

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

PRINTED: 09/11/2024

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 00 B. WING		X3) DATE SURVEY COMPLETED 08/06/2024	
NAME OF PROVIDER OR SUPPLIER  MOSAIC				STREET ADDRESS, CITY, STATE, ZIP COD 1703 WOODMONT DR SOUTH BEND, IN 46614			
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W 0000  Bldg. 00	<p>This visit was for a predetermined full recertification and state licensure survey. This visit included the investigation of complaint #IN00437799.</p> <p>Complaint #IN00437799: Federal and state deficiencies related to the allegation(s) are cited at W149, W153, 154 and W157.</p> <p>Dates of Survey: 7/31, 8/1, 8/2, 8/5 and 8/6/24.</p> <p>Facility Number: 009969 Provider Number: 15G676 Aims Number: 200129000</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 8/15/24.</p>			W 0000			
W 0149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for 2 of 2 sample clients (A and B), plus 2 additional clients (C and D), the facility failed to implement its written policies and procedures to prevent neglect of clients A, B, C and D and to prevent peer to peer aggression for clients A, C and D.</p> <p>Findings include:  The facility's Bureau of Disabilities Services (BDS)</p>			W 0149	<p>W149 A. What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice; 1. Mosaic will ensure no staff will be sleeping on shift. 2. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a</p>		09/22/2024

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

TITLE

(X6) DATE

Kirsten Terrell

Quality Coordinator

08/29/2024

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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	<p>reports and related investigations were reviewed on 8/1/24 at 2:11 pm.</p> <p>1. A BDS report dated 2/19/24 indicated the following: "On 2/16/2024 at approximately 2:30 am I [staff #2] walked into the house and found staff [staff #6], sleeping on shift. Staff is no longer with Mosaic." This incident affected clients C and D.</p> <p>-The review did not include an investigation.</p> <p>2. A BDS report dated 4/4/24 indicated the following: "On 4/4/24 at 3 am staff heard [client D] yelling in his room. They went in and found [client D] striking his roommate [client C]. Staff intervened and helped him back to bed. Staff heard [client D] yelling again a hour (hr) latter (sic) around 4 am (sic) staff went back in to find [client D] striking his roommate [client C] again. Staff deescalated. ..."</p> <p>An investigation dated 4/5/24 indicated the following: "...Findings and recommendations: Monitor and document any further incidents as this is the first occurrence. "</p> <p>The investigation was not thorough as evidenced by: There was no review of client D's Individual Support Plan (ISP) and Behavior Support Plan (BSP). There was no conclusion of the investigation. There were no corrective actions to prevent future incidents.</p> <p>3. A BDS report dated 4/8/24 indicated the following: "On 04/05/2024 while staff was assisting another</p>				<p>conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs and ISPs.</p> <p>3. Mosaic will ensure all elopements will have an investigation per our ANE policy.</p> <p>4. Mosaic will ensure all elopements will have an investigation per our ANE policy.</p> <p>5. Mosaic will ensure all elopements will have an investigation per our ANE policy.</p> <p>6. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>7. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>8. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent</p>		

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	<p>individual with dinner [client A] walked out the door and around the side of the house. Where she was bitten on the hand by the neighbor's dog (sic). Paramedics were called and assessed [client A], [client A's] guardian arrived and filed a report with the police and took [client A] to the Emergency room (ER). [Client A] was seen at the ER and no stitches were needed. She was sent home."</p> <p>-The review did not include an investigation.</p> <p>4. A BDS report dated 4/17/24 indicated the following: "On 4/17/24 at approximately 4:30 pm, staff was making dinner when they got done putting the food in the oven. They reserved (sic) a phone call that [client A] had walked outside. They went outside to see [client A] across the street at the neighbor's house trying to go to their door, they went across the street and brought [client A] back home. ..."</p> <p>-The review did not include an investigation.</p> <p>5. A BDS report dated 4/21/24 indicated the following: "On 4/21/24 [client A] eloped from the home. Staff was there and attempted to direct her back inside. A neighbor had come out and assisted staff in getting [client A] back to the home."</p> <p>-The review did not include an investigation.</p> <p>6. A BDS report dated 5/3/24 indicated the following: "On 4/27 [client A] approached a housemate and proceeded to grab them leaving 12 inch (in) scratches on housemate's arm and neck. ..."</p>				<p>future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>9. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>10. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>11. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents.</p> <p>12. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview</p>		

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	<p>An investigation dated 4/28/24 indicated the following: "...Findings and recommendations: Staff to try to stay in between [client C] and [client A]. Keep [client A] engaged in activities she enjoys."</p> <p>The investigation was not thorough as evidenced by: There was no review of client A's ISP and BSP. There were no interviews with staff and/or clients. There was no conclusion of the investigation. There were no corrective actions to prevent future incidents.</p> <p>7. A BDS report dated 5/1/24 indicated the following: "On 5/1/24 [client A] approached a housemate and proceeded to grab them leaving 10 in scratches on [client C's] neck. ..."</p> <p>An investigation dated 5/3/24 indicated the following: "...Findings and recommendations: Staff to try to stay in between [client C] and [client A]. Keep [client A] engaged in activities she enjoys. Talks of double staff in the home. ..."</p> <p>The investigation was not thorough as evidenced by: There was no review of client A's ISP and BSP. There were no interviews with staff and/or clients. There was no conclusion of the investigation. There were no corrective actions to prevent future incidents.</p> <p>8. A BDS report dated 5/5/24 indicated the following: "On 5/4/24 [client A] scratched a housemate [client C] on the back of his neck. She repeated to herself while laughing 'scratch [client C]'. The staff redirected [client A]. The staff and [client A] went</p>				<p>staff/clients.</p> <p>13. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>14. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents.</p> <p>15. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents.</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; 1. This has the potential to affect all residents. Mosaic will ensure no staff will be sleeping on shift. 2. This has the potential to affect all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a</p>		

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	<p>to her room to put a movie on. [Client A] ran out of the room and scratched Housemate on his arm. The staff redirected her again. ..."</p> <p>An investigation dated 5/8/24 indicated the following: "...Findings and recommendations: Staff to try to stay in between [client C] and [client A]. Double staff care has been posted with hopes of filling."</p> <p>The investigation was not thorough as evidenced by: There was no review of client A's ISP and BSP. There were no interviews with staff and/or clients. There was no conclusion of the investigation. There were no corrective actions to prevent future incidents.</p> <p>9. A BDS report dated 5/6/24 indicated the following: "On 5/6/24 [client A] asked for some grapes so staff went to the kitchen to get some and while staff was getting grapes [client A] came in and said 'scratched [client C]'. Staff went into the front room to check the housemate and saw a spot on his neck that was bleeding. ..."</p> <p>An investigation dated 5/8/24 indicated the following: "...Findings and recommendations: Staff to try to stay by [client C's] side as much as possible. Still trying to fill double staff care."</p> <p>The investigation was not thorough as evidenced by: There was no review of client A's ISP and BSP. There were no interviews with staff and/or clients. There was no conclusion of the investigation. There were no corrective actions to prevent future incidents.</p>				<p>conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs and ISPs.</p> <p>3. This has the potential to affect all residents. Mosaic will ensure all elopements will have an investigation per our ANE policy.</p> <p>4. This has the potential to affect all residents. Mosaic will ensure all elopements will have an investigation per our ANE policy.</p> <p>5. This has the potential to affect all residents. Mosaic will ensure all elopements will have an investigation per our ANE policy.</p> <p>6. This has the potential to affect all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>7. This has the potential to affect all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>8. This has the potential to affect</p>		

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	<p>10. A BDS report dated 5/13/24 indicated the following: "On 05/13/24 [client A] approached a housemate and proceeded to grab them leaving 12 in scratches on [client C's] neck. Staff will monitor, [client C] will be provided emotional support. Staff will continue to redirect and use de-escalation techniques to ensure safety in the home. Guardian is working with BDS for a more appropriate placement. ..."</p> <p>An investigation dated 5/16/24 indicated the following: "...Findings and recommendations: Still working on double staff. Looking into psych (psychotropic) meds (medication) but guardian against increasing doses."</p> <p>The investigation was not thorough as evidenced by: There was no review of client A's ISP and BSP. There were no interviews with staff and/or clients. There was no conclusion of the investigation. There were no corrective actions to prevent future incidents.</p> <p>11. A BDS report dated 5/28/24 indicated the following: "On 5/28/24 Management was informed that Staff was calling [client A] Baby and told [client A] to come sit next to him and asked [client A] if she wanted to scratch him and that she would have to scratch harder than that. ..."</p> <p>An investigation dated 6/4/24 indicated the following: "...Summary of evidence: The date and time for the incidents in question could be determined based on Staff statements. [Staff #3] states that she started to hear [staff #7] call [client A] 'baby' about a week from 5/29/2024. [Staff #3] also states that [staff #7] at one point (could not</p>				<p>all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>9. This has the potential to affect all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>10. This has the potential to affect all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>11. This has the potential to affect all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents.</p>		

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	<p>remember the date) asked client [client A] to come sit next to him on the couch and scratch him harder. No other staff recall [staff #7] calling [client A] 'baby' and they also have never witnessed [staff #7] asking [client A] to scratch him harder. ..."</p> <p>The investigation was not thorough as evidenced by: There was no conclusion of the investigation. There were no corrective actions to prevent future incidents.</p> <p>12. A BDS report dated 6/25/24 indicated the following: "On 6/23 [client A] was seen entering the laundry room where another house mate [client C] was. Staff entered the room just as [client A] scratched another housemate [client C] on the back of his neck. ..."</p> <p>-The review did not include an investigation.</p> <p>13. A BDS report dated 6/24/24 indicated the following: "On 6/24/24 [client A] was watching television in her bedroom. The staff went to the bathroom. The staff heard [client A] laughing and saying 'scratch [client C]'. The staff ran towards the front door where [client A] was scratching her roommate on the back of his neck. The staff stopped her and redirected her. She walked away laughing stating what she has done. ..."</p> <p>An investigation dated 6/28/24 indicated the following: "...Findings and recommendations: Looking into other placement options. Working on waiver funding. Looking into restraint gloves or something to help stop the scratching."</p>				<p>12. This has the potential to affect all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>13. This has the potential to affect all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>14. This has the potential to affect all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents.</p> <p>15. This has the potential to affect all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents.</p>		

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	<p>The investigation was not thorough as evidenced by:</p> <p>There was no review of client A's ISP and BSP.</p> <p>There were no interviews with staff and/or clients.</p> <p>There was no conclusion of the investigation.</p> <p>There were no corrective actions to prevent future incidents.</p> <p>14. A BDS report dated 7/9/24 indicated the following: "On 7/09/24 [client A] left the house and walked two doors over and walked into the neighbor's house. [Client A] then returned to the home. ..."</p> <p>-The review did not include an investigation.</p> <p>15. A BDS report dated 7/10/24 indicated the following: "On 7/10/24 [client C] was sitting by the front door. The staff discovered scratches on his forehead and back of neck. From an unknown source (sic). Note: [Client C] has been being targeted by a housemate leaving similar marks. ..."</p> <p>-The review did not include an investigation.</p> <p>Client A's record was reviewed on 8/1/24 at 9:52 am. Client's A's Behavior Support Plan (BSP) dated 2/2024 indicated: "Reason for Referral &amp; Target Behavior(s): ...Physical aggression: ..Physical aggression is defined as any purposeful attempt or instance of [client A] harming or attempting to harm others. This includes but is not limited to hitting, kicking, scratching, and pulling hair. ...Replacement Behavior: [Client A] should be provided training in socially normative interactions to increase her social skills competency and also work on tolerating routine changes and delay in accessing wanted activities. ..."</p>				<p>C. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</p> <p>1. Mosaic will ensure no staff will be sleeping on shift.</p> <p>2. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs and ISPs.</p> <p>3. Mosaic will ensure all elopements will have an investigation per our ANE policy.</p> <p>4. Mosaic will ensure all elopements will have an investigation per our ANE policy.</p> <p>5. Mosaic will ensure all elopements will have an investigation per our ANE policy.</p> <p>6. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>7. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also</p>		



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	<p>An interview with staff #4 was conducted on 8/1/24 at 6:50 am. Staff #4 stated, "I don't know how to manage her (client A). When she wakes up she will attack me. I would have to look up what is on her plan. I don't know what is on her plan. We had a cookout and she charged at me. I am open to ideas with her."</p> <p>An interview with the Associate Director (AD)/Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/5/24 at 1:48 pm. The AD/QIDP stated, "Staff should be following the Abuse Neglect and Exploitation (ANE) policy. "</p> <p>An interview with the Quality Coordinator (QC) was conducted on 8/5/24 at 3:01 pm. The QC stated, "The staff should be following the ANE policy. We are trying to double staff in the home to try and prevent incidents."</p> <p>The facility's Policy and Procedure on ANE dated 5/23/23 was reviewed on 8/1/24 at 1:10 pm and indicated the following "... Policy Statement: ...Any employee who observes or suspects abuse, neglect, or exploitation of a client shall intervene immediately on the client's behalf and shall immediately report the incident according to Indiana procedure defined below. Immediately means, there should be no delay between staff awareness of the occurrence and reporting to the administrator or other officials in accordance with State law unless the situation is unstable in which case reporting should occur as soon as the safety of all clients is assured. ...Mosaic will comply with all regulations and standards regarding abuse, neglect, and exploitation that are specific to Indiana states law. Indiana state regulations for reporting and investigation of incidents are to be</p>				<p>ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>8. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>9. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>10. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>11. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents.</p>		

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NAME OF PROVIDER OR SUPPLIER  MOSAIC				STREET ADDRESS, CITY, STATE, ZIP CODE 1703 WOODMONT DR SOUTH BEND, IN 46614			
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	<p>followed. When an alleged incident is reported, this agency will take immediate action to assure that the victim is protected from future harm. In cases where the alleged perpetrator is an employee, he or she may be suspended from duty during the course of an investigation and, in these cases, the suspension will continue until a decision is made based on investigative results. Investigations are initiated within 24-hours of receipt of the report."</p> <p>This federal tag relates to complaint #IN00437799.</p> <p>9-3-2(a)</p>				<p>12. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>13. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>14. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents.</p> <p>15. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents.</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</p>		

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			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 staff was terminated as she was found by the house supervisor with intent to sleep. An email was sent out shortly after this incident to all staff as a reminder that no staff can sleep on shift. 2. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder. 3. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder. 4. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder. 5. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder.		

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			6. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder. 7. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder. 8. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder. 9. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder. 10. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder. 11. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all		

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			<p>investigations on a spreadsheet and keep files in a marked folder.</p> <p>12. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder.</p> <p>13. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder.</p> <p>14. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder.</p> <p>15. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder.</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>		

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W 0153  Bldg. 00	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 4 of 22 allegations of abuse, neglect, and/or mistreatment reviewed, the facility failed to immediately report 4 allegations of neglect for clients A, C and D to the Bureau of Disabilities Services (BDS) with 24 hours in accordance with state law.</p> <p>Findings include:</p> <p>The facility's Bureau of Disabilities Services (BDDS) reports and related investigations were reviewed on 8/1/24 at 2:11 pm.</p> <p>1. A BDS report dated 2/19/24 indicated the following: "On 2/16/2024 at approximately 2:30 am I [staff #2] walked into the house and found staff [staff #6], sleeping on shift. [Staff #6] is no longer with Mosaic." Clients C and D were in the home. The incident occurred on 2/16/24 and was reported to BDS on 2/19/24. The incident wasn't reported within 24 hours.</p> <p>2. A BDS report dated 4/8/24 indicated the following:</p>			W 0153	<p>Administrator</p> <p>F. COMPLETION DATE 9/22/2024</p> <p>W 153</p> <p>A. What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice; 1. Mosaic will ensure all BDDS reports are submitted within 24 hours. 2. Mosaic will ensure all BDDS reports are submitted within 24 hours. 3. Mosaic will ensure all BDDS reports are submitted within 24 hours. 4. Mosaic will ensure all BDDS reports are submitted within 24 hours.</p> <p>B. How the facility will identify other residents having the potential to be affected by the same deficient practice, and what</p>		09/22/2024

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	<p>"On 04/05/2024 while staff was assisting another individual with dinner [client A] walked out the door and around the side of the house. Where she was bitten on the hand by the neighbor's dog (sic). Paramedics were called and assessed [client A], [client A's] guardian arrived and filed a report with the police and took [client A] to the Emergency room (ER). [Client A] was seen at the ER and no stitches were needed. She was sent home." The incident occurred on 4/5/24 and was reported to BDS on 4/8/24. The incident wasn't reported within 24 hours.</p> <p>3. A BDS report dated 5/3/24 indicated the following: "On 4/27 [client A] approached a housemate [client C] and proceeded to grab them leaving 12-inch (in) scratches on the housemate's arm and neck. ..." The incident occurred on 4/27/24 and was reported to BDS on 5/3/24. The incident wasn't reported within 24 hours.</p> <p>4. A BDS report dated 6/25/24 indicated the following: "On 6/23 [client A] was seen entering the laundry room where another house mate [client C] was. Staff entered the room just as [client A] scratched another housemate [client C] on the back of his neck. ..." The incident occurred on 6/23/24 and was reported to BDS on 6/25/24. The incident wasn't reported within 24 hours.</p> <p>An interview with the Associate Director (AD)/Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/5/24 at 1:48 pm. The AD/QIDP stated, "Incident Reports should be submitted within 24 hours of the incident."</p> <p>An interview with the Quality Coordinator (QC)</p>				<p>corrective action will be taken; 1. This deficiency has the potential to affect all clients. Mosaic will ensure all BDDS reports are submitted within 24 hours. 2. This deficiency has the potential to affect all clients. Mosaic will ensure all BDDS reports are submitted within 24 hours. 3. This deficiency has the potential to affect all clients. Mosaic will ensure all BDDS reports are submitted within 24 hours. 4. This deficiency has the potential to affect all clients. Mosaic will ensure all BDDS reports are submitted within 24 hours.</p> <p>C. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S): 1. Mosaic will ensure all BDDS reports are submitted within 24 hours. 2. Mosaic will ensure all BDDS reports are submitted within 24 hours. 3. Mosaic will ensure all BDDS reports are submitted within 24 hours. 4. Mosaic will ensure all BDDS reports are submitted within 24 hours.</p>		

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	was conducted on 8/5/24 at 3:01 pm. The QC stated, "The incident reports should be submitted to BDS within 24 hours of the incident."  This federal tag relates to complaint #IN00437799.  9-3-2(a)				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 will track all BDS reports on a spreadsheet that will be audited monthly by the quality coordinator. All house supervisors attended training on BDs reports and when they need to be submitted on 8/14/2024. 2. Mosaic will track all BDS reports on a spreadsheet that will be audited monthly by the quality coordinator. All house supervisors attended training on BDs reports and when they need to be submitted on 8/14/2024. 3. Mosaic will track all BDS reports on a spreadsheet that will be audited monthly by the quality coordinator. All house supervisors attended training on BDs reports and when they need to be submitted on 8/14/2024. 4. Mosaic will track all BDS reports on a spreadsheet that will be audited monthly by the quality coordinator. All house supervisors attended training on BDs reports and when they need to be submitted on 8/14/2024.		



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W 0154  Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.  Based on record review and interview for 2 of 2 sample clients (A and B), plus 2 additional clients (C and D), the facility failed to conduct thorough investigations for allegations of abuse and neglect for clients A, B, C and D.  Findings include:  The facility's Bureau of Disabilities Services (BDS) reports and related investigations were reviewed on 8/1/24 at 2:11 pm.  1. A BDS report dated 2/16/24 indicated the following: "On 2/16/2024 at approximately 2:30 am I [staff #2] walked into the house and found staff [staff #6], sleeping on shift. Staff is no longer with Mosaic." This incident affected clients C and D.  -The review did not include an investigation.			W 0154	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 9/22/2024  W154 A. What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice; 1. Mosaic will ensure no staff will be sleeping on shift. 2. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs and ISPs. 3. Mosaic will ensure all elopements will have an investigation per our ANE policy. 4. Mosaic will ensure all elopements will have an investigation per our ANE policy.		09/22/2024

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	<p>2. A BDS report dated 4/4/24 indicated the following: "On 4/4/24 at 3 am staff heard [client D] yelling in his room. They went in and found [client D] striking his roommate [client C]. Staff intervened and helped him back to bed. Staff heard [client D] yelling again a hour (hr) latter (sic) around 4 am (sic) staff went back in to find [client D] striking his roommate [client C] again. Staff deescalated. ..."</p> <p>An investigation dated 4/5/24 indicated the following: "...Findings and recommendations: Monitor and document any further incidents as this is the first occurrence. "</p> <p>The investigation was not thorough as evidenced by: There was no review of client D's Individual Support Plan (ISP) and Behavior Support Plan (BSP). There was no conclusion of the investigation. There were no corrective actions to prevent future incidents.</p> <p>3. A BDS report dated 4/8/24 indicated the following: "On 04/05/2024 while staff was assisting another individual with dinner [client A] walked out the door and around the side of the house. Where she was bitten on the hand by the neighbor's dog (sic). Paramedics were called and assessed [client A], [client A's] guardian arrived and filed a report with the police and took [client A] to the Emergency room (ER). [Client A] was seen at the ER and no stitches were needed. She was sent home."</p> <p>-The review did not include an investigation.</p>				<p>5. Mosaic will ensure all elopements will have an investigation per our ANE policy.</p> <p>6. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>7. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>8. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>9. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also</p>		

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	<p>4. A BDS report dated 4/17/24 indicated the following: "On 4/17/24 at approximately 4:30 pm, Staff was making dinner when they got done putting the food in the oven. They reserved (sic) a phone call that [client A] had walked outside. They went outside to see [client A] across the street at the neighbor's house trying to go to their door, they went across the street and brought [client A] back home. ..."</p> <p>-The review did not include an investigation.</p> <p>5. A BDS report dated 4/21/24 indicated the following: "On 4/21/24 [client A] eloped from the home. Staff was there and attempted to direct her back inside. A neighbor had come out and assisted staff in getting [client A] back to the home."</p> <p>-The review did not include an investigation.</p> <p>6. A BDS report dated 5/3/24 indicated the following: "On 4/27 [client A] approached a housemate and proceeded to grab them leaving 12 inch (in) scratches on housemate's arm and neck. ..."</p> <p>An investigation dated 4/28/24 indicated the following: "...Findings and recommendations: Staff to try to stay in between [client C] and [client A]. Keep [client A] engaged in activities she enjoys."</p> <p>The investigation was not thorough as evidenced by: There was no review of client A's ISP and BSP. There were no interviews with staff and/or clients. There was no conclusion of the investigation. There were no corrective actions to prevent future</p>				<p>ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>10. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>11. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents.</p> <p>12. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>13. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p>		

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	<p>incidents.</p> <p>7. A BDS report dated 5/1/24 indicated the following: "On 5/1/24 [client A] approached a housemate and proceeded to grab them leaving 10 in scratches on [client C's] neck. ..."</p> <p>An investigation dated 5/3/24 indicated the following: "...Findings and recommendations: Staff to try to stay in between [client C] and [client A]. Keep [client A] engaged in activities she enjoys. Talks of double staff in the home. ..."</p> <p>The investigation was not thorough as evidenced by: There was no review of client A's ISP and BSP. There were no interviews with staff and/or clients. There was no conclusion of the investigation. There were no corrective actions to prevent future incidents.</p> <p>8. A BDS report dated 5/5/24 indicated the following: "On 5/4/24 [client A] scratched a housemate [client C] on the back of his neck. She repeated to herself while laughing 'scratch [client C]'. The staff redirected [client A]. The staff and [client A] went to her room to put a movie on. [Client A] ran out of the room and scratched Housemate on his arm. The staff redirected her again. ..."</p> <p>An investigation dated 5/8/24 indicated the following: "...Findings and recommendations: Staff to try to stay in between [client C] and [client A]. Double staff care has been posted with hopes of filling."</p> <p>The investigation was not thorough as evidenced by:</p>				<p>14. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents.</p> <p>15. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents.</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; 1. This has the potential to affect all residents. Mosaic will ensure no staff will be sleeping on shift. 2. This has the potential to affect all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs and ISPs. 3. This has the potential to affect all residents. Mosaic will ensure all elopements will have an investigation per our ANE policy. 4. This has the potential to affect all residents. Mosaic will ensure</p>		

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	<p>There was no review of client A's ISP and BSP. There were no interviews with staff and/or clients. There was no conclusion of the investigation. There were no corrective actions to prevent future incidents.</p> <p>9. A BDS report dated 5/6/24 indicated the following: "On 5/6/24 [client A] asked for some grapes so staff went to the kitchen to get some and while staff was getting grapes [client A] came in and said 'scratched [client C]'. Staff went into the front room to check the housemate and saw a spot on his neck that was bleeding. ..."</p> <p>An investigation dated 5/8/24 indicated the following: "...Findings and recommendations: Staff to try to stay by [client C's] side as much as possible. Still trying to fill double staff care."</p> <p>The investigation was not thorough as evidenced by: There was no review of client A's ISP and BSP. There were no interviews with staff and/or clients. There was no conclusion of the investigation. There were no corrective actions to prevent future incidents.</p> <p>10. A BDS report dated 5/13/24 indicated the following: "On 05/13/24 [client A] approached a housemate and proceeded to grab them leaving 12 in scratches on [client C's] neck. Staff will monitor, [client C] will be provided emotional support. Staff will continue to redirect and use de-escalation techniques to ensure safety in the home. Guardian is working with BDS for a more appropriate placement. ..."</p> <p>An investigation dated 5/16/24 indicated the</p>				<p>all elopements will have an investigation per our ANE policy. 5. This has the potential to affect all residents. Mosaic will ensure all elopements will have an investigation per our ANE policy. 6. This has the potential to affect all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients. 7. This has the potential to affect all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients. 8. This has the potential to affect all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients. 9. This has the potential to affect</p>		

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	<p>following: "...Findings and recommendations: Still working on double staff. Looking into psych (psychotropic) meds (medication) but guardian against increasing doses."</p> <p>The investigation was not thorough as evidenced by: There was no review of client A's ISP and BSP. There were no interviews with staff and/or clients. There was no conclusion of the investigation. There were no corrective actions to prevent future incidents.</p> <p>11. A BDS report dated 5/28/24 indicated the following: "On 5/28/24 Management was informed that Staff was calling [client A] Baby and told [client A] to come sit next to him and asked [client A] if she wanted to scratch him and that she would have to scratch harder than that. ..."</p> <p>An investigation dated 6/4/24 indicated the following: "...Summary of evidence: The date and time for the incidents in question could be determined based on Staff statements. [Staff #3] states that she started to hear [staff #7] call [client A] 'baby' about a week from 5/29/2024. [Staff #3] also states that [staff #7] at one point (could not remember the date) asked client [client A] to come sit next to him on the couch and scratch him harder. No other staff recall [staff #7] calling [client A] 'baby' and they also have never witnessed [staff #7] asking [client A] to scratch him harder. ..."</p> <p>The investigation was not thorough as evidenced by: There was no conclusion of the investigation. There were no corrective actions to prevent future incidents.</p>				<p>all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>10. This has the potential to affect all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>11. This has the potential to affect all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents.</p> <p>12. This has the potential to affect all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p>		

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	<p>12. A BDS report dated 6/25/24 indicated the following: "On 6/23 [client A] was seen entering the laundry room where another house mate [client C] was. Staff entered the room just as [client A] scratched another housemate [client C] on the back of his neck. ..."</p> <p>-The review did not include an investigation.</p> <p>13. A BDS report dated 6/24/24 indicated the following: "On 6/24/24 [client A] was watching television in her bedroom. The staff went to the bathroom. The staff heard [client A] laughing and saying 'scratch [client C]'. The staff ran towards the front door where [client A] was scratching her roommate on the back of his neck. The staff stopped her and redirected her. She walked away laughing stating what she has done. ..."</p> <p>An investigation dated 6/28/24 indicated the following: "...Findings and recommendations: Looking into other placement options. Working on waiver funding. Looking into restraint gloves or something to help stop the scratching."</p> <p>The investigation was not thorough as evidenced by: There was no review of client A's ISP and BSP. There were no interviews with staff and/or clients. There was no conclusion of the investigation. There were no corrective actions to prevent future incidents.</p> <p>14. A BDS report dated 7/9/24 indicated the following: "On 7/09/24 [client A] left the house and walked two doors over and walked into the neighbor's</p>				<p>13. This has the potential to affect all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>14. This has the potential to affect all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents.</p> <p>15. This has the potential to affect all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents.</p> <p>C. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S): 1. Mosaic will ensure no staff will be sleeping on shift. 2. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent</p>		

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	<p>house. [Client A] then returned to the home. ..."</p> <p>-The review did not include an investigation.</p> <p>15. A BDS report dated 7/10/24 indicated the following: "On 7/10/24 [client C] was sitting by the front door. The staff discovered scratches on his forehead and back of neck. From an unknown source (sic). Note: [Client C] has been being targeted by a housemate leaving similar marks. ..."</p> <p>-The review did not include an investigation.</p> <p>An interview with the Associate Director (AD)/Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/5/24 at 1:48 pm. The AD/QIDP stated, "The investigations are a fact-finding summary. We should have interviews and a review of plans to see if we need to make changes."</p> <p>An interview with the Quality Coordinator (QC) was conducted on 8/5/24 at 3:01 pm. The QC stated, "Investigations should be within 5 days of the incident. We should include interviews and ways to prevent reoccurrence. We are working on trying to improve our investigations."</p> <p>This federal tag relates to complaint #IN00437799.</p> <p>9-3-2(a)</p>				<p>future incidents. Mosaic will also ensure all investigations review BSPs and ISPs.</p> <p>3. Mosaic will ensure all elopements will have an investigation per our ANE policy.</p> <p>4. Mosaic will ensure all elopements will have an investigation per our ANE policy.</p> <p>5. Mosaic will ensure all elopements will have an investigation per our ANE policy.</p> <p>6. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>7. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>8. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review</p>		



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			<p>peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents. Mosaic will also ensure all investigations review BSPs/ISPs and interview staff/clients.</p> <p>14. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents.</p> <p>15. Mosaic will ensure all peer-to-peer aggressions have a written investigation report with a summary of the evidence, a conclusion, and what corrective actions were taken to prevent future incidents.</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. The staff was terminated as she was found by the house supervisor with intent to sleep. An email was sent out shortly after this incident to all staff as a reminder that no</p>		

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			staff can sleep on shift. 2. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder. 3. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder. 4. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder. 5. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder. 6. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder. 7. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator		

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					<p>will track all investigations on a spreadsheet and keep files in a marked folder.</p> <p>8. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder.</p> <p>9. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder.</p> <p>10. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder.</p> <p>11. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder.</p> <p>12. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder.</p> <p>13. The quality coordinator attended Steve Corya, ISDH</p>		

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W 0157  Bldg. 00	483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.  Based on record review and interview for 1 of 2	W 0157	<p>"Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder.</p> <p>14. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder.</p> <p>15. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder.</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> <p>F. COMPLETION DATE 9/22/2024</p>	09/22/2024	

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	<p>sample clients (client A), plus 1 additional client (client C), the facility failed to ensure effective corrective measures were developed and implemented regarding client A scratching client C.</p> <p>Findings include:</p> <p>The facility's Bureau of Disabilities Services (BDS) reports and related investigations were reviewed on 8/1/24 at 2:11 pm. The review indicated the following:</p> <p>1. A BDS report dated 5/3/24 indicated the following: "On 4/27 [client A] approached a housemate and proceeded to grab them leaving 12 inch (in) scratches on housemate's arm and neck. ..."</p> <p>An investigation dated 4/28/24 indicated the following: "...Findings and recommendations: Staff to try to stay in between [client C] and [client A]. Keep [client A] engaged in activities she enjoys."</p> <p>The investigation did not include effective corrective actions to prevent future incidents.</p> <p>2. A BDS report dated 5/1/24 indicated the following: "On 5/1/24 [client A] approached a housemate and proceeded to grab them leaving 10 in scratches on [client C's] neck. ..."</p> <p>An investigation dated 5/3/24 indicated the following: "...Findings and recommendations: Staff to try to stay in between [client C] and [client A]. Keep [client A] engaged in activities she enjoys. Talks of double staff in the home. ..."</p>				<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 ensure all investigations include effective corrective actions to prevent future incidents.</p> <p>2. Mosaic will ensure all investigations include effective corrective actions to prevent future incidents.</p> <p>3. Mosaic will ensure all investigations include effective corrective actions to prevent future incidents.</p> <p>4. Mosaic will ensure all investigations include effective corrective actions to prevent future incidents.</p> <p>5. Mosaic will ensure all investigations include effective corrective actions to prevent future incidents.</p> <p>6. Mosaic will ensure all peer-to-peer aggressions have a written investigation report.</p> <p>7. Mosaic will ensure all investigations include effective corrective actions to prevent future incidents.</p> <p>8. Mosaic will ensure all peer-to-peer aggressions have a written investigation report.</p> <p>B. How the facility will identify</p>		

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	<p>The investigation did not include effective corrective actions to prevent future incidents.</p> <p>3. A BDS report dated 5/5/24 indicated the following: "On 5/4/24 [client A] scratched a housemate [client C] on the back of his neck. She repeated to herself while laughing 'scratch [client C]'. The staff redirected [client A]. The staff and [client A] went to her room to put a movie on. [Client A] ran out of the room and scratched Housemate on his arm. The staff redirected her again. ..."</p> <p>An investigation dated 5/8/24 indicated the following: "...Findings and recommendations: Staff to try to stay in between [client C] and [client A]. Double staff care has been posted with hopes of filling."</p> <p>The investigation did not include effective corrective actions to prevent future incidents.</p> <p>4. A BDS report dated 5/6/24 indicated the following: "On 5/6/24 [client A] asked for some grapes so staff went to the kitchen to get some and while staff was getting grapes [client A] came in and said 'scratched [client C]'. Staff went into the front room to check the housemate and saw a spot on his neck that was bleeding. ..."</p> <p>An investigation dated 5/8/24 indicated the following: "...Findings and recommendations: Staff to try to stay by [client C's] side as much as possible. Still trying to fill double staff care."</p> <p>The investigation did not include effective corrective actions to prevent future incidents.</p> <p>5. A BDS report dated 5/13/24 indicated the</p>				<p>other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken;</p> <p>1. This has the potential to affect all residents. Mosaic will ensure all investigations include effective corrective actions to prevent future incidents.</p> <p>2. This has the potential to affect all residents. Mosaic will ensure all investigations include effective corrective actions to prevent future incidents.</p> <p>3. This has the potential to affect all residents. Mosaic will ensure all investigations include effective corrective actions to prevent future incidents.</p> <p>4. This has the potential to affect all residents. Mosaic will ensure all investigations include effective corrective actions to prevent future incidents.</p> <p>5. This has the potential to affect all residents. Mosaic will ensure all investigations include effective corrective actions to prevent future incidents.</p> <p>6. This has the potential to affect all residents. Mosaic will ensure all peer-to-peer aggressions have a written investigation report.</p> <p>7. This has the potential to affect all residents. Mosaic will ensure all investigations include effective corrective actions to prevent future incidents.</p> <p>8. This has the potential to affect all residents. Mosaic will ensure</p>		

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	<p>following: "On 05/13/24 [client A] approached a housemate and proceeded to grab them leaving 12 in scratches on [client C's] neck. Staff will monitor, [client C] will be provided emotional support. Staff will continue to redirect and use de-escalation techniques to ensure safety in the home. Guardian is working with BDS for a more appropriate placement. ..."</p> <p>An investigation dated 5/16/24 indicated the following: "...Findings and recommendations: Still working on double staff. Looking into psych (psychotropic) meds (medication) but guardian against increasing doses."</p> <p>The investigation did not include effective corrective actions to prevent future incidents.</p> <p>6. A BDS report dated 6/23/24 indicated the following: "On 6/23 [client A] was seen entering the laundry room where another house mate [client C] was. Staff entered the room just as [client A] scratched another housemate [client C] on the back of his neck. ..."</p> <p>-The review did not include an investigation.</p> <p>7. A BDS report dated 6/24/24 indicated the following: "On 6/24/24 [client A] was watching television in her bedroom. The staff went to the bathroom. The staff heard [client A] laughing and saying 'scratch [client C]'. The staff ran towards the front door where [client A] was scratching her roommate on the back of his neck. The staff stopped her and redirected her. She walked away laughing stating what she has done. ..."</p>				<p>all peer-to-peer aggressions have a written investigation report.</p> <p>C. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</p> <ol style="list-style-type: none"> <li>1. Mosaic will ensure all investigations include effective corrective actions to prevent future incidents.</li> <li>2. Mosaic will ensure all investigations include effective corrective actions to prevent future incidents.</li> <li>3. Mosaic will ensure all investigations include effective corrective actions to prevent future incidents.</li> <li>4. Mosaic will ensure all investigations include effective corrective actions to prevent future incidents.</li> <li>5. Mosaic will ensure all investigations include effective corrective actions to prevent future incidents.</li> <li>6. Mosaic will ensure all peer-to-peer aggressions have a written investigation report.</li> <li>7. Mosaic will ensure all investigations include effective corrective actions to prevent future incidents.</li> <li>8. Mosaic will ensure all peer-to-peer aggressions have a written investigation report.</li> </ol> <p>D. What measures will be put into</p>		



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	<p>An investigation dated 6/28/24 indicated the following: "...Findings and recommendations: Looking into other placement options. Working on waiver funding. Looking into restraint gloves or something to help stop the scratching."</p> <p>The investigation did not include effective corrective actions to prevent future incidents.</p> <p>8. A BDS report dated 7/10/24 indicated the following: "On 7/10/24 [client C] was sitting by the front door. The staff discovered scratches on his forehead and back of neck. From an unknown source (sic). Note: [Client C] has been being targeted by a housemate (client A) leaving similar marks. ..."</p> <p>-The review did not include an investigation.</p> <p>Client A's record was reviewed on 8/1/24 at 9:52 am. Client's A's Behavior Support Plan (BSP) dated 2/2024 indicated: "Reason for Referral &amp; Target Behavior(s): ...Physical aggression: ..Physical aggression is defined as any purposeful attempt or instance of [client A] harming or attempting to harm others. This includes but is not limited to hitting, kicking, scratching, and pulling hair. ...Replacement Behavior: [Client A] should be provided training in socially normative interactions to increase her social skills competency and also work on tolerating routine changes and delay in accessing wanted activities. ..."</p> <p>An interview with staff #4 was conducted on 8/1/24 at 6:50 am. Staff #4 stated, "I don't know how to manage her [client A]. When she wakes up she will attack me. I would have to look up what is on her plan. I don't know what is on her plan. We</p>				<p>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. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder.</p> <p>2. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder.</p> <p>3. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder.</p> <p>4. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder.</p> <p>5. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on</p>		

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	<p>had a cookout and she charged at me. I am open to ideas with her."</p> <p>An interview with the Associate Director (AD)/Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/5/24 at 1:48 pm. The AD/QIDP stated, "We are trying to get help for [client A]. We are working on moving [client A] to a waiver home. Staff are supposed to try and be beside [client C] so he doesn't get scratched. [Client A] was also just started on an anti-anxiety medication." The AD/ QIDP indicated [client A] recently received Human Rights Committee (HRC) approval for mittens for when client A is scratching peers. The AD/QIDP indicated Mosaic is buying sensory items such as a sand box and a rocking chair.</p> <p>An interview with the Quality Coordinator (QC) was conducted on 8/5/24 at 3:01 pm. The QC stated, "We are working with behaviorist to make changes to [client A's] Behavior Support Plan. We are trying to double staff the home, but we haven't been able to get the shifts filled."</p> <p>This federal tag relates to complaint #IN00437799.</p> <p>9-3-2(a)</p>				<p>8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder.</p> <p>6. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder.</p> <p>7. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder.</p> <p>8. The quality coordinator attended Steve Corya, ISDH "Components of a thorough investigation" on 8/15/2024. The quality coordinator will track all investigations on a spreadsheet and keep files in a marked folder.</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>		

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W 0322  Bldg. 00	<p>483.460(a)(3) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview for 1 of 2 sampled clients (B), the facility failed to ensure client B had an annual physical examination completed within 30 days of admission.</p> <p>Findings include:</p> <p>Client B's record was reviewed on 8/1/24 at 10:16 am. Client B did not have a physical to review. The residential identifier sheet dated 7/31/24 indicated client B was admitted to the home on 3/22/24.</p> <p>The nurse was unavailable to interview due to being in orientation training.</p> <p>An interview with the Associate Director (AD)/Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/5/24 at 1:48 pm. The AD/QIDP stated, "We should have a physical completed within 30 days of admission and then yearly."</p> <p>An interview with the Quality Coordinator (QC) was conducted on 8/5/24 at 3:01 pm. The QC stated, "A physical should be completed within the first 30 days of admission."</p> <p>9-3-6(a)</p>			W 0322	<p>F. COMPLETION DATE 9/22/2024</p> <p>W322</p> <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 ensure all new admissions will be scheduled for a physical within the first 30 days of admission.</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 has the potential to affect all residents. Mosaic will ensure all new admissions will be scheduled for a physical within the first 30 days of admission.</p> <p>C. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</p> <p>1. Mosaic will ensure all new admissions will be scheduled for a physical within the first 30 days of admission.</p> <p>D. What measures will be put into</p>		09/22/2024

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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 1 of 2 sampled clients (A), the facility failed to ensure client A had a vision exam completed.  Findings include:		W 0323	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 appointments of new admissions will be tracked by the quality coordinator and kept in a spreadsheet.  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 9/22/2024		09/22/2024	

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	<p>Client A's record was reviewed on 8/1/24 at 9:52 am. Client A did not have a vision exam to review. The residential identifier sheet dated 7/31/24 indicated client A was admitted to the group home on 4/1/24.</p> <p>The nurse was unavailable to interview due to being in orientation training.</p> <p>An interview with the Associate Director (AD)/Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/5/24 at 1:48 pm. The AD/QIDP stated, "We should have a vision exam completed within 30 days of admission and then yearly."</p> <p>An interview with the Quality Coordinator (QC) was conducted on 8/5/24 at 3:01 pm. The QC stated, "A vision exam should be completed within the first 30 days of admission."</p> <p>9-3-6(a)</p>				<p>2. Mosaic will ensure all new admissions will be scheduled for a vision appointment within the first 30 days of admission.</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; 2. This has the potential to affect all residents. Mosaic will ensure all new admissions will be scheduled for a vision appointment within the first 30 days of admission.</p> <p>C. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S): 2. Mosaic will ensure all new admissions will be scheduled for a vision appointment within the first 30 days of admission.</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; 2. The appointments of new admissions will be tracked by the</p>		

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W 0336  Bldg. 00	483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview for 2 of 2 sampled clients (A and B), the facility failed to ensure clients A and B's nursing quarterlies were available for review.  Findings include:  1) Client A's record was reviewed on 8/1/24 at 9:52 am. The review indicated the nursing quarterly review for April, May and June 2024 (Quarter 2) was not available for review. The record indicated client A was admitted to the home on April 1, 2024.			W 0336	quality coordinator and kept in a spreadsheet.  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 9/22/2024  W336 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 the nursing summaries are completed every quarter for all residents. 2. Mosaic will ensure that the nursing summaries are completed every quarter for all residents.  B. How the facility will identify		09/22/2024

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	<p>2) Client B's record was reviewed on 8/1/24 at 10:16 am. The review indicated nursing quarterly reviews for March 2024 (Quarter 1), and April, May and June 2024 (Quarter 2) were not available for review. The record indicated client B was admitted to the home on 3/22/24.</p> <p>The nurse was unavailable to interview due to being in orientation training.</p> <p>An interview with the Associate Director (AD)/Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/5/24 at 1:48 pm. The AD/QIDP stated, "Nursing summaries should be completed every quarter and upon admission."</p> <p>An interview with the Quality Coordinator (QC) was conducted on 8/5/24 at 3:01 pm. The QC stated, "The nursing assessments should be completed every quarter. The nurse also does an initial assessment when the individual moves into the home."</p> <p>9-3-6(a)</p>				<p>other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken;</p> <p>1. This has the potential to affect all residents. Mosaic will ensure that the nursing summaries are completed every quarter for all residents.</p> <p>2. This has the potential to affect all residents. Mosaic will ensure that the nursing summaries are completed every quarter for all residents.</p> <p>C. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</p> <p>1. Mosaic will ensure that the nursing summaries are completed every quarter for all residents.</p> <p>2. Mosaic will ensure that the nursing summaries are completed every quarter for all residents.</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. The quality coordinator will ensure nursing summaries are completed every quarter and will</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G676	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER  MOSAIC			STREET ADDRESS, CITY, STATE, ZIP CODE 1703 WOODMONT DR SOUTH BEND, IN 46614		
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W 0351  Bldg. 00	<p>483.460(f)(1) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE</p> <p>Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission).</p> <p>Based on record review and interview for 1 of 2 sampled clients (A), the facility failed to ensure client A's dental exam was completed within 30 days of admission.</p> <p>Findings include:</p> <p>Client A's records were reviewed on 8/1/24 at 9:52</p>	W 0351	<p>track this on a spreadsheet.</p> <p>2. The quality coordinator will ensure nursing summaries are completed every quarter and will track this on a spreadsheet.</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> <p>F. COMPLETION DATE 9/22/2024</p> <p>W351</p> <p>A. What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice;</p> <p>3. Mosaic will ensure all new admissions will be scheduled for a dental exam within the first 30</p>	09/22/2024	



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	<p>am. Client A's record did not include evidence of a dental evaluation. The residential identifier sheet dated 7/31/24 indicated client A was admitted to the group home on 4/1/24.</p> <p>The nurse was unavailable to interview due to being in orientation training.</p> <p>An interview with the Associate Director (AD)/Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/5/24 at 1:48 pm. The AD/QIDP stated, "We should have a dental exam completed within 30 days of admission and then yearly."</p> <p>An interview with the Quality Coordinator (QC) was conducted on 8/5/24 at 3:01 pm. The QC stated, "A dental exam should be completed within the first 30 days of admission."</p> <p>9-3-6(a)</p>				<p>days of admission.</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; 3. This has the potential to affect all residents. Mosaic will ensure all new admissions will be scheduled for a dental exam within the first 30 days of admission.</p> <p>C. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S): 3. Mosaic will ensure all new admissions will be scheduled for a dental exam within the first 30 days of admission.</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; 3. The appointments of new admissions will be tracked by the quality coordinator and kept in a spreadsheet.</p>		

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W 0382  Bldg. 00	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview for 1 of 2 sampled clients (A) plus 2 additional clients (C and D), the facility failed to ensure the clients' medications were stored in a secure manner.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 8/1/24 from 6:15 am to 9:00 am. Clients A, C and D were present in the group home for the duration of the observation period. Client B was admitted into a psychiatric hospital during the observations.</p> <p>On 8/1/24 at 7:21 am staff #4 walked out of the medication room leaving the medication cart unlocked. Staff #4 walked into client A's bedroom and was unable to see the medication cart. The medication cart was unlocked until 7:23 am.</p>			W 0382	<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> <p>F. COMPLETION DATE 9/22/2024</p> <p>W382 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 medications are properly stored and staff are trained on this procedure.</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; 1. This has the potential to affect all residents. Mosaic will ensure that medications are properly stored and staff are trained on this procedure.</p>		09/22/2024

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	<p>An interview with staff #4 was conducted on 8/1/24 at 7:24 am. Staff #4 stated, "I shouldn't leave the medication unlocked. I know I left it unlocked. [Client A] gets me flustered."</p> <p>The nurse was unavailable to interview due to being in orientation training.</p> <p>An interview with the Associate Director (AD)/Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/5/24 at 1:48 pm. The AD/QIDP stated, "The medication should be locked if staff need to walk out of the room."</p> <p>An interview with the Quality Coordinator (QC) was conducted on 8/5/24 at 3:01 pm. The QC stated, "The medication should be locked when staff walk away."</p> <p>9-3-6(a)</p>				<p>C. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</p> <p>1. Mosaic will ensure that medications are properly stored and staff are trained on this procedure.</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. The house supervisor will retrain staff on the proper storage for medication. This training will be completed by 9/20/2024.</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> <p>F. COMPLETION DATE 9/22/2024</p>		

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W 0440  Bldg. 00	<p>483.470(i)(1) EVACUATION DRILLS at least quarterly for each shift of personnel.</p> <p>Based on record review and interview for 2 of 2 sampled clients (A and B), plus 2 additional clients (C and D), the facility failed to conduct quarterly evacuation drills for each shift of personnel.</p> <p>Findings include:</p> <p>The facility's evacuation drills were reviewed on 7/31/24 at 4:14 pm for clients A, B, C and D and indicated the following:</p> <p>During the day shift (8:00 am to 4:00 pm) the facility did not conduct evacuation drills from 8/1/23 to 11/12/23.</p> <p>During the evening shift (4:00 pm to 12:00 am) the facility did not conduct evacuation drills from 10/19/23 to 3/23/24.</p> <p>During the overnight shift (12:00 am to 8:00 am) the facility did not conduct evacuation drills from 6/21/23 to 6/21/24.</p> <p>An interview with the Associate Director (AD)/Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/5/24 at 1:48 pm. The AD/QIDP stated, "Evacuation drills should be completed monthly and within 30 days of the last one."</p> <p>An interview with the Quality Coordinator (QC) was conducted on 8/5/24 at 3:01 pm. The QC stated, "The drills should be completed once each</p>			W 0440	<p>W440</p> <p>A. What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice; 1. Mosaic will conduct quarterly per-shift emergency drills.</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; 1. This deficiency has the potential to affect all residents. The corrective action will include quarterly drills per shift for all residents.</p> <p>C. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S): 1. Mosaic employees will conduct quarterly per-shift emergency drills.</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</p>		09/22/2024

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	quarter and within 90 days apart from each one."  9-3-7(a)			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 track all emergency drills to ensure they are conducted quarterly per shift.  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 9/22/2024			