

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

✓ 5/30/18 OK 5/29/18

PRINTED: 04/23/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>16G072</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/04/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MOSAIC-319 COUNTRY CLUB DRIVE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>319 COUNTRY CLUB DRIVE BELMOND, IA 50421</b>
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(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
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W 000	INITIAL COMMENTS	W 000		
W 153	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2)</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>This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to ensure staff immediately reported potential abuse to according to their policy. This affected 1 of 1 clients (Client #1) during the investigation of incident #74609-I. Findings follow:</p> <p>Record review on 3/26/18 revealed a facility investigation form initiated on 3/13/18. The document revealed Direct Support Associate (DSA) A reported an allegation of abuse on 3/13/18. The form indicated the alleged incident occurred on 3/12/18.</p> <p>Record review on 3/26/18 revealed the facility Mandatory Reporter: Abuse and /or Neglect of a Dependent Adult policy. According to the policy, "Any individual suspecting or witnessing abuse and/or neglect as identified in Code of Iowa 232.68 must IMMEDIATELY: intervene to ensure the safety of the person supported and; separate the accused individual from further physical contact with people supported and notify the</p>	W 153	<p>See attached</p> <p>POC 5/15/18</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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.

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NAME OF PROVIDER OR SUPPLIER  <b>MOSAIC-319 COUNTRY CLUB DRIVE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>319 COUNTRY CLUB DRIVE</b> <b>BELMOND, IA 50421</b>		
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W 153	<p>Continued From page 1 Associate Director/Designee."</p> <p>When interviewed on 3/28/18 at 11:05 a.m. the Program Manager (PM) confirmed she conducted an investigation due to an allegation of potential abuse toward Client #1 during personal cares on 3/12/18. The PM recalled DSA A said she failed to report the potential abuse immediately because she was new to the facility and felt uncomfortable training the Certified Nurse's Aide; the staff alleged to be abusive to Client #1.</p> <p>When interviewed on 3/29/18 at 7:30 a.m. DSA A recalled she assisted the Certified Nurse's Aide (CNA) to change Client #1's adult incontinence brief on the evening of 3/12/18. She noted she left the bedroom to get a pad from another room and heard a "smack." She confirmed she sent her supervisor a text message to inquire if they could meet the next day. She stated she failed to report the incident when it occurred because she was "flustered" due to working alone with an untrained staff all night.</p> <p>When interviewed on 3/29/18 at 8:20 a.m. DSA B confirmed she came into work early on 3/12/18. She said she helped DSA A reposition Client #1 in his/her bed then left the room to get more wipes. DSA B recalled she heard a "smack" sound coming from Client #1's bedroom prior to re-entering the room. DSA B acknowledged she failed to report the incident because she thought DSA A informed a supervisor.</p> <p>When interviewed on 4/3/18 at 9:50 a.m. the Direct Support Supervisor (DSS) confirmed she received a text message from DSA A on 3/12/18. She presented the text message and noted DSA A only asked if she could meet with the DSS</p>	W 153			

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W 153	Continued From page 2 sometime on 3/13/18. The text message lacked any report of suspected abuse by the CNA.  When interviewed on 4/3/18 at 11:05 a.m. the DSM confirmed she was unaware of the incident on 3/12/18 until 3/13/18. She recalled the DSS told her about the incident as soon as DSA A reported it.	W 153			



OK  
5/29/18  
✓5/30/18

**MOSAIC Wright County  
319 Country Club Drive  
Belmond, IA 50421  
PLAN OF CORRECTION  
Investigation #74609-I**

**Investigation Date: 3/26/18 – 4/4/18**

**W 153 483.420(d)(2) STAFF TREATMENT OF CLIENTS:**

1. All DSAs will be retrained on the procedure for reporting abuse/mistreatment at Belmond 2, by the QIDP or DSS to prevent recurrence of this deficiency.
2. All temp staff working in WC will be trained on the policies and procedures for reporting abuse/mistreatment by the QIDP or DSS prior to working direct care in the ICF/ID homes to prevent recurrence of this deficiency.
3. The temp staff involved in this incident no longer temps in Wright County.
4. All new employees receive Mandatory Reporter training prior to working in the home, which is monitored by the Human Resource Generalist.
5. Completion Date: 5/15/18

*Sasha Ludwig, AD 5/3/18*



OK  
5/29/18

✓5/30/18

Citation  
Mosaic in Northern Iowa  
IA. Dept. of Inspections and Appeals  
Health Facilities Division  
Investigation #6792

319 Country Club Drive  
Belmond, IA 50421

Survey Date: 3/26/18 – 4/4/18

Deficiency	Plan of Correction	Date of Completion
W153 483.420 (d)(2) 64.33(1) 52.2 (2)a Allegations of dependent adult abuse. 235E.2(3)a Dependent adult abuse in facilities and programs	All DSAs were retrained on the procedure for reporting abuse/mistreatment at Belmond 2, by the QIDP or DSS to prevent recurrence of this deficiency.  All current temp staff working in WC have been trained on the policies and procedures for reporting abuse/mistreatment by the QIDP or DSS.	Upon Receipt  Upon Receipt

*Jasha Ludwig*  
Administrator/Designee Signature

AD  
Title

5/3/18  
Date

