

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 2/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  16G155	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/04/2018
NAME OF PROVIDER OR SUPPLIER  MOSAIC-101 KELLY'S COURT		STREET ADDRESS, CITY, STATE, ZIP CODE  101 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  At the time of the annual survey a deficiency was cited at W440. Iowa Administrative Code Chapter 50.9(4) was also cited. See State Form.	W 000	See attached  POC 2/15/18	
W 440	EVACUATION DRILLS CFR(s): 483.470(l)(1)  The facility must hold evacuation drills at least quarterly for each shift of personnel.   This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure quarterly (every 90 days) fire drills were conducted on each shift. This potentially affected 8 of 8 clients residing in the facility. Finding follows:  Record review on 1/3/17 of facility fire drills conducted between January 2017 and January 2018 revealed a third shift fire drill was completed on 3/31/17 and 5/26/17. No other fire drills were conducted on third shift for the rest of the year. The facility failed to complete a fire drill on the third shift during July, August and September or October, November or December of 2017.  Further record review on 1/3/17 revealed the facility failed to conduct a second shift fire drill in July, August or September of 2017.   When interviewed on 1/4/18 at 9:45 a.m., the Program Coordinator/Qualified Intellectual Disability Professional (PC/QIDP) confirmed the facility failed to ensure quarterly fire drills were conducted on the second and third shifts.	W 440		

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

TITLE

(X6) DATE

*Mona Lideur 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 INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  960155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/04/2018
NAME OF PROVIDER OR SUPPLIER  MOSAIC-101 KELLY'S COURT		STREET ADDRESS, CITY, STATE, ZIP CODE  101 KELLY'S COURT FOREST CITY, IA 50436		
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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 revealed Direct Support Associate (DSA) A had a background check completed on 2/8/17 and 8/16/17. The facility listed DS A's hire date as 3/13/17. The file contained a Single Contact and Background Check (SING) dated 2/8/17, 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</p>	C 209		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  960155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/04/2018
NAME OF PROVIDER OR SUPPLIER  MOSAIC-101 KELLY'S COURT		STREET ADDRESS, CITY, STATE, ZIP CODE  101 KELLY'S COURT FOREST CITY, IA 50436		
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C 209	Continued From page 1  within thirty days of hire. She stated the facility 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  
101 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

**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

*Yada Ludwig, AD 1/29/18*

