

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

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 05/09/2023
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>A Post Survey Revisit (PSR) for the Emergency Preparedness Survey that exited on 03/28/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73</p> <p>Survey Date: 05/09/23</p> <p>Facility Number: 009969 Provider Number: 15G676 AIM Number: 200129000</p> <p>At this Emergency Preparedness PSR, 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 5.</p> <p>Quality Review completed on 05/10/23</p>	E 0000		
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 03/28/23 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a).</p> <p>Survey Date: 05/09/23</p> <p>Facility Number: 009969 Provider Number: 15G676 AIM Number: 200129000</p>	K 0000		

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

TITLE

(X6) DATE

Kirsten Terrell

Quality Coordinator

05/16/2023

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 S353 Bldg. 01	<p>At this Life Safety Code PSR, Mosaic was found not in compliance with Requirements for 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 5 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 3.6.</p> <p>Quality Review completed on 05/10/23</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems Sprinkler systems installed in accordance</p>			

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	<p>with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ol style="list-style-type: none"> 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15). 12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4). 13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1). 14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4). 15. Dry pipe systems extending into 			

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	<p>unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.)</p> <p>33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on observation and interview, the facility failed to maintain the ceiling construction in the facility. The ceiling traps hot air and gases around the sprinkler and cause the sprinkler to operate at a specified temperature. NFPA 13, 2010 edition, 8.5.4.1.1 states the distance between the sprinkler deflector and the ceiling above shall be selected based on the type of sprinkler and the type of construction. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observation with the Quality Coordinator on 05/09/23 between 11:08 a.m. and 11:25 a.m., two sprinkler heads located in the closet area of bedroom #1 and bedroom #2 had a one-inch gap between the ceiling and the escutcheon plate. Based on interview at the time of observation, the Quality Coordinator agreed that there were holes next to both sprinkler heads and stated maintenance personnel had just been hired and will get the deficiency fixed as soon as possible.</p>	K S353	<p>A. What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice;</p> <p>1. Mosaic will fix the holes in the ceiling next to the sprinklers in bedroom 1 and bedroom 2.</p> <p>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;</p> <p>1. This deficiency has the potential to affect all residents. Mosaic will fix the holes in the ceiling next to the sprinklers in bedroom 1 and bedroom 2.</p> <p>C. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</p> <p>1. Mosaic will fix the holes in the ceiling next to the sprinklers in</p>	05/23/2023

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	Findings were discussed with the Quality Coordinator at exit conference. This deficiency was cited on 03/28/23. The facility failed to implement a systemic plan of correction to prevent reoccurrences.		<p>bedroom 1 and bedroom 2.</p> <p>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;</p> <p>1. Maintenance will repair holes next to the sprinkler in bedroom 1 and bedroom 2. This has been done on 5/15/2023 and the quality coordinator will do quarterly checks to ensure the sprinklers do not have holes in the ceiling next to them.</p> <p>E. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</p> <p>Administrator</p>	