

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G373	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/28/2024
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NAME OF PROVIDER OR SUPPLIER MOSAIC	STREET ADDRESS, CITY, STATE, ZIP COD 8556 S US HWY 41 TERRE HAUTE, IN 47802
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W 0000 Bldg. 00	<p>This visit was for a Post Certification Revisit (PCR) to the pre-determined full recertification and state licensure survey completed on 5/3/24.</p> <p>Dates of Survey: 8/22, 8/23 and 8/28/24.</p> <p>Facility Number: 000887 Provider Number: 15G373 AIMS Number: 100249240</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 and #27547 on 9/13/24.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility's governing body failed to exercise operating direction over the facility by failing to implement the 6/14/24 POC (Plan of Correction) to ensure: 1) staff documented the implementation of the clients' goals and training objectives, 2) HRC (Human Rights Committee) approval for clients #1, #2 and #3's BSPs (Behavior Support Plans) with restrictions was obtained, and 3) clients #1, #2 and #3 washed their hands and sanitized their table prior to eating.</p> <p>Findings include:</p> <p>On 8/23/24 at 9:00 AM, a review of the facility's 6/14/24 POC was conducted. The POC indicated, in part, "Staff will be trained on following Individual ISP Programs and proper</p>	W 0104	<p>Mosaic's leadership (Governing Body) will implement practicing processes as stated in the Documentation and Billing for Services, Personalized Services and Supports policies, and procedures for Infection Control and Hand Washing by 9/27/2024.</p> <p>The Human Rights Committee Team is scheduled to meet 10/9/2024 and will resume regular HRC meetings Quarterly and/or as needed to ensure all client restrictions have been reviewed, discussed, and approved.</p>	09/27/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Nichelle Washington	Quality Coordinator	09/25/2024

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 disclosable 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>documentation by 6/3/24...ensure the HRC will meet on a regular basis to ensure all client restrictions have been reviewed, discussed, and approved...ensure staff will encourage clients to utilize proper hand washing precautions during meal time and sanitize their table prior to eating."</p> <p>1A) A record review was completed 8/23/24 at 12:00 PM of client #1's ISP (Individualized Support Plan) dated 7/24/24. Client #1's objectives indicated the following objectives were to be implemented:</p> <p>"Will plan and cook one recipe a week with the assistance of staff." A review of the goal history dated 8/23/24 indicated the goal was implemented the following amount of times per month:</p> <p>-June 2024: 1 time -July 2024: 2 times</p> <p>Data indicated this goal was not implemented weekly as written.</p> <p>"Will choose at least one movie a week (more if he can) to focus on, either in the community or at home." A review of the goal history dated 8/23/24 indicated the goal was implemented the following amount of times per month:</p> <p>-June 2024: 0 times -July 2024: 0 times</p> <p>Data indicated this goal was not implemented weekly as written.</p> <p>"Will complete his dental hygiene routine with hand over hand assistance from staff as needed twice daily." A review of the goal history dated 8/23/24 indicated the goal was implemented the</p>		<p>Direct Support supervisors will conduct routine visits to the home to ensure that plans are being followed. These visits will be discussed during the leadership weekly meetings and appropriate corrective measures will be taken if required.</p>	

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	<p>following amount of times per month:</p> <p>-June 2024: 8 times -July 2024: 9 times</p> <p>Data indicated this goal was not implemented twice daily as written.</p> <p>"Will assist staff with cooking dinner 1x/week in the evenings requiring only verbal prompts from staff." A review of the goal history dated 8/23/24 indicated the goal was implemented the following amount of times per month:</p> <p>-June 2024: 1 time -July 2024: 2 times</p> <p>Data indicated this goal was not implemented weekly as written.</p> <p>1B) A record review was completed on 8/23/24 at 12:45 PM of client #2's ISP dated 7/25/24. Client #2's objectives indicated the following objectives were to be implemented:</p> <p>"Will participate in cooking with staff one time a week." A review of the goal history dated 8/23/24 indicated the goal was implemented the following amount of times per month:</p> <p>-June 2024: 1 time -July 2024: 1 time</p> <p>Data indicated this goal was not implemented weekly as written.</p> <p>"Will find and decide on a new Arts and Crafts project every week for 3 consecutive months." A review of the goal history dated 8/23/24 indicated the goal was implemented the following amount of</p>			

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	<p>times per month:</p> <p>-June 2024: 0 times -July 2024: 0 times</p> <p>Data indicated this goal was not implemented weekly as written.</p> <p>An interview was conducted on 8/23/24 at 4:07 PM with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP stated, "goals should absolutely be documented when implemented."</p> <p>An interview was conducted on 8/23/24 at 4:40 PM with the ED (Executive Director). The ED stated, "objectives should be documented when the staff are running them."</p> <p>2) Client #1's record review was completed on 8/23/24 at 12:00 PM. Client #1's record did not include HRC approval for a BSP with restrictions regarding the use of psychotropic medications.</p> <p>Client #2's record review was completed on 8/23/24 at 12:45 PM. Client #2's record did not include HRC approval for a BSP with restrictions regarding the use of psychotropic medications and window alarms.</p> <p>Client #3's record review was completed on 8/23/24 at 1:30 PM. Client #3's record did not include HRC approval for a BSP with restrictions regarding the use of psychotropic medications.</p> <p>An interview was conducted on 8/23/24 at 12:32 PM with the QIDP. The QIDP stated, "HRC should approve BSPs with restrictions. We are currently in process of updating all BSPs. Once that is done, we will be having the HRC meeting</p>			

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	<p>and getting the plans approved."</p> <p>An interview was conducted on 8/23/24 at 1:46 PM with the ED. The ED stated, "we have been unable to schedule the HRC meeting. We are hoping to get it scheduled soon."</p> <p>3) An observation was conducted on 8/23/24 from 2:30 PM until 3:40 PM. At 2:50 PM client #2 was sitting at the table playing a board game with a client who was visiting the home and DSP (Direct Support Professional) #5. At 2:55 PM DSP #5 stated, "we should put the game away so we can have a piece of cake." At 2:58 PM DSP #5 prompted client #2 to come into the kitchen to ice the cake. Client #2 went into the kitchen and iced the cake. Client #2 was not prompted to wash her hands prior to icing the cake. At 3:03 PM DSP #5 prompted clients #1 and #3 to come get a piece of cake. Clients #1 and #3 walked into the kitchen and put a piece of cake on a plate. Clients #1 and #3 were not prompted to wash their hands. Clients #1, #2 and #3 took their pieces of cake and sat down at the table. The table was not sanitized prior to eating affecting clients #1, #2 and #3.</p> <p>An interview was conducted on 8/23/24 at 3:28 PM with DSP #5. DSP #5 stated, "I forgot to prompt the clients to wash their hands before eating. The table should have been sanitized to prevent the spread of germs."</p> <p>An interview was conducted on 8/23/24 at 4:16 PM with QAC (Quality Assurance Coordinator). The QAC stated, "universal precautions say hands must be washed prior to eating to prevent cross contamination." The QAC stated, "the table should have been sanitized prior to eating."</p> <p>An interview was conducted on 8/23/24 at 3:46</p>			

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W 0252 Bldg. 00	<p>PM with the ED. The ED stated, "we should have implemented the POC as written."</p> <p>9-3-1(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION</p> <p>Based on record review and interview for 2 of 3 sampled clients (#1, and #2), the facility failed to ensure staff documented the implementation of the clients' goals and training objectives.</p> <p>Findings include:</p> <p>1) A record review was completed 8/23/24 at 12:00 PM of client #1's ISP (Individualized Support Plan) dated 7/24/24. Client #1's objectives indicated the following objectives were to be implemented:</p> <p>"Will plan and cook one recipe a week with the assistance of staff." A review of the goal history dated 8/23/24 indicated the goal was implemented the following amount of times per month:</p> <p>-June 2024: 1 time -July 2024: 2 times</p> <p>Data indicated this goal was not implemented weekly as written.</p> <p>"Will choose at least one movie a week (more if he can) to focus on, either in the community or at home." A review of the goal history dated 8/23/24 indicated the goal was implemented the following amount of times per month:</p> <p>-June 2024: 0 times -July 2024: 0 times</p>	W 0252	<p>Mosaic staff will be re-trained on following Individual ISP program goals and proper documentation practices as stated in the Documentation and Billing for Services, and Personalized Services and Supports policies by 9/27/2024.</p> <p>Leadership will meet weekly x 12 weeks and then monthly ongoing by the 10th of each month or the frequency necessary to discuss the Clinician reports that capture progress (or lack of) of the implementation of the client goals and training objectives that have been set in accordance with the Comprehensive Functional Assessment.</p> <p>These steps will meet the regulatory requirements and ensure goals are followed and the safety of the clients</p>	09/27/2024

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>Data indicated this goal was not implemented weekly as written.</p> <p>"Will complete his dental hygiene routine with hand over hand assistance from staff as needed twice daily." A review of the goal history dated 8/23/24 indicated the goal was implemented the following amount of times per month:</p> <p>-June 2024: 8 times -July 2024: 9 times</p> <p>Data indicated this goal was not implemented twice daily as written.</p> <p>"Will assist staff with cooking dinner 1x/week in the evenings requiring only verbal prompts from staff." A review of the goal history dated 8/23/24 indicated the goal was implemented the following amount of times per month:</p> <p>-June 2024: 1 time -July 2024: 2 times</p> <p>Data indicated this goal was not implemented weekly as written.</p> <p>2) A record review was completed on 8/23/24 at 12:45 AM of client #2's ISP dated 7/25/24. Client #2's objectives indicated the following objectives were to be implemented.</p> <p>"Will participate in cooking with staff one time a week." A review of the goal history dated 8/23/24 indicated the goal was implemented the following amount of times per month:</p> <p>-June 2024: 1 time -July 2024: 1 time</p>			

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W 0262 Bldg. 00	<p>Data indicated this goal was not implemented weekly as written.</p> <p>"Will find and decide on a new Arts and Crafts project every week for 3 consecutive months." A review of the goal history dated 8/23/24 indicated the goal was implemented the following amount of times per month:</p> <p>-June 2024: 0 times -July 2024: 0 times</p> <p>Data indicated this goal was not implemented weekly as written.</p> <p>An interview was conducted on 8/23/24 at 4:07 PM with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP stated, "goals should absolutely be documented when implemented."</p> <p>An interview was conducted on 8/23/24 at 4:40 PM with the ED (Executive Director). The ED stated, "objectives should be documented when the staff are running them."</p> <p>This deficiency was cited on 5/3/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a) 483.440(f)(3)(i) PROGRAM MONITORING & CHANGE</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1,#2 and #3), the facility failed to obtain HRC (Human Rights Committee) approval for clients #1, #2 and #3's BSPs</p>	W 0262	The Human Rights Committee Team is scheduled to meet 10/9/2024 and will resume regular	09/27/2024

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	<p>(Behavior Support Plans) with restrictions.</p> <p>Findings include:</p> <p>Client #1's record review was completed on 8/23/24 at 12:00 PM. Client #1's record did not include HRC approval for a BSP with restrictions regarding the use of psychotropic medications.</p> <p>Client #2's record review was completed on 8/23/24 at 12:45 PM. Client #2's record did not include HRC approval for a BSP with restrictions regarding the use of psychotropic medications and window alarms.</p> <p>Client #3's record review was completed on 8/23/24 at 1:30 PM. Client #3's record did not include HRC approval for a BSP with restrictions regarding the use of psychotropic medications.</p> <p>An interview was conducted on 8/23/24 at 12:32 PM with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP stated, "HRC should approve BSPs with restrictions."</p> <p>An interview was conducted on 8/23/24 at 1:46 PM with the ED (Executive Director). The ED stated, "we have been unable to schedule the HRC meeting. We are hoping to get it scheduled soon. We are currently in process of updating all BSPs once that is done we will be having the HRC meeting and getting the plans approved."</p> <p>This deficiency was cited on 5/3/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>		<p>HRC meetings Quarterly or as needed to ensure all client restrictions have been reviewed, discussed, and approved</p> <p>The QIDP and Quality Coordinator will track annual Behavior Support Plans to remain current with expectations</p> <p>These steps will meet the regulatory requirements and ensure the safety of the clients</p>	

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W 0455 Bldg. 00	<p>483.470(l)(1) INFECTION CONTROL</p> <p>Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure clients #1, #2 and #3 washed their hands and sanitized their table prior to eating.</p> <p>Findings include:</p> <p>An observation was conducted on 8/23/24 from 2:30 PM until 3:40 PM. At 2:50 PM client #2 was sitting at the table playing a board game with a client who was visiting the home and DSP (Direct Support Professional) #5. At 2:55 PM DSP #5 stated, "we should put the game away so we can have a piece of cake." At 2:58 PM DSP #5 prompted client #2 to come into the kitchen to ice the cake. Client #2 went into the kitchen and iced the cake. Client #2 was not prompted to wash her hands prior to icing the cake. At 3:03 PM DSP #5 prompted clients #1 and #3 to come get a piece of cake. Clients #1 and #3 walked into the kitchen and put a piece of cake on a plate. Clients #1 and #3 were not prompted to wash their hands. Clients #1, #2 and #3 took their pieces of cake and sat down at the table. The table was not sanitized prior to eating affecting clients #1, #2 and #3.</p> <p>An interview was conducted on 8/23/24 at 3:28 PM with DSP #5. DSP #5 stated, "I forgot to prompt the clients to wash their hands before eating. The table should have been sanitized to prevent the spread of germs."</p> <p>An interview was conducted on 8/23/24 at 4:16 PM with QAC (Quality Assurance Coordinator). The QAC stated, "universal precautions say hands must be washed prior to eating to prevent cross contamination." The QAC stated, "the table</p>	W 0455	<p>Staff will be retrained by 9/27/2024 to encourage clients to utilize proper hand washing precautions during meal time, and implement necessary steps to be compliant with informal and formal training opportunities</p> <p>Leadership will conduct random observations at the home during meal and medication administration times for proper hand washing precautions or at least offering the action to the clients</p> <p>These steps will meet the regulatory requirements and ensure the safety of the clients</p>	09/27/2024
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	<p>should have been sanitized prior to eating."</p> <p>This deficiency was cited on 5/3/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-7(a)</p>				