home, will be retrained on appropriate medication cart safety procedures. C. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S): 1.Mosaic staff, who administer medications at the Woodmont home, will be retrained on appropriate medication cart safety procedures. D. What measures will be put into place or what systemic changes	06/21/2023

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	"Medications should be locked in the medication cart." An interview with the Quality Coordinator (QC) was conducted on 5/19/23 at 12:05 pm. The QC stated,"Medications should be locked in the medication cart." This deficiency was cited on 3/28/23. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-6(a)		the facility will make to ensure that the deficient practice does not recur; How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; 1.The Quality Coordinator will conduct periodic observations in the Woodmont home to ensure the medication cart is not left unlocked, or keys left unattended. E. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names). Administrator F. COMPLETION DATE 7/6/2023	
W 0454 Bldg. 00	483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 2 additional clients (#4 and #5), the facility failed to ensure a sanitary environment by not providing liquid hand soap in the bathroom, and by not ensuring client #5 washed his hands after using the restroom.	W 0454	A. What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice; 1.Mosaic will ensure that hand soap is present and available in all restrooms in the home.	06/21/2023

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	Findings include: Observations were conducted in the group home on 5/18/23 from 1:30 pm to 5:30 pm. Clients #1, #2, #3, #4 and #5 were present throughout the observation period. On 5/18/23 at 1:47 pm client #5 walked into the bathroom and used the restroom. At 1:57 pm client #5 came out of the bathroom. The bathroom did not have soap in the bathroom. On 5/18/23 at 1:57 pm staff #2 stated, "No, there is not any soap in the bathroom. I will have to get some from the garage." When asked if client #5 just used the restroom, staff #2 stated, "Yes, he did. He didn't have soap to wash his hands." An interview with the Registered Nurse (RN) was conducted on 5/19/23 at 10:39 am. The RN stated, "Hand soap should be in the bathrooms at all times so individuals can wash their hands." An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 5/19/23 at 11:04 am. The QIDP stated, "The bathroom should have hand soap in the bathrooms all of the time." An interview with the Quality Coordinator (QC) was conducted on 5/19/23 at 12:05 pm. The QC stated, "The bathrooms should all have hand soap. The individuals should be using soap and washing their hands after using the restroom." This deficiency was cited on 3/28/23. The facility failed to implement a systemic plan of correction to prevent recurrence.		B. How the facility will identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken; 1.This deficiency has the potential to affect all residents. Mosaic will ensure that hand soap is present and available in all restrooms in the home. C. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S): 1.Mosaic will ensure that hand soap is present and available in all restrooms in the home. D. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; 1.Mosaic's team consisting of direct support supervisors, the quality coordinator, the associate director, and the quality intellectual disabilities professional will do daily checks E. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED	

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	9-3-7(a)		DEFICIENCY: (Do not put the staff names). Administrator F. COMPLETION DATE 7/6/2023	