

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

PRINTED: 01/19/2018
FORM APPROVED
OMB NO. 0938-0391

✓ 2/2/18 OK 2/2/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G016	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/04/2018
NAME OF PROVIDER OR SUPPLIER MOAIC-102 KELLY'S COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 102 KELLY'S COURT FOREST CITY, IA 50436		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS	W 000	<p>See attached.</p> <p>POC</p> <p>2/15/18</p>		
W 440	<p>At the time of the annual survey deficiencies were cited at W440 and W445. In addition, a deficiency was cited at Iowa Administrative Code Chapter 50.9(4). See State Form.</p> <p>EVACUATION DRILLS</p> <p>CFR(s): 483.470(i)(1)</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p>	W 440			
W 445	<p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to consistently conduct fire drills quarterly on each shift. This affected 8 of 8 clients. (Clients #1, Client #2, Client #3, Client #4, Client #5, Client #6, Client #7 and Client #8). Finding follows:</p> <p>Record review on 1/2/18 of facility fire drills revealed Drill Evacuation Forms for 102 Kelly's Court. According to the reports, drills were completed on 2/28/17 at 2:00 p.m., 3/17/17 at 10:46 a.m. and 10/10/17 at 10:30 a.m. No other documentation of fire drills could be located.</p> <p>When interviewed on 1/3/18 at 4:25 p.m. the Qualified Intellectual Disability Professional confirmed quarterly fire drill were not consistently completed.</p> <p>EVACUATION DRILLS</p> <p>CFR(s): 483.470(i)(2)(i)</p> <p>The facility must actually evacuate clients during at least one drill each year on each shift.</p>	W 445			

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

TITLE

(X6) DATE

Adina Ludwig AD

1/29/18

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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.

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

PRINTED: 01/19/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G016	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/04/2018
NAME OF PROVIDER OR SUPPLIER MOSAIC-102 KELLY'S COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 102 KELLY'S COURT FOREST CITY, IA 50436		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 445	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to ensure full evacuations were conducted on each shift at least one time per year. This affected 8 of 8 clients who lived at 102 Kelly's Court (Clients #1, Client#2, Client #3, Client #4, Client #5, Client #6, Client #7, and Client #8.) Finding follows:</p> <p>Record review on 1/2/18 of facility fire drills revealed Drill Evacuation Forms for 102 Kelly's Court. According to the reports, the only full evacuation occurred on 10/10/17 at 10:30 a.m. No other documentation of full evacuations could be located.</p> <p>When interviewed on 1/3/18 at 4:25 p.m. the Qualified Intellectual Disability Professional confirmed annual evacuation drills were not consistently completed.</p>	W 445			

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAG0106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/04/2018
---	---	--	--

NAME OF PROVIDER OR SUPPLIER MOSAIC-102 KELLY'S COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 102 KELLY'S COURT FOREST CITY, IA 50436
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 209	<p>01-50.9(4) Background Checks</p> <p>481-50.9(135C) Criminal, dependent adult abuse, and child abuse record checks.</p> <p>50.9(4) Validity of background check results. The results of a background check conducted pursuant to this rule shall be valid for a period of 30 calendar days from the date the results of the background check are received by the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to comply with state regulations (Iowa Administrative Codes 441- 119.4(3)c, 481-50.9(4) and Iowa Administrative Code 481-64.34) regarding pre-employment screenings. The facility failed to consistently obtain employee background checks within 30 days of hire for new employees. Finding follows:</p> <p>Record review on 1/2/18 revealed Direct Support Associate (DSA) A had a background check completed on 4/12/17 and 8/16/17. The facility listed DS A's hire date as 5/28/17. The file contained a Single Contact and Background Check (SING) dated 4/12/17, which cleared DSA A to work in the home. The date of hire occurred greater than 30 days after completion of the first background check. The second background check did not occur until after the date of hire. According to 441-119.4(135C), 119.4(3)c, record check evaluations are valid for 30 days from the date the notice of decision is issued.</p> <p>When interviewed on 1/2/18 at 2:15 p.m. the Human Resources Business Partner confirmed the facility's initial background check was not within thirty days of hire. She stated the facility</p>	C 209		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAG0106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/04/2018
NAME OF PROVIDER OR SUPPLIER MOAIC-102 KELLY'S COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 102 KELLY'S COURT FOREST CITY, IA 50436		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 209	Continued From page 1 completed an audit in August, 2017 and identified some staff's background checks not in compliance therefore a second background check was completed.	C 209		

✓ 2/2/18 OK 2/2/18

**MOSAIC Forest City
102 Kelly's Court
Forest City, IA 50436
PLAN OF CORRECTION**

Survey Date: 1/2/18 – 1/4/18

W 440 483.470(i)(1) EVACUATION DRILLS:

1. The Associate Director will review the drill schedule and forms with the DSSs.
2. The DSS will be responsible for completing all drills according to the drill scheduled on a monthly basis. Drills will not be able to be delegated to DSAs in the home.
3. The Associate Director will review the drill forms, monthly, to prevent recurrence of this deficiency.
4. Completion Date: 2/15/18

W 445 483.470(i)(2)(i) EVACUTION DRILLS:

1. The Associate Director will review the drill schedule and forms with the DSSs.
2. The DSS will be responsible for completing all drills according to the drill scheduled on a monthly basis. Drills will not be able to be delegated to DSAs in the home.
3. The Associate Director will review the drill forms, monthly, to prevent recurrence of this deficiency.
4. Completion Date: 2/15/18

C 209 01-50.9(4) BACKGROUND CHECKS

1. All out of compliance background checks were re-submitted in August and are now current and up to date.
2. SING checks are completed by the corporate office and staff will not start if their SING is past 30 days.
3. SING dates will be monitored by the Human Resources Business Partner each time a new employee is hired and their start date has been determined, to prevent recurrence of this deficiency. If the employee start date is past 30 days of the SING being completed then the Human Resources Business Partner will request a new SING and change the employees start date.
4. Completion Date: 2/15/18

Naomi Ludwig, AD 1/29/18

