STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G156	A. BUILDING _____ B. WING _____	C 01/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOSAIC-105 KELLY'S COURT	105 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 A recertification survey was conducted on 12/10/18 - 1/2/19. Deficiencies included W125, W130, W149, W210, W215, W268, W440, and W454. In addition, Investigation #80058-I was conducted during the survey and resulted in deficiencies written at W125, W148, W149, W154, W191, W194, W234, W239, W268, and W368. The investigation also resulted in Iowa Administrative Code (IAC) Chapter 50.7(3) cited. Investigation #80137-I was also conducted during the survey and resulted in deficiencies written at W148, W149, W154, W194, W215, W234, W249, and W268.	W 000	4/22/19 POC 4/21/19	
W 148	COMMUNICATION WITH CLIENTS, PARENTS & CFR(s): 483.420(c)(6) The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to notify guardians of significant incidents in a timely manner. This affected 3 of 4 clients (Client #2, Client #3, and Client #6) reviewed during investigations #80058-I and 80137-I. Findings follow: 1. Record review revealed the following	W 148	W148 COMMUNICATION WITH CLIENTS, PARENTS & CFR(s). Mosaic will notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to serious illness, accident, death, abuse, or unauthorized absence. Specifically, Mosaic's Family/Agency Contact policy will be revised to include guardian and family notification being documented on the GER (general event report). Mosaic employees will be retrained on the revised policy. The PM/QIDP will ensure guardian/family is notified of significant incidents and notification documented in the GER. Associate Director will monitor guardian notification via GER review and approval within 72 hours of GER being submitted. Responsible person(s): PM/QIDP	4/21/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Teresa DeVaske/AD — TITLE — (X6) DATE: 4/5/2019

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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W 148	Continued From page 1 peer-to-peer aggressions with injury. a. Client #2's GER, dated 10/15/18, documented, "(Client #2) was walking down the hallway. He stopped in front of (Client #1's) doorway. (Client #1) was upset and had been hitting the wall and pulled the call light in his bathroom. Staff was with him at this time. (Client #1) (picked) up a hard plastic cup (and) threw it at (Client #2) striking him in the nose. This resulted in a bloody nose. Staff with (Client #1) stepped in front of him to prevent any further aggressions and another staff came and got (Client #2) taking him to the bathroom where he applied a wet towel to his nose to help stop the bleeding. (Licensed Practical Nurse (LPN) A) was called and she came and looked at (Client #2's) nose cleaning it and holding a wet cloth to his nose until the bleeding stopped." Documentation of guardian notification could not be located. b. Client #2's GER dated 11/1/18, documented, "(Client #2) was sitting on the couch next to (Client #1) and was talking to staff inappropriately. (Client #1) got upset and punched (Client #2) in the left eye. Documentation of guardian notification could not be located. c. Client #6's GER, dated 11/5/18, documented, "(Client #6) was sitting on the couch in the living room area. (Client #1) became upset, went into the dining room area and grabbed (Client #6's) right arm biting him in the wrist area. Staff intervened. Had (Client #1) move away and contacted the nurse (LPN A)." Documentation of guardian notification could not be located. d. Client #2's GER dated 11/11/18, documented,	W 148		

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W 148	Continued From page 2 "(Client #2) and (Client #7) were chasing each other around the dining room and (Client #2) went into the kitchen and grabbed a butter knife. (Client #2) then threw it at (Client #7) hitting him on the right side of the back leaving a small read mark..." Documentation of guardian notification could not be located. e. Client #2's GER dated 11/18/18, documented, Client #2 and Client #7 were messing around and Client #7 slammed Client #2's finger in the pantry door. Client #2 sustained a cut on his finger. Documentation of guardian notification could not be located. f. Client #3's GER dated 12/15/18, documented, Client #1 smacked Client #3 across the face. Client #3 sustained a red mark on his right cheek. Documentation of guardian notification could not be located. 2. Record review revealed facility Investigation Report dated 11/9/18, indicated, "(Client #2) was found by staff in (Client #3's) bedroom. They were both under the blanket on (Client #3's) bed." The facility notified Client #3's guardian on 11/14/18, five days after the incident. When interviewed on 11/18/18 at 12:29 p.m. PM A confirmed the facility failed to notify guardians of significant incidents in a timely manner.	W 148		
W 149	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.	W 149	W149 STAFF TREATMENT OF CLIENTS Mosaic must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically, Mosaic will report all suspected or allegations of mistreatment, neglect or abuse, as well as injuries of unknown within 24 hours of the report. Staff will be trained on the Peer to Peer Mistreatment, Abuse, (continued on page 4)	

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W 149	Continued From page 3 This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure facility staff consistently implemented policies to prohibit abuse, neglect, or mistreatment; including Incidents and Injuries, Peer-to-peer Aggressions, and Investigations. This potentially affected 8 of 8 clients (Client #1 - Client #8) living in the home. Findings follow: 1. Record review revealed facility investigation completed 11/16/18, indicated on 11/9/18, "(Client #2) was found by staff in (Client #3's) bedroom. They were both under the blanket on (Client #3's) bed." Documented summary of evidence indicated, "When interviewed (Client #3) said that (Client #2) touched him in his private area on top of his pants. When interviewed, (Client #2) said that he did not touch (Client #3). Staff who were interviewed could not see if (Client #2) touched (Client #3) because they were both under a blanket. (Direct Support Associate (DSA) C) could tell that (Client #2) was touching himself." Documented Analysis and Findings indicated, "(Client #2) may have accidentally touched (Client #3). It is not known if he did touch him or not." No documented recommendations or management review could be located. Additional record review revealed Investigations and Inquiries policy, dated 8/15/14, indicated, "Investigations will be completed, and the Associate Director, Executive Director notified of the outcome, within five (5) business days, defined as Monday through Friday, excluding holidays. If circumstances prevent completion within this time frame, a Status Report including progress and information will be completed, with	W 149	W149 (continued from pg 3) and Exploitation policy and how to identify peer to peer abuse. If the allegations comes to the Associate Director (AD) that they are unsure or if it doesn't meet the definition of abuse, the AD will consult with the Executive Director to make that decision. Responsible person(s): Associate Director	4/21/19

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W 149	Continued From page 4 anticipated time frame for full completion. The Investigation Report will be completed within seven (7) working days of the completion of the Investigation. Administrative staff must respond to substantiated allegations within 10 working days after the completed report. All actions taken must be documented including any plans developed with time frames and responsible persons to address any findings in the report or Supplemental Management Report. A management plan should also be developed, documented and carried out to address any additional findings/recommendations from any Supplemental Management report including timeframes and responsible people. This completed plan should be kept in a separate file from the original investigation file." When interviewed on 12/12/18 at 1:47 p.m. Program Manager (PM) B reported she completed the investigation. She stated someone else made the recommendations on investigations. When interviewed on 12/12/18 at 2:09 p.m. the Interim Executive Director (ED) confirmed the facility management failed to review and document recommendations for the investigation. She stated through the internal investigation, the facility felt the incident did not happen and stopped the internal investigation. 2. Record review revealed the following: a. Client #2's GER dated 11/11/18, indicated, "(Client #2) and (Client #7) were chasing each other around the dining room and (Client #2) went into the kitchen and grabbed a butter knife.	W 149		

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W 149	Continued From page 5 (Client #2) then threw it at (Client #7) hitting him on the right side of the back leaving a small read mark.." b. Client #2's GER dated 11/18/18, indicated, Client #2 and Client #7 were messing around and Client #7 slammed Client #2's finger in the pantry door. Client #2 sustained a cut on his finger. c. Client #3's GER dated 12/15/18, indicated, Client #1 smacked Client #3 across the face. Client #3 sustained a red mark on his right cheek. Further record review failed to produce documentation of these incidents on the facility's peer-to-peer aggression tracking form. Additional record review revealed Peer-to-Peer Aggressions Procedure dated 1/18/17, directed, "On the tracking form document the Date, Name of the Aggressor, Name of the Victim, the Program Coordinator and Nurse that you notified, Yes for GER (General Events Record) Completed, and your signature along with whether or not an injury occurred." When interviewed on 12/12/18 at 11:00 a.m. PM A confirmed the facility failed to follow the peer-to-peer aggression procedure by failing to document all peer-to-peer aggressions on a tracking form. 3. a. Observations on 12/17/18 at 3:52 p.m. revealed Client #2 asked for a bandage for the abrasion on his right knee. Client #2 also had bruising on his right arm. Record review on 12/18/18 revealed a GER could	W 149		

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W 149	Continued From page 6 not be located for Client #2's abrasion on his right knee or the bruising on his right arm. b. Observations on 12/17/18 at 4:10 p.m. revealed Client #3 cut his finger while assisting in the kitchen. Direct Support Specialist (DSS) gave Client #3 a bandage. Record review on 12/18/18 revealed no GER could be located for Client #3's injury to his finger. Record review revealed Incident Reporting policy dated 1/1/15, indicated, "A GER must be completed immediately in Therap or as soon as possible following the incident. (Must be prior to the observer's end of shift)." When interviewed on 12/18/18 at 11:30 a.m. PM A confirmed the facility failed to complete GERs on Client #2 and Client #3's injuries. 4. a. Record review revealed Client #5's GER, dated 10/10/18, indicated Client #1 punched Client #5 between the shoulder blades. Documentation of follow-up from nursing could not be located. b. Record review revealed Client #6's GER dated 9/26/18 indicated Client #1 walked into the dining room and punched Client #6 in the back between the shoulder blades. Documentation of follow-up from nursing could not be located. Record review of Mosaic's Peer to Peer Aggression Procedures, dated 12/30/14, directed, "If there is aggression that leaves no immediate injury a 24 hour assessment will be initiated. If an injury occurs anytime within 24 hours the	W 149		

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W 149	Continued From page 7 notification process will begin." When interviewed on 12/18/18 at 11:56 a.m. Licensed Practical Nurse (LPN) A confirmed the facility failed to follow up on peer-to-peer GERs per policy.	W 149		
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: W154 Based on interview and record review, the facility failed to conduct thorough investigations into potential sexual abuse and peer-to-peer aggressions. This potentially affected 8 of 8 clients (Client #1 - Client #8) living in the home. Findings follow: Refer to W149 and W249 for additional information. 1. Record review revealed facility investigation dated 11/16/18, indicated on 11/9/18, "(Client #2) was found by staff in (Client #3's) bedroom. They were both under the blanket on (Client #3's) bed." The investigation also listed what witness statements the investigator collected during the internal investigation. The list included Direct Support Associate (DSA) C, DSA D, Client #2, Client #3, and Direct Support Specialist (DSS). No witness statement collected from DSA B, Temporary Agency Staff (TA) B, or TA C could be located.	W 154	W154 STAFF TREATMENT OF CLIENTS Mosaic must have evidence that all alleged violations are thoroughly investigated. Mosaic Investigations and Inquiries policy will be updated and employees trained on the updated policy. The Investigation Coordinator, Executive Director, and Associate Director will review investigation packet for thoroughness and follow up recommendations. The general investigations findings for trends and additional recommendation will be reviewed by the Human Rights Committee, Safety committee (if applicable) and TEAMS meetings every month. Responsible person(s): Quality Assurance Manager	4/21/19

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W 154	Continued From page 8 When interview on 12/12/18 at 11:49 a.m., DSA B reported she worked the morning of 11/9/18, but denied being part of the incident with Client #2. She stated she found out about the incident later. When interviewed on 12/12/18 at 1:35 p.m. TA C reported she worked the morning shift on 11/9/18. When interviewed on 12/12/18 at 4:15 p.m., DSA D reported he arrived at the home on 11/9/18 at 2:40 p.m. When interviewed on 12/11/18 at 3:14 p.m. DSA C reported he worked the second shift on 11/9/18. When interviewed on 12/11/18 at 3:58 p.m. TA B reported she worked the evening shift on 11/9/18. Record review revealed Investigations and Inquiries policy dated 8/15/14. The policy indicated, "People being interviewed may include: staff who is the alleged perpetrator, the alleged victim(s); staff reporting the incident, staff on duty during the incident, staff who worked with the person on a regular basis, other people served who can communicate using words, and the nurse, doctor, or anyone else who may have had contact with the person." When interviewed on 12/12/18 at 1:47 p.m. Program Manager (PM) B confirmed the facility failed to conduct a thorough investigation on the incident between Client #2 and Client #3. 2. Record review revealed peer-to-peer aggressions with injury: a. Client #3's General Event Reports (GER) dated	W 154		

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W 154	Continued From page 9 9/27/18. PM B documented, "After finishing supper (Client #3) was seated at the table. (Client #1) was done with supper and standing by the computer room. He was watching (Client #3) and I. He became agitated for some reason and came over and punched (Staff) lightly on the left arm. Went back to the wall and became agitated again and picked up a kitchen chair and threw it toward (Client #3) hitting him on the right cheek bone." No internal inquiry could be located. b. Client #2's GER dated 10/15/18. PM A documented, "(Client #2) was walking down the hallway. He stopped in front of (Client #1's) doorway. (Client #1) was upset and had been hitting the wall and pulled the call light in his bathroom. Staff was with him at this time. (Client #1) (picked) up a hard plastic cup (and) threw it at (Client #2) striking him in the nose. This resulted in a bloody nose. Staff with (Client #1) stepped in front of him to prevent any further aggressions and another staff came and got (Client #2) taking him to the bathroom where he applied a wet towel to his nose to help stop the bleeding. (Licensed Practical Nurse (LPN) A) was called and she came and looked at (Client #2's) nose cleaning it and holding a wet cloth to his nose until the bleeding stopped." No internal inquiry could be located. c. Client #2's GER dated 11/1/18, indicated, "(Client #2) was sitting on the couch next to (Client #1) and was talking to staff inappropriately. (Client #1) got upset and punched (Client #2) in the left eye. No internal inquiry could be located. d. Client #6's GER dated 11/5/18, indicated, "(Client #6) was sitting on the couch in the living	W 154		

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W 154	Continued From page 10 room area. (Client #1) became upset, went into the dining room area and grabbed (Client #6's) right arm biting him in the wrist area. Staff intervened. Had (Client #1) move away and contacted the nurse (LPN A)." No internal inquiry could be located. e. Client #2's GER dated 11/11/18, indicated, "(Client #2) and (Client #7) were chasing each other around the dining room and (Client #2) went into the kitchen and grabbed a butter knife. (Client #2) then threw it at (Client #7) hitting him on the right side of the back leaving a small read mark ..." No internal inquiry could be located. f. Client #2's GER dated 11/18/18, indicated, Client #2 and Client #7 were messing around and Client #7 slammed Client #2's finger in the pantry door. Client #2 sustained a cut on his finger. No internal inquiry could be located. g. Client #3's GER dated 12/15/18, indicated, Client #1 smacked Client #3 across the face. Client #3 sustained a red mark on his right cheek. No internal inquiry could be located. Additional record review revealed Peer-to-Peer Aggression policy dated 10/1/14. The policy indicated, "An inquiry will be initiated as soon as possible after the incident occurs. Investigators trained will conduct an initial inquiry to determine what happened. They will interview staff on duty, as well as people in service who were present. They will also review the Lifestyle Plan and Behavior Support plan to endure that both were followed properly. They will document a summary of their findings and made recommendations as needed."	W 154		

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W 154	Continued From page 11 When interviewed on 12/12/18 at 2:09 p.m. the Interim Executive Director (ED) confirmed the facility failed to conduct internal inquiries for peer-to-peer aggressions.	W 154		
W 191	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2) For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs. This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to provide behavioral intervention training to all employees. This potentially affected all clients living in the home (Client #1 - Client #8). Finding follows: Record review revealed peer-to-peer aggressions with injury: a. Client #3's General Event Reports (GER) dated 9/27/18. Program Manager (PM) B documented, "After finishing supper (Client #3) was seated at the table. (Client #1) was done with supper and standing by the computer room. He was watching (Client #3) and I. He became agitated for some reason and came over and punched (Staff) lightly on the left arm. Went back to the wall and became agitated again and picked up a kitchen chair and threw it toward (Client #3) hitting him on the right cheek bone." b. Client #2's GER dated 10/15/18. PM A documented, "(Client #2) was walking down the hallway. He stopped in front of (Client #1's) doorway. (Client #1) was upset and had been hitting the wall and pulled the call light in his	W 191	W191 STAFF TRAINING PROGRAM Employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs. Specifically, Mosaic will ensure employees who are working at 105 KC hold a current certification in Mandt as outlined in Mosaic's Mandatory Orientation and Training policy. This includes ensuring that all temp agency staff working at 105 KC home hold a current certification in Mandt as outlined in Mosaic's Mandatory Orientation and Training policy. This will be monitored by the Staff Development Specialist through monthly upcoming and past due training reports. Responsible Person(s): Direct Support Manager	4/21/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G156	A. BUILDING _____ B. WING _____	C 01/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOSAIC-105 KELLY'S COURT	105 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 191	Continued From page 12 bathroom. Staff was with him at this time. (Client #1) (picked) up a hard plastic cup (and) threw it at (Client #2) striking him in the nose. This resulted in a bloody nose. Staff with (Client #1) stepped in front of him to prevent any further aggressions and another staff came and got (Client #2) taking him to the bathroom where he applied a wet towel to his nose to help stop the bleeding. (Licensed Practical Nurse (LPN) A) was called and she came and looked at (Client #2's) nose cleaning it and holding a wet cloth to his nose until the bleeding stopped." c. Client #2's GER dated 11/1/18, indicated, "(Client #2) was sitting on the couch next to (Client #1) and was talking to staff inappropriately. (Client #1) got upset and punched (Client #2) in the left eye. d. Client #6's GER dated 11/5/18, indicated, "(Client #6) was sitting on the couch in the living room area. (Client #1) became upset, went into the dining room area and grabbed (Client #6's) right arm biting him in the wrist area. Staff intervened. Had (Client #1) move away and contacted the nurse (LPN A)." e. Client #2's GER dated 11/11/18, indicated, "(Client #2) and (Client #7) were chasing each other around the dining room and (Client #2) went into the kitchen and grabbed a butter knife. (Client #2) then threw it at (Client #7) hitting him on the right side of the back leaving a small read mark..." f. Client #2's GER dated 11/18/18, indicated, Client #2 and Client #7 were messing around and Client #7 slammed Client #2's finger in the pantry door. Client #2 sustained a cut on his finger.	W 191		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G156	A. BUILDING _____ B. WING _____	C 01/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOSAIC-105 KELLY'S COURT	105 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 191	Continued From page 13 g. Client #3's GER dated 12/15/18, indicated, Client #1 smacked Client #3 across the face. Client #3 sustained a red mark on his right cheek. Additional record review revealed the following: a. Facility policy for peer-to-peer aggressions dated 10/1/14, indicated, "All staff working directly with people in service are MANDT trained." b. Course Completion History for MANDT training indicated many employees and Temporary Agency Staff failed to complete the course. When interviewed on 12/18/18 at 11:32 PM A confirmed the facility failed to ensure MANDT training for all direct care employees. She stated the facility was working on a date and time to get the temporary staff trained.	W 191		
W 194	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(4) Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to provide training necessary to implement Individual Program Plans (IPPs). This affected 2 of 4 clients (Client #1 and Client #2) reviewed during investigations #80058-I and #80137-I. Findings follow:	W 194	W194 STAFF TRAINING PROGRAM Mosaic staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible. Specifically, PM/QIDP will attend monthly 105 house meetings to review updates to Individual Support Plans and programs. Staff will acknowledge new and updated ISPs and programs in THERAP. This will be monitored by monthly house meeting notes, monthly acknowledgment reports in THERAP run by PM/QIDP, and weekly supported routine observations by Direct Support Supervisor and PM/QIDP. Responsible Person(s): Program Manager/QIDP	4/21/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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MOSAIC-105 KELLY'S COURT	105 KELLY'S COURT FOREST CITY, IA 50436

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W 194	Continued From page 14 1. Observations on 12/17/18 from 3:14 p.m. to 3:20 p.m. revealed Client #1 walked around the home with nothing to do. When Temporary Agency Staff (TA) B arrived at the house, Client #1 followed her around the house. From 3:20 p.m. to 3:30 p.m., Direct Support Associate (DSA) F asked Client #1 to put away his clothes. Client #1 put away his clothes and continued to walk around the house. From 3:30 p.m. to 3:40 p.m., Client #1 started to cry and TA B talked to him. After their talk, Client #1 continued to walk around the house. At 3:40 p.m., Client #1 and Client #8 hugged. Facility staff did not give redirection given to Client #1. At 3:42 p.m., Client #1 received a phone call and went to his bedroom. At 3:45 p.m., Client #1 continued to walk around the home and stuck up his middle finger at DSA G. Facility staff did not provide any redirection. From 3:47 p.m. to 3:52 p.m., Client #1 talked to Direct Support Specialist (DSS) and TA B. At 3:55 p.m., Client #1 became upset, walked passed Client #4 and hit him on the back. Client #4 walked into the kitchen and threw his glasses on the floor, yelled and banged on the counter. Facility staff tried to talk to Client #1. Client #1 grabbed a full can of food and threw it toward the couch where Client #6 lay. The can hit the upper couch cushion above the back of Client #6's head. Client #1 walked out of the kitchen towards Client #8 and spit at Client #3. Facility staff redirected him to his bedroom. TA B and Client #1 walked around the building and back inside. From 4:07 p.m. to 4:17 p.m., Client #1 sat with TA B while she temporarily fixed his eyeglasses. At 4:21 p.m., Client #1 asked TA B to clean his eyeglasses. TA B cleaned the glasses without assistance from Client #1. At 4:23 p.m., Client #1 asked DSS for his money. She told him he could have his money at 7:30 p.m. and asked Client #1	W 194		

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W 194	Continued From page 15 to do his chores., Client #1 stated he did not know what chores to do. DSS did not respond. Client #1 walked to the kitchen and ate out of a dirty bowl sitting next to the sink. From approximately 4:30 p.m. to 5:10 p.m., Client #1 sat in the living room with nothing to do. At 5:10 p.m., Client #1 sat in the office with TA B. At 5:14 p.m., Client #1 sat at the dining table and looked at his daily schedule. Facility staff did not encourage him to follow his daily schedule. From 5:14 p.m. to 5:25 p.m., Client #1 sat at the dining table with nothing to do. At 5:25 p.m., Client #1 walked back to his bedroom. Record review revealed peer-to-peer aggressions with injury: a. Client #3's General Event Reports (GER) dated 9/27/18. Program Manager (PM) B documented, "After finishing supper (Client #3) was seated at the table. (Client #1) was done with supper and standing by the computer room. He was watching (Client #3) and I. He became agitated for some reason and came over and punched (Staff) lightly on the left arm. Went back to the wall and became agitated again and picked up a kitchen chair and threw it toward (Client #3) hitting him on the right cheek bone." b. Client #2's GER dated 10/15/18. PM A documented, "(Client #2) was walking down the hallway. He stopped in front of (Client #1's) doorway. (Client #1) was upset and had been hitting the wall and pulled the call light in his bathroom. Staff was with him at this time. (Client #1) (picked) up a hard plastic cup (and) threw it at (Client #2) striking him in the nose. This resulted in a bloody nose. Staff with (Client #1) stepped in front of him to prevent any further aggressions	W 194		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 194	Continued From page 16 and another staff came and got (Client #2) taking him to the bathroom where he applied a wet towel to his nose to help stop the bleeding. (Licensed Practical Nurse (LPN) A) was called and she came and looked at (Client #2's) nose cleaning it and holding a wet cloth to his nose until the bleeding stopped." c. Client #2's GER dated 11/1/18, indicated, "(Client #2) was sitting on the couch next to (Client #1) and was talking to staff inappropriately. (Client #1) got upset and punched (Client #2) in the left eye. d. Client #6's GER dated 11/5/18, indicated, "(Client #6) was sitting on the couch in the living room area. (Client #1) became upset, went into the dining room area and grabbed (Client #6's) right arm biting him in the wrist area. Staff intervened. Had (Client #1) move away and contacted the nurse (LPN A)." e. Client #3's GER dated 12/15/18, indicated, Client #1 smacked Client #3 across the face. Client #3 sustained a red mark on his right cheek. Additional record review revealed the following: a. Client #1's Active Treatment Schedule. The schedule indicated from 3:00 p.m. to 6:00 p.m., Client #1 should complete formal programs to complete at least one hygiene skill and one task. The schedule also indicated Client #1 should help with household tasks, personal hygiene, and grooming. b. Client #1's written routine indicated Client #1 should be engaged in an activity in his bedroom or away from the commotion of the kids arriving	W 194		

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W 194	Continued From page 17 home from school. The written routine directed facility staff to ask Client #1 what he wanted to help with. If Client #1 had no suggestion, facility staff should provide two options. The training signature sheet indicated the facility failed to train all staff. c. Client #1's Behavior Support Plan (BSP) to decrease targeted behavior dated 11/14/18. The training signature sheet indicated the facility failed to train all staff. d. Client #1's Individual Support Plan (ISP) dated 10/17/18. The training signature sheet indicated the facility started the training on 11/13/18 and failed to train all staff. When interviewed on 12/18/18 at 11:32 a.m. PM A confirmed the facility failed to train all staff on Client #1's support plans and schedules. 2. Observations on 12/17/18 at 3:17 p.m. revealed Client #2 stood next to the dining table eating a snack. Facility staff did not provide redirection for Client #2 to sit at the table. From 3:20 p.m. to 4:45 p.m., Client #2 walked around the house with nothing to do. At 3:30 p.m., Client #2 hugged and kissed TA B. At 3:32 p.m., Client #2 ran out the door, facility staff redirected him back inside. Client #2 walked inside and bear hugged Client #4. DSA F asked Client #2 to stop and Client #2 let go of Client #4. Client #2 then hugged DSA F. At 4:41 p.m., PM A asked Client #2 to wash the tables. Client #2 refused and PM A did not offer Client #2 another choice of tasks. From 4:45 p.m. to 4:54 p.m., Client #2 sat at the dining table and looked at baseball cards. At 4:54 p.m., Client #2 put away his laundry.	W 194		

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W 194	Continued From page 18 Record review revealed facility investigation dated 11/16/18, indicated on 11/9/18, "(Client #2) was found by staff in (Client #3's) bedroom. They were both under the blanket on (Client #3's) bed." Additional record review revealed the following: a. Client #2's Active Treatment Schedule. The schedule indicated from 3:00 p.m. to 6:15 p.m., Client #2 should complete formal programs to decrease inappropriate behaviors, participate in an activity, clean his bedroom, and identify medications. The schedule also indicated Client #2 should go outside, play with Legos, draw/color, have one-to-one time with staff, play with Pokemon cards, play a board game, or card game. b. Client #2's BSP to decrease inappropriate behaviors dated 11/29/18. The training signature sheet indicated the facility failed to train all staff. When interviewed on 12/18/18 at 11:32 a.m. PM A confirmed the facility failed to train all staff on Client #2's support plans and schedules.	W 194		
W 234	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(5)(i) Each written training program designed to implement the objectives in the individual program plan must specify the methods to be used. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure client behavior support plans (BSP) included clear direction on strategies to be implemented. This	W 234	W234 INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the methods to be used. Specifically, all BSPs will be reviewed to determine what changes need to be made to provide clear direction to staff on how to support a client for each identified behavior. Revisions will be trained and implemented once IDT has reviewed and approved. Some plans may not be fully implemented but will be in process. This will be monitored through monthly file reviews and weekly observations by the Program Manager/QIDP. Responsible person(s): Direct Support Manager	4/21/19

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	16G156	A. BUILDING _____ B. WING _____	C 01/02/2019

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W 234	Continued From page 19 affected 2 of 4 clients (Client #1 and Client #2) reviewed during investigations #80058-I and #80137-I. Findings follow: 1. Record review revealed peer-to-peer aggressions with injury: a. Client #3's General Event Reports (GER) dated 9/27/18. Program Manager (PM) B documented, "After finishing supper (Client #3) was seated at the table. (Client #1) was done with supper and standing by the computer room. He was watching (Client #3) and I. He became agitated for some reason and came over and punched (Staff) lightly on the left arm. Went back to the wall and became agitated again and picked up a kitchen chair and threw it toward (Client #3) hitting him on the right cheek bone." b. Client #2's GER dated 10/15/18. PM A documented, "(Client #2) was walking down the hallway. He stopped in front of (Client #1's) doorway. (Client #1) was upset and had been hitting the wall and pulled the call light in his bathroom. Staff was with him at this time. (Client #1) (picked) up a hard plastic cup (and) threw it at (Client #2) striking him in the nose. This resulted in a bloody nose. Staff with (Client #1) stepped in front of him to prevent any further aggressions and another staff came and got (Client #2) taking him to the bathroom where he applied a wet towel to his nose to help stop the bleeding. (Licensed Practical Nurse (LPN) A) was called and she came and looked at (Client #2's) nose cleaning it and holding a wet cloth to his nose until the bleeding stopped." c. Client #2's GER dated 11/1/18, indicated, "(Client #2) was sitting on the couch next to	W 234		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W 234	Continued From page 20 (Client #1) and was talking to staff inappropriately. (Client #1) got upset and punched (Client #2) in the left eye. d. Client #6's GER dated 11/5/18, indicated, "(Client #6) was sitting on the couch in the living room area. (Client #1) became upset, went into the dining room area and grabbed (Client #6's) right arm biting him in the wrist area. Staff intervened. Had (Client #1) move away and contacted the nurse (LPN A)." e. Client #3's GER dated 12/15/18, indicated, Client #1 smacked Client #3 across the face. Client #3 sustained a red mark on his right cheek. Additional record review revealed the following: a. Client #1's Behavior Support Plan (BSP) dated 11/14/18. The BSP indicated, "If (Client #1) displays behaviors remain calm. Move other persons supported to an area away from (Client #1). This can include their room, a different room in the house or going to another home if needed. There are black "blocking" pads in the home. Staff are encouraged to use these to shield his hits or objects that are thrown at them. Try switching out staff as when he is Mad at a staff a new face can sometimes deescalate the situation. If it is safe encourage him to get out of the house, ride his bike (staff will also need to ride with him as (he may) leave the circle and ride his bike around town). Encourage him to go for a walk. Staff can also encourage him to use calming techniques such as taking deep breathes, counting to ten, walking away or listening to music on his MP3 player and wearing his headphones." The BSP lacked clear directions when Client #1 aggresses towards	W 234		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G156	A. BUILDING _____ B. WING _____	C 01/02/2019

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W 234	Continued From page 21 other clients. b. Client #1's written routine listed broad tasks, such as, "Help with something." The written routing lacked clear directions and/or specific items for Client #1 to participate in throughout the day. When interviewed on 12/18/18 at 1:00 p.m. PM A confirmed the facility failed to include clear direction to decrease Client #1's aggressions. 2. Record review revealed facility investigation dated 11/16/18, indicated on 11/9/18, "(Client #2) was found by staff in (Client #3's) bedroom. They were both under the blanket on (Client #3's) bed." Additional record review revealed Client #2's BSP dated 11/29/18. The plan indicated, "(Client #2) has recently exhibited an increased awareness in sexuality and has been observed to masturbate. (If) this occurs when he is in a public area do not shame him or draw attention to it. Quietly tell him that if he needs private time he should do it in his bedroom. (Client #2) should never go into another persons supported bedroom. He also should not have other people supported enter his bedroom. If he starts to go into a different bedroom redirect him out of the room." The plan lacks information and direction on inappropriate touch. When interviewed on 12/18/18 at 1:00 p.m. Program Manager A confirmed the facility failed to include clear direction for inappropriate touch in Client #2's BSP.	W 234		
W 239	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(5)(vi)	W 239	W239 INDIVIDUAL PROGRAM PLAN (continued on pg 23)	

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	16G166	A. BUILDING _____ B. WING _____	C 01/02/2019

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MOSAIC-105 KELLY'S COURT	105 KELLY'S COURT FOREST CITY, IA 50436

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W 239	Continued From page 22 Each written training program designed to implement the objectives in the individual program plan must specify provision for the appropriate expression of behavior and the replacement of inappropriate behavior, if applicable, with behavior that is adaptive or appropriate. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to incorporate a positive replacement behavior into client's behavior support plans. This affected 1 of 3 clients (Client #1) reviewed during investigation #80058-I. Finding follows: Record review revealed peer-to-peer aggressions with injury: a. Client #3's General Event Reports (GER) dated 9/27/18. Program Manager (PM) B documented, "After finishing supper (Client #3) was seated at the table. (Client #1) was done with supper and standing by the computer room. He was watching (Client #3) and I. He became agitated for some reason and came over and punched (Staff) lightly on the left arm. Went back to the wall and became agitated again and picked up a kitchen chair and threw it toward (Client #3) hitting him on the right cheek bone." b. Client #2's GER dated 10/15/18. PM A documented, "(Client #2) was walking down the hallway. He stopped in front of (Client #1's) doorway. (Client #1) was upset and had been hitting the wall and pulled the call light in his bathroom. Staff was with him at this time. (Client	W 239	(W239 continued from page 22) Each written training program designed to implement the objectives in the individual program plan must specify provision for the appropriate expression of behavior and the replacement of inappropriate behavior, if applicable, with behavior that is adaptive or appropriate. Specifically, Mosaic will review and revise BSPs as needed to clearly identify training for replacement behavior. Specifically, all BSPs will be reviewed to determine what changes need to be made to provide clear training for replacement behavior. Revisions will be trained and implemented once IDT has reviewed and approved the plans. Some plans may not be fully implemented but will be in process. This will be monitored by the Quality Assurance Manager through monthly QA file reviews and weekly program observations by the PM/QIDP and/or Direct Support Supervisor. Responsible person(s): Associate Director	4/21/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G156	A. BUILDING _____ B. WING _____	C 01/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOSAIC-105 KELLY'S COURT	105 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 239	Continued From page 23 #1) (picked) up a hard plastic cup (and) threw it at (Client #2) striking him in the nose. This resulted in a bloody nose. Staff with (Client #1) stepped in front of him to prevent any further aggressions and another staff came and got (Client #2) taking him to the bathroom where he applied a wet towel to his nose to help stop the bleeding. (Licensed Practical Nurse (LPN) A) was called and she came and looked at (Client #2's) nose cleaning it and holding a wet cloth to his nose until the bleeding stopped." c. Client #2's GER dated 11/1/18, indicated, "(Client #2) was sitting on the couch next to (Client #1) and was talking to staff inappropriately. (Client #1) got upset and punched (Client #2) in the left eye. d. Client #6's GER dated 11/5/18, indicated, "(Client #6) was sitting on the couch in the living room area. (Client #1) became upset, went into the dining room area and grabbed (Client #6's) right arm biting him in the wrist area. Staff intervened. Had (Client #1) move away and contacted the nurse (LPN A)." e. Client #3's GER dated 12/15/18, indicated, Client #1 smacked Client #3 across the face. Client #3 sustained a red mark on his right cheek. Additional record review revealed Client #1's Behavior Support Plan (BSP) dated 11/14/18. The BSP indicated, "If (Client #1) displays behaviors remain calm. Move other persons supported to an area away from (Client #1). This can include their room, a different room in the house or going to another home if needed. There are black "blocking" pads in the home. Staff are encouraged to use these to shield his hits or	W 239		

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MOSAIC-105 KELLY'S COURT	105 KELLY'S COURT FOREST CITY, IA 50436

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W 239	Continued From page 24 objects that are thrown at them. Try switching out staff as when he is Mad at a staff a new face can sometimes deescalate the situation. If it is safe encourage him to get out of the house, ride his bike (staff will also need to ride with him as (he may) leave the circle and ride his bike around town). Encourage him to go for a walk. Staff can also encourage him to use calming techniques such as taking deep breathes, counting to ten, walking away or listening to music on his MP3 player and wearing his headphones." The BSP lacked information on how to strengthen appropriate behavior. When interviewed on 12/18/18 at 1:00 p.m. PM A confirmed the facility failed to provide information on how to strengthen appropriate behavior.	W 239		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure clients received needed supports and services as outlined in the Individual Support Plan (ISP). This affected 1 of 2 clients (Client #2) reviewed during investigation #80137-I. Finding follows:	W 249	W249 PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Specifically, each person has an updated active treatment schedule with supervision requirements and activites to engage and support the person through the day. Staff will be trained on active treatment schedules, how to read, how to use, and expectations to follow. This will be monitored by weekly observations by Direct Support Supervisor and/or PM/QIDP. Responsible person(s): Direct Support Manager	4/21/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G156	A. BUILDING _____ B. WING _____	C 01/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOSAIC-105 KELLY'S COURT	105 KELLY'S COURT FOREST CITY, IA 50436

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W 249	Continued From page 25 Refer to W149 and W154 for additional information. Record review revealed Record review revealed facility investigation dated 11/16/18, indicated on 11/9/18, "(Client #2) was found by staff in (Client #3's) bedroom. They were both under the blanket on (Client #3's) bed." Additional record review revealed Client #2's Individual Data sheet dated 4/30/18, indicated, "(Client #2) requires 24 hour supervision. Staff need to be aware of where he is and what he is doing." When interviewed on 12/11/18 at 1:58 p.m., Direct Support Associate (DSA) B reported she did not work on 11/9/18. She stated the supervision level for Client #2 and Client #3 was general, you needed to know their whereabouts at all times. After the incident on 11/9/18, the facility restricted Client #2 from other bedrooms. Additional interview on 12/12/18 at 11:49 a.m., DSA B reported she worked on 11/9/18, but denied being part of the incident with Client #2. She stated she found out about the incident later. DSA B remembered she checked on Client #2 and Client #3 shortly before 3:00 p.m. They were in Client #3's bedroom. When she walked into the bedroom, she asked what they were doing. She stated they were on Client #3's bed. One client sat on top of the blanket and one was under the blanket. She denied observing either client with their pants down. They told her they were watching T.V. DSA B asked Client #2 to leave the room, but did not wait for Client #2 to leave the bedroom. DSA B walked out of Client #2's	W 249		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOSAIC-105 KELLY'S COURT	105 KELLY'S COURT FOREST CITY, IA 50436

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W 249	Continued From page 26 bedroom and asked the staff she worked with if they knew Client #2 was in Client #3's bedroom. DSA B could not recall who else worked with her. The other staff told DSA B she gave Client #2 permission to go to Client #3's bedroom to watch T.V. DSA B was unaware if the other staff had checked on Client #2 or Client #3 before she did. When the evening staff arrived, DSA B informed the staff Client #2 was in Client #3's bedroom. DSA B did not know if Client #2 could be in other bedrooms. She stated usually Client #2 did not enter other bedrooms. DSA B explained Client #2 had a behavior program for stealing. She stated Client #2 stole items, shirts, and money, out of other client bedrooms. When interviewed on 12/12/18 at 1:35 p.m. Temporary Agency Staff (TA) C reported she worked the morning shift on 11/9/18. Client #2 did not go to school that day and the "normal" clients were in the home. Client #1 sat in the living room and watched T.V. She stated at approximately 2:00 p.m., she walked back to Client #3's bedroom to complete a check. Client #2, Client #3, and Client #6 were in the bedroom watching football. Client #2 sat in a chair; Client #3 stood in front of the T.V., and Client #6 was in his bed. According to TA C, she did checks on the three clients every 20 minutes and denied observing anything inappropriate. TA C stated the bedroom door was open. TA C did not know if it was normal for Client #2 to be in Client #3's bedroom. She stated she asked other staff working if it was OK for Client #2 to be in Client #3's bedroom and the other staff stated yes. She denied knowledge of Client #2's restriction to be in other bedrooms. She thought the other staff was DSA B; there were only two staff working on the first shift. TA C reported second shift arrived	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G156	A. BUILDING _____ B. WING _____	C 01/02/2019

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MOSAIC-105 KELLY'S COURT	105 KELLY'S COURT FOREST CITY, IA 50436

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W 249	Continued From page 27 at the home and witnessed Client #2 in bed with Client #3. She left the home when second shift arrived and was unsure if they separated the clients. According to TA C, she received no training on Client #2's behavior support plan. When interviewed on 12/12/18 at 4:15 p.m., DSA D reported he arrived at the home on 11/9/18 at 2:40 p.m. He placed his bag in the office and clocked in. He observed DSA B doing laundry and TA C on her cell phone in the living room. DSA D checked the daily logs, to find out how clients did that day. DSA D stated Client #2 did not go to school. DSA D witnessed Client #2 in the hallway, briefly in the kitchen, and he walked in and out of his bedroom. Client #2 then told DSA D he was going to watch a movie with Client #3, in Client #3's bedroom. DSA D was unaware Client #2 could not go into other bedrooms. DSA D greeted DSA C when he arrived at the home at approximately 3:00 p.m. DSA C asked where everyone was. DSA D and DSA C walked into Client #3's bedroom and witnessed Client #2 in bed with him. DSA D reported Client #2 and Client #3 were under the covers and Client #2 had his hand on his own and Client #3's privates. Client #6 was in his bed, but facing the opposite direction. DSA C left the room with Client #2 and asked Client #2 about the incident. Client #2 started cursing and went into his bedroom. Client #2 came out with his pajamas on and went to the living room. Client #6 left the bedroom and DSA D talked to Client #3. DSA D asked Client #3 what Client #2 was doing in his bedroom. Client #3 stated Client #2 was mean, and touched his privates. DSA D stated Client #3 usually repeated what you say, so it was unusual Client #3 reported what he did. DSA D questioned Client #6 if Client #2 was in his bedroom and	W 249		

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	16G156	A. BUILDING _____ B. WING _____	C 01/02/2019

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MOSAIC-105 KELLY'S COURT	105 KELLY'S COURT FOREST CITY, IA 50436

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W 249	Continued From page 28 Client #6 responded yes. DSA D stated Client #6 did not respond with anything else. DSA D reported the incident to the Direct Support Specialist (DSS). He stated his account on Therap (electronic record) locked and could not complete the incident report for three days. On-call had them write statements. According to DSA D, the incident was preventable if DSA B had clients assisting with the laundry or the temporary staff was not on her phone and paying attention. DSA D explained Client #2 engaged in other inappropriate sexual behavior. He stated Client #2 watches pornography on his IPAD and takes inappropriate pictures of himself. Client #2 started the behavior when Client #6 moved in and he observed Client #6 engaging in the behavior. Client #2 and Client #6 horse play with each other and they both take out their privates in public. Client #2 also steals from the pantry and convenient stores. DSA D never witnessed Client #2 going into other bedrooms to steal items. DSA D believes Client #2 is going through normal teenage development. He thinks Client #2 is just curious and confused. When interviewed on 12/11/18 at 3:14 p.m. DSA C reported he worked the second shift on 11/9/18. When he walked into the home, he asked where the clients were. He thought DSA B was administering medication and the other morning staff was TA B. Staff informed him Client #2 was in Client #3's bedroom watching a movie. He believed Client #1 and possibly Client #7 sat on the couch in the living room. He stated usually the other clients had not come home from school yet. DSA C walked into Client #3's bedroom and Client #2 and Client #3 lay next to each other in Client #3's bed. According to DSA C, Client #2 was masturbating and Client #3 had his pants	W 249		

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	16G156	A. BUILDING _____ B. WING _____	C 01/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOSAIC-106 KELLY'S COURT	106 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 249	Continued From page 29 down below his buttocks. DSA C explained when Client #3 lays down his pants are usually below his buttocks, even when nobody is with him. DSA C told Client #2 to go to the living room. When Client #2 left the bedroom, Client #3 reported Client #2 touched his "parts." DSA C stated Client #2 should not be in other bedrooms. DSA C explained he already knew before the incident Client #2 should not be in other bedrooms, but there was a change of staff and the facility retrained them. Client #2 was restricted from other bedrooms because he engages in stealing. According to DSA C, Client #2 started displaying inappropriate sexual behavior after Client #7 moved into the home. He stated Client #2 and Client #7 masturbate in public, show each other their privates and laugh. Facility staff instructed them to stop and go to their bedrooms. DSA C defined Client #2's supervision level as 15-minute checks when in his bedroom. DSA C stated Client #2 did not spend a lot of time in his bedroom. DSA C also stated staff should know his whereabouts and watching the exit doors in case he tries to leave. When interviewed on 12/11/18 at 3:58 p.m. TA B reported she worked the evening shift on 11/9/18. She stated she heard things about the incident with Client #2, but did not know if or what was true. She explained Client #2's level of supervision was eyes on at all times and 15 minute checks when he was in his bedroom. Client #2 could not be in other bedrooms. TA B stated Client #2 and Client #7 could be a handful; they were in competition with each other. According to TA B, Client #2 and Client #7 take their privates out and "hump" each other around the home. She stated Client #2 had restricted access to his IPAD because he watched "porn."	W 249		

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	16G156	A. BUILDING _____ B. WING _____	C 01/02/2019

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MOSAIC-105 KELLY'S COURT	105 KELLY'S COURT FOREST CITY, IA 50436

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W 249	Continued From page 30	W 249		

TA B reported if Client #3 engaged in inappropriate behavior then Client #7 did and vice versa. If Client #2 walked out of his bedroom naked, then Client #7 did. She believed the behavior was attention seeking. She never observed a connection between Client #2 and Client #3. TA B thought DSA A and DSA B were the morning staff on 11/9/18. She explained what she knew about the incident. She stated nobody knew Client #2 and Client #3 were in bed together until the evening shift arrived and opened Client #3's bedroom door. She denied witnessing anything like that before. TA B identified Client #3 did not really talk, but on 11/9/18, he was "very verbal." She described Client #3's verbal communication "weird to hear." She did not believe Client #3 would defend himself or identify abuse. TA B stated Client #3's level of supervision was 30-minute checks when he was in his bedroom. According to TA B, if you put in a movie for Client #3, he is good. Client #3 and Client #6 share a bedroom and are independent.

When interviewed on 12/11/18 at 1:15 p.m. DSA A reported she did not work on 11/9/18, but heard about the incident. She stated Client #2's supervision level was 15 checks when he is in his bedroom and not allowed in other client bedrooms. Client #2 also had a bedroom door alarm at night. DSA A did not believe Client #2 was restricted to other bedrooms until after the incident on 11/9/18. She stated Client #3 and Client #6's supervision levels were 30-minute checks in their bedrooms. DSA A explained Client #2 started to display inappropriate sexual behavior after Client #7 moved into the home. Client #2 and Client #7 exposed their private parts in public. DSA A stated staff redirected Client #2 into his bedroom to have private time

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	16G166	A. BUILDING _____ B. WING _____	C 01/02/2019

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MOSAIC-105 KELLY'S COURT	105 KELLY'S COURT FOREST CITY, IA 50436

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W 249	Continued From page 31 when he displayed this behavior. When interviewed on 12/11/18 at 2:40 p.m., TA A reported she did not work on 11/9/18. She stated when Client #2 is outside of his bedroom; his supervision level is in line of sight. Client #2 was 15-minute checks in his bedroom and had a bedroom door alarm. TA A also stated Client #3's level of supervision was in line of sight and 30-minute checks when he is in his bedroom. TA A denied ever witnessing Client #2 engaging in inappropriate sexual behavior. She stated Client #2 had looked at inappropriate pictures on his IPAD. According to TA A when he looks at the pictures, Client #2 masturbates. Staff redirected Client #2 to his bedroom. When interviewed on 12/18/18 at 1:00 p.m. PM A confirmed the facility failed follow provide Client #2 supervision according to the ISP.	W 249		
W 268	CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)(i) These policies and procedures must promote the growth, development and independence of the client. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to provide consistent opportunities for growth and independence. This affected 1 of 8 clients (Client #1 - Client #8) living in the home. Findings follow: 1. Observations on 12/10/18 during the evening meal revealed facility staff lined the kitchen counter with plates and served the meal, without	W 268	W268 CONDUCT TOWARD CLIENT Mosaic policies and procedures must promote the growth, development and independence of the client. Specifically, staff will be trained on how to read, use, and follow the daily active treatments schedules for each person in the home. Staff will also be trained on the expectations of providing active treatment. This will be monitored through weekly observations by the Direct Support Supervisor. Responsible Person(s): Direct Support Manager	4/21/19

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W 268	Continued From page 32 client involvement. Facility staff also placed cups on the counter and poured milk into the cups without client involvement. Observations on 12/12/18 during the evening meal revealed facility staff lined the kitchen counter with plates. The facility staff modified food consistency and served the line of plates without client involvement. Facility staff also poured and served drinks to the dining tables without client involvement. At the end of the meal, Direct Support Associate (DSA) C cleaned the kitchen without client involvement. Observations on 12/17/18 during the evening meal revealed DSA E asked Client #3 to set the plates on the dining tables. Client #3 retrieved the plates out of the cabinet and set a stack of plates on a table. Temporary Agency Staff (TA) B picked the plates up off the table and lined the plates across the kitchen counter. DSA E scooped food into, Client #3, Client #5, Client #6, and Client #8's plates without their assistance. TA B cut up Client #3's fish sticks without his assistance. The clients took their plates to the dining tables, where they began to eat. Facility staff did not ensure clients had napkins or encouraged the clients to use napkins. When clients finished their meal, they set their dishes in the sink and left the kitchen. DSA E cleaned the kitchen without client encouragement. 2. Observations on 12/17/18 from 3:14 p.m. to 3:20 p.m. revealed Client #1 walked around the home with nothing to do. When TA B arrived at the house, Client #1 followed her around the house. From 3:20 p.m. to 3:30 p.m., DSA F asked Client #1 to put away his clothes. Client #1 put away his clothes and continued to walk	W 268		

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MOSAIC-105 KELLY'S COURT	105 KELLY'S COURT FOREST CITY, IA 50436

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W 268	Continued From page 33 around the house. From 3:30 p.m. to 3:40 p.m., Client #1 started to cry and TA B talked to him. After their talk, Client #1 continued to walk around the house. At 3:40 p.m., Client #1 and Client #8 hugged. Facility staff did not give redirection given to Client #1. At 3:42 p.m., Client #1 received a phone call and went to his bedroom. At 3:45 p.m., Client #1 continued to walk around the home and stuck up his middle finger at DSA G. Facility staff did not provide any redirection. From 3:47 p.m. to 3:52 p.m., Client #1 talked to Direct Support Specialist (DSS) and TA B. At 3:55 p.m., Client #1 became upset, engaged in aggression and property destruction. Facility staff redirected Client #1 into his bedroom. TA B and Client #1 walked around the building and back inside. From 4:07 p.m. to 4:17 p.m., Client #1 sat with TA B while she temporarily fixed his eyeglasses. At 4:21 p.m., Client #1 asked TA B to clean his eyeglasses. TA B cleaned the glasses without assistance from Client #1. At 4:23 p.m., Client #1 asked DSS for his money. She told him he could have his money at 7:30 p.m. and asked Client #1 to do his chores. Client #1 stated he did not know what chores to do. DSS did not respond. Client #1 walked to the kitchen and ate out of a dirty bowl sitting next to the sink. From approximately 4:30 p.m. to 5:10 p.m., Client #1 sat in the living room with nothing to do. At 5:10 p.m., Client #1 sat in the office with TA B. At 5:14 p.m., Client #1 sat at the dining table and looked at his daily schedule. Facility staff did not encourage him to follow his daily schedule. From 5:14 p.m. to 5:25 p.m., Client #1 sat at the dining table with nothing to do. At 5:25 p.m., Client #1 walked back to his bedroom. Record review revealed Client #1's Active Treatment Schedule. The schedule indicated	W 268		

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	16G156	A. BUILDING _____ B. WING _____	C 01/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOSAIC-105 KELLY'S COURT	105 KELLY'S COURT FOREST CITY, IA 50436

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W 268	Continued From page 34 from 3:00 p.m. to 6:00 p.m., Client #1 should complete formal programs to complete at least one hygiene skill and one task. The schedule also indicated Client #1 should help with household tasks, personal hygiene, and grooming. Additional record review revealed Client #1's written routine indicated Client #1 should be engaged in an activity in his bedroom or away from the commotion of the kids arriving home from school. The written routine directed facility staff to ask Client #1 what he wanted to help with. If Client #1 had no suggestion, facility staff should provide two options. 3. Observations on 12/17/18 at 3:17 p.m. revealed Client #2 stood next to the dining table eating a snack. Facility staff did not provide redirection for Client #2 to sit at the table. From 3:20 p.m. to 4:45 p.m., Client #2 walked around the house with nothing to do. At 3:30 p.m., Client #2 hugged and kissed TA B. At 3:32 p.m., Client #2 ran out the door, facility staff redirected him back inside. Client #2 walked inside and bear hugged Client #4. DSA F asked Client #2 to stop and Client #2 let go of Client #4. Client #2 then hugged DSA F. At 4:41 p.m., Program Manager (PM) A asked Client #2 to wash the tables. Client #2 refused and PM A did not offer Client #2 another choice of tasks. From 4:45 p.m. to 4:54 p.m., Client #2 sat at the dining table and looked at baseball cards. At 4:54 p.m., Client #2 put away his laundry. Record review revealed Client #2's Active Treatment Schedule. The schedule indicated from 3:00 p.m. to 6:15 p.m., Client #2 should complete formal programs to decrease	W 268		

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W 268	Continued From page 35 inappropriate behaviors, participate in an activity, clean his bedroom, and identify medications. The schedule also indicated Client #2 should go outside, play with Legos, draw/color, have one-to-one time with staff, play with Pokemon cards, play a board game, or card game. 4. Observations on 12/17/18 at 3:16 p.m. revealed Client #3 walked to the kitchen and facility staff handed him a snack. Client #3 took his bowl to the dining table. DSA F put peanut butter on a cracker and served the cracker to Client #3. DSA F failed to involve Client #3. At 3:23 p.m., Client #3 wiped peanut butter on his jeans. DSA F asked him to stop and retrieved Client #3 a napkin. DSA F did not encourage Client #3 to get his own napkin. At 3:35 p.m., Client #3 continued to state, "Client #3's not stupid." Nobody responded to Client #3. Record review revealed Client #3's Active Treatment Schedule. The schedule indicated from 3:00 p.m. to 6:15 p.m., Client #3 should select a game, participate in mealtime activity, and complete an assigned chore. The schedule also indicated Client #3 should complete personal hygiene, meal clean up, watch T.V., and read a magazine. 5. Observations on 12/17/18 at 3:40 p.m. revealed Client #4 sat at the dining table where Client #3 and Client #6 played a game. PM A asked Client #4 to go see if he could help with anything. Client #4 left the table, but no direction given to him. From 3:40 p.m. to 5:10 p.m.., Client #4 walked around the house and sat in the living room with nothing to do. Record review revealed Client #4's Active	W 268		

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W 268	Continued From page 36 Treatment Schedule. The schedule indicated from 3:00 p.m. to 6:15 p.m., Client #4 should use coping skills and engage in activity or task when upset and increase his communication skills. The schedule also indicated to complete meal preparation and clean up, participate in a recreational activity, and complete personal hygiene. 6. Observations on 12/17/18 at 3:10 p.m. revealed Client #5 looked at his IPAD and ate on the couch. At 3:23 p.m., Client #5 walked to the dining table and tried to eat out of Client #2's bowl. DSA F redirected Client #5 and handed him a snack. When Client #5 finished his snack, he walked back to the couch and watched a video on his IPAD. At 3:30 p.m., DSA F took Client #5's bowl into the kitchen without asking Client #5 to assist. From 3:30 p.m. to 5:02 p.m., Client #5 sat on the couch and walked around the house watching his video on his IPAD. At 5:02 p.m., Client #5's IPAD lost power and he walked around the house until he ate dinner. Facility staff did not offer any other activity to Client #5. Record review revealed Client #5's Active Treatment Schedule. The schedule indicated from 3:00 p.m. to 6:15 p.m., Client #5 should complete one household task and exercise. The schedule also indicated to use his IPAD, participate in a recreation activity, and complete meal set up and clean up. 7. Observations on 12/17/18 at 3:39 p.m. Client #7 retrieved his tablet and went into the living room. From 3:39 p.m. to 5:22 p.m., Client #7 sat in the beanbag and played a game on the tablet with staff present. At 5:22 p.m., Client # 7 walked into the kitchen, got a bowl of mashed potatoes	W 268		

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W 268	Continued From page 37 and returned to living room. Client #7 sat in the beanbag and ate mashed potatoes while he played on a tablet without staff supervision. Record review of Mosaic's meals and diet supports dated 10/2/17 indicated, "Employees are trained and encouraged to engage people in normal conversations during meals about activities, events of the day, etc. to promote family style dining, where everyone sits at the table, is assisted to serve themselves." 8. Observations on 12/17/18 from 3:20 p.m. to 3:40 p.m. revealed Client #8 walked around the home with nothing to do. At 3:40 p.m., Client #8 hugged Client #1 without staff intervention. At 3:45 p.m., Client #8 tried to hug Client #2, but staff redirected him. From 3:45 p.m. to 3:50 p.m., Client #8 walked around the home with nothing to do. At 3:50 p.m., Client #8 sat at the dining table and played a game. At 4:05 p.m., Client #4 asked to go to another house and Client #8 mocked him. Staff redirected Client #8. From 4:05 p.m. to 4:36 p.m., Client #8 walked around the home with nothing to do. At 4:14 p.m., Client #8 pushed PM A. PM A reminded Client #8 they were friends. At 4:36 p.m., Client #8 sat next to Client #5. Client #8 tapped on Client #5's cheek and tried to kiss him. DSA E redirected Client #8. Client #8 walked around the home, walked back to the couch, and sat down next to Client #5. Client #8 touched Client #5's arm without staff redirection. At 4:41 p.m., PM A asked Client #8 to wipe the tables. Client #8 refused and PM A failed to offer any other activity. From 4:41 p.m. to 4:55 p.m., Client #8 walked around the home with nothing to do. At 4:55 p.m., Client #8 placed his hand on DSA E's shoulder. DSA E redirected Client #8. At 5:02 p.m., Client #8 walked up to TA	W 268		

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W 268	Continued From page 38 B and gave her a hug. TA B did not provide redirection. From 5:02 p.m. to 5:10 p.m., Client #8 walked around with nothing to do. At 5:10 p.m., Client #8 gave Client #3 a bear hug without redirection from staff. At 5:14 p.m., Client #8 sat on the couch next to PM A and leaned on her shoulder. PM A did not provide redirection. At 5:20 p.m., Client #8 ate his evening meal. When interviewed on 12/18/18 at 10:50 a.m. PM A confirmed the facility failed to provide opportunities for growth and development by failing to follow active treatment schedules and offering activities or tasks to complete throughout the day.	W 268		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on interviews and record reviews, the facility failed to administer medications in compliance with physician orders. This affected 1 of 3 clients (Client #1) reviewed during investigation #80058-I. Finding follows: Record review revealed the following: a. Client #1's Medication Administration Record (MAR) dated 8/2018. The MAR indicated Client #1 received Lorazepam on 8/31/18 at 8:00 p.m. b. Client #1's MAR dated 9/2018 indicated Client #1 received Lorazepam two times a day from	W 368	W368 DRUG ADMINISTRATION Mosaic's system for drug administration must assure that all drugs are administered in compliance with physician's orders. Specifically, when a medication is received from the pharmacy, a CMA or nurse must verify the medication(s) that have been delivered. The CMA will consult with the nurse to ensure any new medications or revised prescriptions have been received matches what has been ordered and what is written on the EMAR. This will be monitored monthly by Health Services when they are reviewing EMARs. Responsible person(s): Associate Director	4/21/19

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W 368	Continued From page 39 9/1/18 to 9/11/18. The facility discontinued Lorazepam on 9/11/18. Client #1's Physician orders for Lorazepam could not be located. When interviewed on 12/18/18 at 10:50 a.m. Program Manager (PM) A confirmed the facility administered Lorazepam to Client #1 without a Physician order. She stated when Client #1 moved in on 8/31/18, the facility received a medication bottle for Lorazepam. The facility assumed Client #1's medication orders included Lorazepam two times a day, although the actual order included Lorazepam PRN (as needed).	W 368		

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W 000	INITIAL COMMENTS A recertification survey was conducted on 12/10/18 - 1/2/19. Deficiencies included W125, W130, W149, W210, W215, W268, W440, and W454. In addition, Investigation #80058-I was conducted during the survey and resulted in deficiencies written at W125, W148, W149, W154, W191, W194, W234, W239, W268, and W368. The investigation also resulted in Iowa Administrative Code (IAC) Chapter 50.7(3) cited. Investigation #80137-I was also conducted during the survey and resulted in deficiencies written at W148, W149, W154, W194, W215, W234, W249, and W268.	W 000		
W 125	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on interview and record reviews the facility failed to obtain informed consent for restrictive measures. This affected 1 of 3 sample clients and one client added to the sample (Client #2 and Client #6) and 1 of 3 clients (Client #1) reviewed during investigation #80058-I. Findings follow: 1. Record review revealed the following:	W 125	W125 PROTECTION OF CLIENTS RIGHTS Mosaic will ensure the rights of all clients. Therefore, Mosaic will allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the Unites States, including the right to file complaints, and the right to due process. Specifically, both guardian and Human Rights Committee will review and consent to a restriction of rights prior to implementation of a rights restriction or intrusive methods. Guardian written consent will be reviewed by the Human Rights Committee. This will be monitored by the Quality Assurance Manager through monthly quality audits and monthly Human Rights Committee meetings. Person(s) Responsible: Program Manager/QIDP	02/27/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Teresa Schalske | TITLE: Interim Associate Director | (X6) DATE: 3/8/2019

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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W 125	Continued From page 1 a. Client #1's Medication Administration Record (MAR), dated 8/2018, indicated Client #1 received Lorazepam on 8/31/18 at 8:00 p.m. b. Client #1's MAR, dated 9/2018, indicated Client #1 received Lorazepam two times a day from 9/1/18 to 9/11/18. The facility discontinued Lorazepam on 9/11/18. c. Client #1's Informed Consent, dated 8/31/18, listed restrictions for psychotropic medications including: Risperidone, Escitalopram, and Oxcarbazepine. Informed consent for the use of Lorazepam could not be located. When interviewed on 12/18/18 at 10:50 a.m. Program Manager (PM) A confirmed the facility administered Lorazepam to Client #1 without consent. She stated when Client #1 moved in on 8/31/18, the facility received a medication bottle for Lorazepam. The facility assumed Client #1's medication orders included Lorazepam two times a day, although the actual order included Lorazepam PRN (as needed). 2. Record review revealed the following: a. Client #1's Individual Data sheet, dated 8/31/18, indicated the facility admitted Client #1 on 8/31/18. b. Client #1's Informed Consent Form, dated 8/31/18, indicated treatment and environmental restrictions signed by the guardian on 11/23/18. The restrictions included psychotropic medication and locked sharps. Approval from the guardian prior to 11/23/18 could not be located. c. Human Rights Committee (HRC) review dated	W 125		

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W 125	Continued From page 2 on 8/31/18 documented by PM A indicated verbal approval had been obtained for Client #1's treatment and environmental restrictions. Written approval from HRC could not be located. When interviewed on 12/13/18 at 11:00 a.m. PM A confirmed the facility failed to obtain written guardian consent prior to 11/23/18. PM A also confirmed the facility failed to obtain written approval from HRC. 3. Record review revealed Client #1's Informed Consent, dated 11/23/18, indicated updated treatment and environmental restrictions signed by the guardian on 11/23/18. The restrictions included psychotropic medication, locked sharps, locked pantry, locked computer room, locked recreation closet, locked pop and snacks, locked mop room, and potential weapons items removed from the walls potentially used as a weapon. Approval from HRC could not be located. When interviewed on 12/13/18 at 11:00 a.m. PM A confirmed the facility failed to obtain approval from HRC for added environmental restrictions. 4. Observation on 12/17/18 from 5:17 p.m. to 5:26 p.m. revealed Client #2 refused to eat fish sticks for the evening meal. Temporary Agency Staff (TA) B asked Client #2 to eat his evening meal. Client #2 refused and stated his stomach hurt. Client #2 asked for yogurt. TA B told Client # 2 he could not go to the YMCA if he did not eat. Client #3 and Client #8 asked if they could go to the YMCA. TA B responded Client #2 could not attending the outing because he did not follow directions.	W 125		

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W 125	Continued From page 3 Record review revealed a restriction to attend outings could not be located for Client #2. When interviewed on 12/18/18 at 10:03 a.m. PM A confirmed the facility restricted outings without a consent. 5. Record review on 12/12/18 revealed Client #6's informed consent, dated 8/2/17, included restrictions of psychotropic medication, locked sharps, locked pantry, locked recreation closet, and items removed from the walls potentially used as a weapon. A current informed consent could not be located. Additional record review on 12/13/18 revealed Mosaic's policy, dated 9/1/17, for promotion and protection of human rights indicated; "Written legal guardian/individual consent will be obtained for any restrictions. If the legal guardian is not present at the meeting verbal consent will be obtained prior to implementation and the restriction packet will be sent to the guardian for written. Verbal consent is only in effect for 30 days." When interviewed on 12/14/18 at 9:28 a.m. PM A confirmed the facility failed to obtain informed consent for restrictive measures. 6. Observations on 12/17/18 at 3:38 p.m. revealed Client #6 sat at the table and asked Direct Support Associate (DSA) A for a pop. DSA A asked Client #6 to get his shoes and do his exercise first. Client #6 continued to sit at the table. At 3:39 p.m., Client # 6 asked PM A for a pop. PM A smiled at Client #6 and walked away.	W 125		

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W 125	Continued From page 4 Client #6 continued to sit at the table. At 3:45 p.m., Client # 6 asked DSA A for a pop. DSA A, again, told him he needed to do his exercise first. At 3:52 p.m., Client # 6, again, asked PM A for a pop. PM A did not respond to his request. Record review revealed restriction for pop could not be located for Client #6. When interviewed on 12/18/18 at 11:30 a.m. PM A confirmed the facility restricted pop from Client #6 without a consent.	W 125		
W 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure staff provided privacy during treatment, care and personal needs. This affected 4 of 8 clients (Client #1, Client #2, Client #3 and Client #4) living in the home. Findings follow: Observations on 12/17/18 revealed the following: a. At 4:54 p.m., Temporary Agency Staff (TA) B asked Client #2 and Client #4 to put their clothes away. As they walked away with their clothes, TA B told them both to use the bathroom. Other facility staff and clients were in the area. b. At 5:00 p.m., Licensed Practical Nurse (LPN) A walked into the dining room, where Client #1,	W 130	W130 PROTECTION OF CLIENTS RIGHTS Mosaic will ensure the rights of all clients. Therefore, Mosaic will ensure privacy during treatment and care of personal needs. Specifically, Mosaic will ensure staff working at 105 KC home are trained on the Protection & Promotion of Rights policy, including the expectations for both conversations about and treatment for personal needs being held in a private area, either in the client's bedroom, a bathroom, or other area that is private. This will be monitored by weekly observations completed by the Direct Support Supervisor. Person(s) Responsible: Direct Support Manager	02/27/19

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MOSAIC-105 KELLY'S COURT	105 KELLY'S COURT FOREST CITY, IA 50436

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W 130	Continued From page 5 Client #2, Client #3, Program Manager (PM) A, TA B, and Direct Support Specialist (DSS) were present. LPN A announced she was there to do assessments from a peer-to-peer aggression. LPN A walked into the living room and asked Client #4 if she could see his back to assess if any injuries from the peer-to-peer. Client #4 lifted his shirt to allow LPN A to assess his back. LPN A failed to provide privacy. c. At 5:05 p.m., Client #2 sat at a dining table, lifted his pants and exposed his leg to show LPN A his injury. LPN A asked Client #2 if someone shoved him on the carpet, she stated the injury looked like a carpet burn. LPN A brought a new bandage to the table and asked Client #2 if she could apply a new bandage. LPN A administered treatment without privacy. Record review 12/18/18 revealed Mosaic's Bill of Rights, dated 06/08/10, indicated individuals had "the right to privacy in treatment, in care, and in fulfillment of personal needs." When interviewed on 12/18/18 at 11:56 a.m. LPN A confirmed she should have provided privacy while following up on these incidents. When interviewed on 12/18/18 at 11:32 a.m. PM A confirmed the facility failed to provide privacy for the clients when incidents were discussed, and others were present.	W 130		
W 149	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.	W 149	W149 STAFF TREATMENT OF CLIENTS Mosaic will develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically, Mosaic will ensure staff are trained and follow the Peer to Peer Aggression policy	

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W 149	Continued From page 6 This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure facility staff consistently implemented policies to prohibit abuse, neglect, or mistreatment; including Incidents and Injuries, Peer-to-peer Aggressions, and Investigations. This potentially affected 8 of 8 clients (Client #1 - Client #8) living in the home. Findings follow: 1. Record review revealed facility investigation completed 11/16/18, indicated on 11/9/18, "(Client #2) was found by staff in (Client #3's) bedroom. They were both under the blanket on (Client #3's) bed." Documented summary of evidence indicated, "When interviewed (Client #3) said that (Client #2) touched him in his private area on top of his pants. When interviewed, (Client #2) said that he did not touch (Client #3). Staff who were interviewed could not see if (Client #2) touched (Client #3) because they were both under a blanket. (Direct Support Associate (DSA) C) could tell that (Client #2) was touching himself." Documented Analysis and Findings indicated, "(Client #2) may have accidentally touched (Client #3). It is not known if he did touch him or not." No documented recommendations or management review could be located. Additional record review revealed Investigations and Inquiries policy, dated 8/15/14, indicated, "Investigations will be completed, and the Associate Director, Executive Director notified of the outcome, within five (5) business days, defined as Monday through Friday, excluding holidays. If circumstances prevent completion within this time frame, a Status Report including	W 149	Continued from page 6 and procedure. Mosaic will ensure staff are trained and follow the Mandatory Reporter: Abuse and/or Neglect of a Child and Dependent Adult policy. Mosaic will ensure staff are trained and follow the Investigations & Inquires policy. This will be monitored by the Direct Support Supervisor through shift observations weekly. Person(s) Responsible: Direct Support Manager	2/27/19

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W 149	Continued From page 7 progress and information will be completed, with anticipated time frame for full completion. The Investigation Report will be completed within seven (7) working days of the completion of the investigation. Administrative staff must respond to substantiated allegations within 10 working days after the completed report. All actions taken must be documented including any plans developed with time frames and responsible persons to address any findings in the report or Supplemental Management Report. A management plan should also be developed, documented and carried out to address any additional findings/recommendations from any Supplemental Management report including timeframes and responsible people. This completed plan should be kept in a separate file from the original investigation file." When interviewed on 12/12/18 at 1:47 p.m. Program Manager (PM) B reported she completed the investigation. She stated someone else made the recommendations on investigations. When interviewed on 12/12/18 at 2:09 p.m. the Interim Executive Director (ED) confirmed the facility management failed to review and document recommendations for the investigation. She stated through the internal investigation, the facility felt the incident did not happen and stopped the internal investigation. 2. Record review revealed the following: a. Client #2's GER dated 11/11/18, indicated, "(Client #2) and (Client #7) were chasing each other around the dining room and (Client #2) went	W 149		

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W 149	Continued From page 8 into the kitchen and grabbed a butter knife. (Client #2) then threw it at (Client #7) hitting him on the right side of the back leaving a small read mark.." b. Client #2's GER dated 11/18/18, indicated, Client #2 and Client #7 were messing around and Client #7 slammed Client #2's finger in the pantry door. Client #2 sustained a cut on his finger. c. Client #3's GER dated 12/15/18, indicated, Client #1 smacked Client #3 across the face. Client #3 sustained a red mark on his right cheek. Further record review failed to produce documentation of these incidents on the facility's peer-to-peer aggression tracking form. Additional record review revealed Peer-to-Peer Aggressions Procedure dated 1/18/17, directed, "On the tracking form document the Date, Name of the Aggressor, Name of the Victim, the Program Coordinator and Nurse that you notified, Yes for GER (General Events Record) Completed, and your signature along with whether or not an injury occurred." When interviewed on 12/12/18 at 11:00 a.m. PM A confirmed the facility failed to follow the peer-to-peer aggression procedure by failing to document all peer-to-peer aggressions on a tracking form. 3. a. Observations on 12/17/18 at 3:52 p.m. revealed Client #2 asked for a bandage for the abrasion on his right knee. Client #2 also had bruising on his right arm.	W 149		

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W 149	Continued From page 9 Record review on 12/18/18 revealed a GER could not be located for Client #2's abrasion on his right knee or the bruising on his right arm. b. Observations on 12/17/18 at 4:10 p.m. revealed Client #3 cut his finger while assisting in the kitchen. Direct Support Specialist (DSS) gave Client #3 a bandage. Record review on 12/18/18 revealed no GER could be located for Client #3's injury to his finger. Record review revealed Incident Reporting policy dated 1/1/15, indicated, "A GER must be completed immediately in Therap or as soon as possible following the incident. (Must be prior to the observer's end of shift)." When interviewed on 12/18/18 at 11:30 a.m. PM A confirmed the facility failed to complete GERs on Client #2 and Client #3's injuries. 4. a. Record review revealed Client #5's GER, dated 10/10/18, indicated Client #1 punched Client #5 between the shoulder blades. Documentation of follow-up from nursing could not be located. b. Record review revealed Client #6's GER dated 9/26/18 indicated Client #1 walked into the dining room and punched Client #6 in the back between the shoulder blades. Documentation of follow-up from nursing could not be located. Record review of Mosaic's Peer to Peer Aggression Procedures, dated 12/30/14, directed, "If there is aggression that leaves no immediate injury a 24 hour assessment will be initiated. If an	W 149		

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W 149	Continued From page 10 injury occurs anytime within 24 hours the notification process will begin." When interviewed on 12/18/18 at 11:56 a.m. Licensed Practical Nurse (LPN) A confirmed the facility failed to follow up on peer-to-peer GERs per policy.	W 149		
W 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on interview and record reviews, the facility failed to complete assessments within the first 30 day of admission. This affected 1 of 3 sample clients (Client #4). Findings follow: 1. Record review on 12/12/18 revealed Client #4 admitted on 9/17/18. Additional record review failed to produce evidence of an audiology assessment within 30 days of admission. 2. Record review on 12/12/18 revealed Client #4 admitted on 9/17/18. Additional record review failed to produce evidence of a vision assessment within 30 days of admission. When interviewed on 12/14/18 at 9:26 a.m. Program Manager A confirmed the facility failed to complete audiology and vision assessments for Client #4.	W 210	W210 INVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team will perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Specifically, assessments or re-assessments by OT, PT, SP, Dietary, Psych, auditory, and vision professionals will be completed within 30 days of admission. This will be monitored by the Quality Assurance Manager through monthly quality audits. Responsible person(s): Program Manager/QIDP	2/27/19

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W 215	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(iv) The comprehensive functional assessment must identify the client's needs for services without regard to the actual availability of the services needed. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to complete the Comprehensive Functional Assessment (CFA)at least annually. This affected 1 of 3 sample clients (Client #7) and 1 of 2 clients (Client #2) reviewed during investigation #80137-I. Findings follow: 1. Record review revealed Client #2's CFA signed by Program Manager (PM) A on 10/10/17. A current CFA could not be located. 2. Record review on 12/12/18 revealed Client #7's CFA signed by PM A on 7/4/17. A current CFA could not be located. When interviewed PM A confirmed the facility failed to complete CFAs at least annually.	W 215	W215 INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment will identify the client's needs for services without regard to the actual availability of the services needed. Specifically, a comprehensive functional assessment will be completed and then updated at last yearly with the client to identify needs for services. This will be monitored by the Quality Assurance Manager through monthly quality audits. Responsible person(s) Program Manager/QIDP	2/27/19
W 268	CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)(i) These policies and procedures must promote the growth, development and independence of the client. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to provide consistent opportunities for growth and independence. This affected 1 of 8 clients (Client #1 - Client #8) living	W 268	W 268 CONDUCT TOWARD CLIENT Mosaic policies and procedures will promote the growth, development and independence of the client. Specifically, each client will have a personal active treatment schedule. The active treatment schedule will incorporate individualized daily living, social, and community skills. This will be monitored by the Quality Assurance Manager through monthly quality audits. Responsible person: Program Manager/QIDP	2/27/19

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W 268	Continued From page 12 in the home. Findings follow: 1. Observations on 12/10/18 during the evening meal revealed facility staff lined the kitchen counter with plates and served the meal, without client involvement. Facility staff also placed cups on the counter and poured milk into the cups without client involvement. Observations on 12/12/18 during the evening meal revealed facility staff lined the kitchen counter with plates. The facility staff modified food consistency and served the line of plates without client involvement. Facility staff also poured and served drinks to the dining tables without client involvement. At the end of the meal, Direct Support Associate (DSA) C cleaned the kitchen without client involvement. Observations on 12/17/18 during the evening meal revealed DSA E asked Client #3 to set the plates on the dining tables. Client #3 retrieved the plates out of the cabinet and set a stack of plates on a table. Temporary Agency Staff (TA) B picked the plates up off the table and lined the plates across the kitchen counter. DSA E scooped food into, Client #3, Client #5, Client #6, and Client #8's plates without their assistance. TA B cut up Client #3's fish sticks without his assistance. The clients took their plates to the dining tables, where they began to eat. Facility staff did not ensure clients had napkins or encouraged the clients to use napkins. When clients finished their meal, they set their dishes in the sink and left the kitchen. DSA E cleaned the kitchen without client encouragement. 2. Observations on 12/17/18 from 3:14 p.m. to 3:20 p.m. revealed Client #1 walked around the	W 268		

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home with nothing to do. When TA B arrived at the house, Client #1 followed her around the house. From 3:20 p.m. to 3:30 p.m., DSA F asked Client #1 to put away his clothes. Client #1 put away his clothes and continued to walk around the house. From 3:30 p.m. to 3:40 p.m., Client #1 started to cry and TA B talked to him. After their talk, Client #1 continued to walk around the house. At 3:40 p.m., Client #1 and Client #8 hugged. Facility staff did not give redirection given to Client #1. At 3:42 p.m., Client #1 received a phone call and went to his bedroom. At 3:45 p.m., Client #1 continued to walk around the home and stuck up his middle finger at DSA G. Facility staff did not provide any redirection. From 3:47 p.m. to 3:52 p.m., Client #1 talked to Direct Support Specialist (DSS) and TA B. At 3:55 p.m., Client #1 became upset, engaged in aggression and property destruction. Facility staff redirected Client #1 into his bedroom. TA B and Client #1 walked around the building and back inside. From 4:07 p.m. to 4:17 p.m., Client #1 sat with TA B while she temporarily fixed his eyeglasses. At 4:21 p.m., Client #1 asked TA B to clean his eyeglasses. TA B cleaned the glasses without assistance from Client #1. At 4:23 p.m., Client #1 asked DSS for his money. She told him he could have his money at 7:30 p.m. and asked Client #1 to do his chores. Client #1 stated he did not know what chores to do. DSS did not respond. Client #1 walked to the kitchen and ate out of a dirty bowl sitting next to the sink. From approximately 4:30 p.m. to 5:10 p.m., Client #1 sat in the living room with nothing to do. At 5:10 p.m., Client #1 sat in the office with TA B. At 5:14 p.m., Client #1 sat at the dining table and looked at his daily schedule. Facility staff did not encourage him to follow his daily schedule. From 5:14 p.m. to 5:25 p.m., Client #1

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W 268	Continued From page 14 sat at the dining table with nothing to do. At 5:25 p.m., Client #1 walked back to his bedroom. Record review revealed Client #1's Active Treatment Schedule. The schedule indicated from 3:00 p.m. to 6:00 p.m., Client #1 should complete formal programs to complete at least one hygiene skill and one task. The schedule also indicated Client #1 should help with household tasks, personal hygiene, and grooming. Additional record review revealed Client #1's written routine indicated Client #1 should be engaged in an activity in his bedroom or away from the commotion of the kids arriving home from school. The written routine directed facility staff to ask Client #1 what he wanted to help with. If Client #1 had no suggestion, facility staff should provide two options. 3. Observations on 12/17/18 at 3:17 p.m. revealed Client #2 stood next to the dining table eating a snack. Facility staff did not provide redirection for Client #2 to sit at the table. From 3:20 p.m. to 4:45 p.m., Client #2 walked around the house with nothing to do. At 3:30 p.m., Client #2 hugged and kissed TA B. At 3:32 p.m., Client #2 ran out the door, facility staff redirected him back inside. Client #2 walked inside and bear hugged Client #4. DSA F asked Client #2 to stop and Client #2 let go of Client #4. Client #2 then hugged DSA F. At 4:41 p.m., Program Manager (PM) A asked Client #2 to wash the tables. Client #2 refused and PM A did not offer Client #2 another choice of tasks. From 4:45 p.m. to 4:54 p.m., Client #2 sat at the dining table and looked at baseball cards. At 4:54 p.m., Client #2 put away his laundry.	W 268		

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W 268	Continued From page 15 Record review revealed Client #2's Active Treatment Schedule. The schedule indicated from 3:00 p.m. to 6:15 p.m., Client #2 should complete formal programs to decrease inappropriate behaviors, participate in an activity, clean his bedroom, and identify medications. The schedule also indicated Client #2 should go outside, play with Legos, draw/color, have one-to-one time with staff, play with Pokemon cards, play a board game, or card game. 4. Observations on 12/17/18 at 3:16 p.m. revealed Client #3 walked to the kitchen and facility staff handed him a snack. Client #3 took his bowl to the dining table. DSA F put peanut butter on a cracker and served the cracker to Client #3. DSA F failed to involve Client #3. At 3:23 p.m., Client #3 wiped peanut butter on his jeans. DSA F asked him to stop and retrieved Client #3 a napkin. DSA F did not encourage Client #3 to get his own napkin. At 3:35 p.m., Client #3 continued to state, "Client #3's not stupid." Nobody responded to Client #3. Record review revealed Client #3's Active Treatment Schedule. The schedule indicated from 3:00 p.m. to 6:15 p.m., Client #3 should select a game, participate in mealtime activity, and complete an assigned chore. The schedule also indicated Client #3 should complete personal hygiene, meal clean up, watch T.V., and read a magazine. 5. Observations on 12/17/18 at 3:40 p.m. revealed Client #4 sat at the dining table where Client #3 and Client #6 played a game. PM A asked Client #4 to go see if he could help with anything. Client #4 left the table, but no direction	W 268		

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W 268	Continued From page 16 given to him. From 3:40 p.m. to 5:10 p.m.., Client #4 walked around the house and sat in the living room with nothing to do. Record review revealed Client #4's Active Treatment Schedule. The schedule indicated from 3:00 p.m. to 6:15 p.m., Client #4 should use coping skills and engage in activity or task when upset and increase his communication skills. The schedule also indicated to complete meal preparation and clean up, participate in a recreational activity, and complete personal hygiene. 6. Observations on 12/17/18 at 3:10 p.m. revealed Client #5 looked at his IPAD and ate on the couch. At 3:23 p.m., Client #5 walked to the dining table and tried to eat out of Client #2's bowl. DSA F redirected Client #5 and handed him a snack. When Client #5 finished his snack, he walked back to the couch and watched a video on his IPAD. At 3:30 p.m., DSA F took Client #5's bowl into the kitchen without asking Client #5 to assist. From 3:30 p.m. to 5:02 p.m., Client #5 sat on the couch and walked around the house watching his video on his IPAD. At 5:02 p.m., Client #5's IPAD lost power and he walked around the house until he ate dinner. Facility staff did not offer any other activity to Client #5. Record review revealed Client #5's Active Treatment Schedule. The schedule indicated from 3:00 p.m. to 6:15 p.m., Client #5 should complete one household task and exercise. The schedule also indicated to use his IPAD, participate in a recreation activity, and complete meal set up and clean up. 7. Observations on 12/17/18 at 3:39 p.m. Client	W 268		

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W 268	Continued From page 17 #7 retrieved his tablet and went into the living room. From 3:39 p.m. to 5:22 p.m., Client #7 sat in the beanbag and played a game on the tablet with staff present. At 5:22 p.m., Client # 7 walked into the kitchen, got a bowl of mashed potatoes and returned to living room. Client #7 sat in the beanbag and ate mashed potatoes while he played on a tablet without staff supervision. Record review of Mosaic's meals and diet supports dated 10/2/17 indicated, "Employees are trained and encouraged to engage people in normal conversations during meals about activities, events of the day, etc. to promote family style dining, where everyone sits at the table, is assisted to serve themselves." 8. Observations on 12/17/18 from 3:20 p.m. to 3:40 p.m. revealed Client #8 walked around the home with nothing to do. At 3:40 p.m., Client #8 hugged Client #1 without staff intervention. At 3:45 p.m., Client #8 tried to hug Client #2, but staff redirected him. From 3:45 p.m. to 3:50 p.m., Client #8 walked around the home with nothing to do. At 3:50 p.m., Client #8 sat at the dining table and played a game. At 4:05 p.m., Client #4 asked to go to another house and Client #8 mocked him. Staff redirected Client #8. From 4:05 p.m. to 4:36 p.m., Client #8 walked around the home with nothing to do. At 4:14 p.m., Client #8 pushed PM A. PM A reminded Client #8 they were friends. At 4:36 p.m., Client #8 sat next to Client #5. Client #8 tapped on Client #5's cheek and tried to kiss him. DSA E redirected Client #8. Client #8 walked around the home, walked back to the couch, and sat down next to Client #5. Client #8 touched Client #5's arm without staff redirection. At 4:41 p.m., PM A asked Client #8 to wipe the tables. Client #8 refused and PM A	W 268		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G156	A. BUILDING _____ B. WING _____	01/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOSAIC-105 KELLY'S COURT	105 KELLY'S COURT FOREST CITY, IA 50436

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W 268	Continued From page 18 failed to offer any other activity. From 4:41 p.m. to 4:55 p.m., Client #8 walked around the home with nothing to do. At 4:55 p.m., Client #8 placed his hand on DSA E's shoulder. DSA E redirected Client #8. At 5:02 p.m., Client #8 walked up to TA B and gave her a hug. TA B did not provide redirection. From 5:02 p.m. to 5:10 p.m., Client #8 walked around with nothing to do. At 5:10 p.m., Client #8 gave Client #3 a bear hug without redirection from staff. At 5:14 p.m., Client #8 sat on the couch next to PM A and leaned on her shoulder. PM A did not provide redirection. At 5:20 p.m., Client #8 ate his evening meal. When interviewed on 12/18/18 at 10:50 a.m. PM A confirmed the facility failed to provide opportunities for growth and development by failing to follow active treatment schedules and offering activities or tasks to complete throughout the day.	W 268		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(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 reviews, the facility failed to consistently conduct quarterly fire drills on the evening and the overnight shifts during the last year. This potentially affected 8 of 8 clients (Clients #1 -#8) living in the home. Findings follow: 1. Record review on 12/12/18 revealed the facility failed to conduct a fire drill from 12/31/17 to 3/11/18 on the evening shift.	W 440	W 440 EVACUATION DRILLS The facility will hold evacuation drill at least quarterly for each shift of personnel. Specifically, a fire drill will be conducted monthly with a quarterly rotation per shift. Documentation of each drill will be completed and tracked by the Safety Committee which meets monthly. Responsible person: Direct Support Manager	2/2719

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	16G156	A. BUILDING _____ B. WING _____	01/02/2019

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W 440	Continued From page 19 2. Record review on 12/12/18 revealed the facility failed to conduct a fire from 8/31/18 to 11/1/18 on the overnight shift. Additional record review on 12/13/18 revealed Mosaic's emergency and disaster policy dated 3/20/17 indicated, "Fire Drills are conducted throughout the year according to the following procedure: A minimum of one time per month, in every home/area, on each shift." When interviewed on 12/14/18 at 9:28 a.m. Program Manager A confirmed the facility failed to conduct fire drills on all shift at least quarterly.	W 440		
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations, interview and record review the facility failed to provide a sanitary environment. This potentially affected 8 of 8 clients (Clients #1 -#8). Finding follows: 1. Observations on 12/12/18 during the evening meal revealed facility staff failed to prompt clients to sanitize dining tables and wash their hands. Observations on 12/17/18 revealed the following: a. At 3:16 p.m., during snack, facility staff failed to prompt clients to sanitize dining tables and wash their hands.	W 454	W454 INFECTION CONTROL Mosaic will provide a sanitary environment to avoid sources and transmission of infections. Specifically, each client will have a personal active treatment schedule. The active treatment schedule will include hand washing at routine times. Additionally, the staff working at 105 Kelly's Court home will be re-trained on the Mosaic Health & Wellness policy and Mosaic Sanitation policy. The active treatment schedule and frequent hand washing will be followed by direct support staff daily. This will be monitored by the Direct Support Supervisor through weekly observations. Responsible person: Direct Support Manager	2/27/19

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	16G156	A. BUILDING _____ B. WING _____	01/02/2019

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W 454	Continued From page 20 b. At 4:36 p.m., Client #3 and Client #8 washed two of the three tables with Program Manager (PM) A's assistance. Temporary Agency Staff (TA) B continued to fold clothes on the third table. At 505 p.m., Licensed Practical Nurse (LPN) A brought a new bandage to the table and asked Client #2 if she could apply a new bandage. Client #2 removed the old bandage and placed it face down on the dining table. Staff failed to sanitize the tables again before the clients ate dinner. c. At 5:15 p.m., prior to serving the evening meal, facility staff failed to prompt clients to sanitize dining tables and wash their hands. Additional observations on 12/17/18 revealed the following: a. At 3:24 p.m., Client #3 dropped a pretzel on the floor; he picked it up and ate it. No staff intervened. b. At 3:29 p.m., while eating snack, Client #2 handed Client #4 his crackers. Client #4 ate Client #2's crackers. No staff intervened. c. At 4:23 p.m., a client's bowl from snack, with leftover pretzel sticks sat next to the sink. Client #1 ate out of the bowl. d. At 4:55 p.m., Client #3 ate pretzel sticks from a bowl sitting next to the sink. Client #8 asked Client #3 if he could have some. Client #3 placed small pieces of the pretzels on his tongue, placed his hand back in the bowl, grabbed more small pieces and handed the pieces to Client #8. e. At 5:30 p.m., Client #5 picked up the pitcher	W 454		

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	16G156	A. BUILDING _____ B. WING _____	01/02/2019

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MOSAIC-105 KELLY'S COURT	105 KELLY'S COURT FOREST CITY, IA 50436

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W 454	Continued From page 21 and took two drinks out of the spout before placing the pitcher in the refrigerator. Surveyor informed Direct Support Associate (DSA) E about the incident. DSA E poured the juice down the sink. Record review on 12/18/18 revealed Mosaic's Sanitation Safe Environments policy dated 3/1/15, indicated, "Staff will be trained to assist people receiving services to practice sanitation when cooking and serving food ... Staff will also be trained, particularly in ICF/MR, to assist people to clean and sanitize tables before eating meals and in maintaining a clean environment to eat in." When interviewed on 12/18/18 at 11:41 a.m. PM A confirmed the facility failed to provide a sanitized environment.	W 454		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	960166	A. BUILDING: _____ B. WING _____	C 01/02/2019

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C 146	50.7(3) Additional notification 481-50.7(10A,135C) Additional notification. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available: 50.7(3) When there is an act that causes major injury to a resident or when a facility has knowledge of a pattern of acts committed by the same resident on another resident that results in any physical injury. For the purposes of this subrule, " pattern " means two or more times within a 30-day period. This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the facility failed to report two peer-to-peer aggressions within 30 days resulting in injury to the Department of Inspections and Appeals (The Department). This potentially affected all clients living in the home (Client #1 - Client #8). Finding follows: Record review revealed the following: a. Client #3's General Event Reports (GER) dated 9/27/18. Program Manager (PM) B documented, "After finishing supper (Client #3) was seated at the table. (Client #1) was done with supper and standing by the computer room. He was watching (Client #3) and I. He became agitated for some reason and came over and punched (Staff) lightly on the left arm. Went back to the wall and became agitated again and picked up a kitchen chair and threw it toward (Client #3)	C 146	W146 ADDITIONAL NOTIFICATION When there is an act that causes major injury to a resident or when a facility has knowledge of a pattern of acts committed by the same resident on another resident that results in any physical injury. For the purpose of this subrule, "pattern" means two or more times within a 30-day period. Specifically, Mosaic will self report a "pattern" of peer to peer aggression resulting in major injury within 24 hours. Mosaic employees working at 105 Kelly's Court will be trained on Mosaic's Peer to Peer Mistreatment, Abuse or Exploitation policy and Peer to Peer Aggression procedure. Additionally, peer to peer incidents will be tracked on a peer to peer tracking sheet for identification of a 'pattern' requiring a self report within 24 hours. This will be monitored by the Associate Director through monthly review of the peer to peer tracking sheet. Person(s) Responsible: Program Manager/QIDP	02/8/2019

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	960156	A. BUILDING: _____ B. WING _____	C 01/02/2019

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C 146	Continued From page 1 hitting him on the right cheek bone." Licensed Practical Nurse (LPN) A documented, "I was notified minutes after incident occurred. I went directly to 105 and checked (Client #3). He was sitting at dining room table looking at magazine. He had a visibly reddened, slightly swollen, small egg sized lump on his right upper (cheek) bone area. Staff had already placed ice pack to the area. I remained with (Client #3) for about 20 minutes and continued to hold compress in place. He stated it was sore to the touch but otherwise did not appear to be in any distress." b. Client #2's GER dated 10/15/18. PM A documented, "(Client #2) was walking down the hallway. He stopped in front of (Client #1's) doorway. (Client #1) was upset and had been hitting the wall and pulled the call light in his bathroom. Staff was with him at this time. (Client #1) (picked) up a hard plastic cup (and) threw it at (Client #2) striking him in the nose. This resulted in a bloody nose. Staff with (Client #1) stepped in front of him to prevent any further aggressions and another staff came and got (Client #2) taking him to the bathroom where he applied a wet towel to his nose to help stop the bleeding. (LPN A) was called and she came and looked at (Client #2's) nose cleaning it and holding a wet cloth to his nose until the bleeding stopped." LPN A documented, "I was notified at time of incident and responded on site. (Client #2) was sitting on couch with staff member and was crying but appeared calm. There was scant amount of bleeding from right nostril. Cold compress applied while I sat with (Client #2) and talked with him. Bleeding readily resolved. (Client #2) stated his nose was sore to the touch. Advised (Client #2) and staff that he could continue to apply a cold compress to his nose for soreness and could also have prn (as needed) Tylenol if needed."	C 146		

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C 146	Continued From page 2 LPN A documented on 10/17/18, "I rechecked (Client #2's) nose the following day after incident. No bruising, redness, or swelling noted. (Client #2) stated his nose was still "a little sore when he touches it." He appeared happy and was playing a game when I saw him." Additional record review revealed facility policy for peer-to-peer aggressions dated 1/18/17, indicated, "If a person we support physically aggresses upon another person supported two or more times within 30 days and leaves an injury it is an ICF/ID Regulation that it be reported to DIA within 24 hours." "Injury: anything that requires a healing process to occur such as but not limited to, an abrasion, scratch, or bruise." When interviewed on 12/12/18 at 2:09 p.m., the Interim Executive Director (ED) confirmed the facility failed to report two peer-to-peer aggressions in 30 days to the Department.	C 146		