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

12/20	Ó
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PRINTED: 01/06/2020 FORM APPROVED

UENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-03	391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		16G113	B. WING		C 11/06/2019	
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE	1 11/00/2019	
				17 MAPLE AVENUE		
MOSAIC-2	17 MAPLE AVENUE		N	EVADA, IA 50201		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	(D	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD E	SE COMPLETI	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ALE LATE	
						<u></u>
W 000	INITIAL COMMENTS		W 000		$\mathbf{i}$	
	The annual survey w	as conducted 11/4/19 -				
		investigation #87047-I.		1 YUY aD		
				$1$ $\sqrt{30^{\circ}}$		
	Investigation #87047-	-l resulted in defciencies			/	
	cited at W234 and W	287.				
	No definionaioo wara	attend to we would be the ensured				
·	recertification survey.	cited in regard to the annual			- En la	
W 234			W 234			
	CFR(s): 483.440(c)(5		** 2.04	W234 INDIVIDUAL PROGRAM PL The facility will ensure the written tr		
				program is designed to implement t		
	Each written training			objectives in the individual program		
	implement the objecti		generality in a second	specific to the method to be used.	•	
		becify the methods to be		Specifically, the QIDP will clarify the		
	Used.	not met as evidenced by:		supervision needs of the client with		
		ns, interviews and record		known history of elopement. Addition staff will be retrained on the superv		
-	reviews, the Qualified			specific to community settings, as	151011	
		clarify supervision levels for		described in the client's ISP and PE	BSP.	
		history of elopement. This		This will be monitored through mon	thly	
		dentified in the investigation	and the second se	active treatment observations.	* transferra	
	of #87047-1 (Client #4	). Findings follow:	1979 - C.	Person(s) Responsible:		
	Record review on 11/	04/19 revealed a facility		Program Manager	01/06/2	20
		g Client #4's elopement on			0 1/00/2	-0
		ately 12:00 p.m. Direct			Section and the second	
	Support Associate (D					
		4 and five other Maple Ave				
		loween lunch and party at			10000000000000000000000000000000000000	
and the second second		ding in Nevada. While at the #6 fell and injured himself,			- Tanan Anna I	
		to focus her attention on			second and the	
		left the area. A while later,			44. 11 ( ).	
	DSA A and DSA B we	re assisting clients to get on				
		They noticed Client #4 was	And the second se			
	-	ent to search the office	Advantation to the second			
99994.002)	building as USA B sta	yed with the clients on the	Alterial visiting of			
LABORATORY	DIRECTOR'S OR PROVIDERIS	SUPPLIER REPRESENTATIVE'S SIGNATUR	ι <u>ε</u> , ~	TITLE	(X6) DATE	
(R)	pli Ru	11 IXONIXI	leally.	Va	1.ch	
100		sterisk (*) denotes a deficiency which the	institution may be	excused from correcting providing it is determined	that	,
				evenues your concerning his working it remeter united	AT THES	

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

		AND HUMAN SERVICES			FOF	D: 01/06/20 MAPPROVE <u>0. 0938-03</u>
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY
		16G113	B. WING	an an garanta an	C 11/06/2019	
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CO	DDE	
			2.	17 MAPLE AVENUE		
MOSAIC-2	217 MAPLE AVENUE		N	EVADA, IA 50201		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	,	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	HE APPROPRIATE	COMPLETIC DATE
W 234	Continued From pa	ae 1	W 234			
		uty arrived shortly after the				1
		d Client #4 was missing. The				
		e staff that Client #4 had been				
		lot behind the county				
		o open the doors of vehicles.				
		ient #4 was missing from staff				1
1	sight for 10-15 minu					
	According to the st	ate of Iowa Climatologist the				de un constante de la constante
tı r		Nevada, Iowa area around				na contra da contra d
		vas 38 degrees Fahrenheit,				
		30 degrees. The skies were	2 - 14 H I I I I I I I I I I I I I I I I I I			1 1 1
	clear.					
	Additional record re	view on 11/04/19 revealed				
		ears old with a diagnosis				and a state of the
		ellectual disability, seizure				
		sis and spina bifida. Client #4				
		at functional communication		2.		
		pendently ambulatory, but				
		which staff could hold as				
		t #4 was unsteady. Client #4				
		e past four months resulting in				
		ad seizures, with a recent				-
	increase in the mor	th of October. Client #4 had				
		ctober, but six of those were	and the second se			
	during overnight ho	urs when in bed, when the				
		ccurred. Client #4 had a				
		ogram (BSP) with various				
		luding elopement and pica				
		tibles). The incidence of pica				
		s very low, with no significant				
		ty used a Wanderguard				
		e Ave home and Client #4				
		rd bracelet on his ankle. The	- the second sec			
		alarm when Client #4	No. of the second s			
		t an exit door. The BSP noted	sconese and the second s			
		tory of leaving the house vision. According to Client #4's				and the second sec
	without stail superv	nation. According to Olicint #4 5				

	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1			TE SURVEY MPLETED
			A, BUILDING	3		С
		16G113	B. WING	Ang the state of the		1/06/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE	
MOSAIC-2	17 MAPLE AVENUE			217 MAPLE AVENUE		
moorgo 1				NEVADA, IA 50201		
(X4) ID			ID,	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH		COMPLETIC DATE
		·		DEFICIENCY	)	
W 234	Continued From pa	ge 2	W 23	34		
		upport Plan (ISP) last updated				
	•	d check on Client #4 every				
		SP also noted Client #4 liked				
		le likes to go for walks but				
		ice outside of the home."				ł
		#4's Comprehensive nent (CFA) dated 12/16/18, he				
	did not use traffic lig					
		staff assistance. The CFA				
		t #4 could not ask for		in an		
		his name, phone number or	i i presidente de la constante			
		d identification card.	4			111 111 111 111 111 111 111 111 111 11
	When interviewed a	n 11/04/10 at 1/20 m m tha	a d			or many state of the second
		n 11/04/19 at 1:50 p.m. the dishe was assisting with the	are construction of the second s			a regime of the
	-	he Mosaic office on 10/31/19.				
		x clients from the Maple Ave				
		ng with staff and clients from				oooaaa Aska a iyo a
		nes. The House Manager				
	recalled at one poin	t when most of the Maple Ave				4
	clients were getting	done eating lunch, DSAA	and the second sec			
		said he thought Client #4 was				
		found the client in another	10000 - 10000 - 10000 - 10000 - 10000			
	-	staff from another group				
1		Anager said she reminded				dimension of the second s
		lient supervision. The House				ala da manda
ĺ		in the kitchen and dining room	r			the second s
		the lunch. The House				The second se
		eceived a call on her cell				tan manage lines
		from the Program Manager,	a de la constante de			and the second se
		ead count to see if any clients				and the second se
		Program Manager said the				- And a second se
		andale had received a call				
		iff department in Nevada that				An and a second s
		ad been found in their parking				prijestanja na cije
		ager said she began				and a straight of the straight
		alking toward the front of the saw a law enforcement				*1 belander

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: ZNEL11

Facility ID: IAG0094

If continuation sheet Page 3 of 12

		ID HUMAN SERVICES MEDICAID SERVICES			I	NTED: 01/06/2020 FORM APPROVED B NO, 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3)	DATE SURVEY COMPLETED
		16G113	B. WING			C 11/06/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z	IP CODE	
				217 MAPLE AVENUE		
MOSAIC-2	217 MAPLE AVENUE			NEVADA, IA 50201		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE / CROSS-REFERENCED 1 DEFICI	ACTION SHOULD BE	(X5) COMPLETION DATE
W 234	officer at the entry are person confirmed to t in the parking lot of th client, and Client #4 r in a sheriff's car. The #4 was not injured. H sweatpants. The Hou Client #4's ISP or BS supervision when he home. The Mosaic o the exit doors. The fa #4 went out a back do was never used. The took Client #4 on a co they would keep him level at the office was infrequently went to the events. When interviewed on A stated he and DSA Maple Ave clients to t 10/31/19 for a Hallow arrived at approximate lunch in the office buil lunch, DSA A was ge noticed Client #4 was DSA A went to look for another room, colorir another group home. back toward the dinir DSA B and Client #6. B's hand and the thre down the hall, away for was the last time DS sheriff deputy brough went back into the din	a 3 bea of the building. A staff the officer the person found the courthouse was a Mosaic eturned to the Mosaic office eturned to the Maple Ave fice didn't have alarms on cility later determined Client bor of the office building that ethouse Manager said if staff ommunity outing to a store, in sight, but his supervision a not clear. The clients the office building for special 11/04/19 at 3:15 p.m. DSA B accompanied the six the Mosaic office building on reen lunch and party. They ely 11:00 a.m. and had lding dining room. After thing clients cleaned up and a not in the dining room. or Client #4 and found him in ng with a staff person from DSA A walked Client #4 ug room, but they met up with . Client #4 held onto DSA ee of them walked back from the dining room. That A A saw Client #4 until the thim back. DSA A said he ning room and assisted the dean up and get ready to go	W 2			
-	back home. DSA B c	ame into the dining room			If continuet	on sheet Page 4 of 12
FORM CMS-25	67(02-99) Previous Versions Ob	solete Event ID: ZN	ELII	Facility ID: IAG0094	n commutat	unanceurage 4 01 12

CENTERS FOR MEDICARE & MEDICAID SERVICES     OMB NO.       STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION     (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:     (X2) MULTIPLE CONSTRUCTION A. BUILDING     (X3) DATE S COMPL	LETED
	06/2019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
217 MAPLE AVENUE	
MOSAIC-217 MAPLE AVENUE NEVADA, IA 50201	
(X4) ID         SUMMARY STATEMENT OF DEFICIENCIES         ID         PROVIDER'S PLAN OF CORRECTION           PREFIX         (EACH DEFICIENCY MUST BE PRECEDED BY FULL         PREFIX         (EACH CORRECTIVE ACTION SHOULD BE           TAG         REGULATORY OR LSC IDENTIFYING INFORMATION)         TAG         CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W234       Continued From page 4       W234         with Client #6 and said he had fallen. Client #6       was bleeding from a laceration above his eye.         The agency nurse and DSA B took Client #6 from       the dining room to attend to him. DSA assisted         the four Maple Ave clients in the dining room to       the lobby area to begin getting them on the vans         to go home. DSA B begon assisting clients onto       the van she was driving, DSA A assisted a client         to the van he was driving and then noticed he did       not see Client #4. He asked DSA B if she knew         Client #4* subrerabouts and she said she thought       he was in the dining room. DSA went inside to         check the office building. He said he checked       every room, thinking Client #4 might be hiding,         which is when he saw that law       enforcement had arrived. They returned Client         #4, who was smiling. DSA A setimated 10-15       minutes had passed from when he had last seen         Client #4 had a history of elopement and had       attempted to leave the house in the past when         DSA A was working, but the alarm sounded and       staff were right behind him. DSA A said he knew         staff weeded to be with Client #4 when he was       outdoors, but he had not been tol/trained         regarding the level of supervision needed when at       the Mosaic office building. DSA A said he knew         staff weer right behind him. DSA asaid he was       aware of the back d	
approximately 11:00 a.m. After lunch, DSA B said         FORM CMS-2567(02-99) Previous Versions Obsolete       Event ID:ZNEL11         Facility ID: IAG0094       If continuation sheet	

CENTER	S FOR MEDICARE &	MEDICAID SERVICES					DRM APPROVE NO. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3) D/	ATE SURVEY
		16G113	B. WING				C
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		11/06/2019
					7 MAPLE AVENUE		
MOSAIC-2	217 MAPLE AVENUE				EVADA, IA 50201		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		-	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI	×	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETIO DATE
W 234	Continued From pag	e 5	w	100			
	1	ne building with Client #4 and	VV 4	-04			
		ecked out the party area, ng activities. This was after		-			and the second sec
and the state of the second		hig activities. This was aπer					ļ
		ater, they headed back		771. W			
		m to get ready to go. As they					
		lway back toward the dining nd was bleeding from a					· April 10
		eye. Client #4 kept walking					s a a selence
al w ur		n of the dining room. This					With the second se
		A A recalled seeing Client #4					
		ies brought him back. DSA					
		#6, who was injured. She					
		the dining room, where they					e
		dical attention from the					Lander - v we
		I said she was focused on	an francisco de constante				1
		otice if Client #4 was in the					
		ne. She and the nurse took		and the second se			
		lobby area. A short while					
		began assisting the clients					mudowy Vr.
		turn to the Maple Ave home.					and the second
		hree clients onto her van					
	and she saw DSA A h	elping a client into his van.					with the second
		if she knew where Client #4		and the second second			
	was. She said she th	ought he was in the dining		1000-0 <b>0</b> 0000771-1			an a
		t to look for him. Shortly		NUMBER OF STREET			
	after DSA A went insi	de to look for Client #4, a		No. of a constraints			
		er arrived. The sheriff					and a second sec
	deputies returned Cli	ent #4 to the Mosaic office.		10000 APT. 111784-			
	DSA B estimated 10-	15 minutes had passed from		and the second second			
3		ient #4 until the deputies		ANNA A Anna A			and the second s
		SA B stated she had never					
		ent #4's level of supervision	÷.	ale and the second			And and a second s
		lding. She said she didn't					
		t doors at the office building					
		n them. She didn't know of		and the second			The second se
		office building. DSA B said					
	staff kept Client #4 in	sight when in the ad not been told to keep		Vivor commentante			
1	community but the h		F				i i

						NO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TE SURVEY MPLETED
		16G113	B. WING	· · · · · · · · · · · · · · · · · · ·	1	C 1/06/2019
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	ODE	
MOSAIC-2	17 MAPLE AVENUE			217 MAPLE AVENUE NEVADA, IA 50201		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 234	noted Client #4 went 2-3 months. DSA B s a history of elopemer system at his house. When interviewed on Story County Court R heading her to car in courthouse on 10/31/ noticed a man trying sheriff's van parked n minute, a deputy drow and the Court Report suspected the man w unable to speak. She be cold and tried to g deputy's car. According to the Stor Event Report dated 1 received a call at 11:3 trying to get into vehi deputy was on scene According to the Even or deputy called Mosa got into a deputy car Report noted, "I'm ou p.m. The last entry at had been returned to issue. Observation on 11/05 behind the Story Cou approximately 200-22 the Mosaic office buil	ency office building . She to the office building every said she knew Client #4 had at and used a Wanderguard 11/05/19 at 10:00 a.m. a Reported stated she was the back parking lot of the 19 around noon, when she to open the doors on a	W23		· • • • •	
4 ************************************	lot. The back door di or chime when opene	dn't have any kind of alarm d.				

		ID HUMAN SERVICES				FORM	0: 01/06/2020 A APPROVED 0: 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A, BUILD		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		16G113	B. WING			1	C   06/2019
NAME OF P	ROVIDER OR SUPPLIER		<u>L</u>	ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 11	00/2010
				21	7 MAPLE AVENUE		
MOSAIC-2	217 MAPLE AVENUE			NE	EVADA, IA 50201		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	4	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 234	Continued From page	7	W	234			
W 287	Program Manager co supervision level whe specified in the ISP of Manage said DSA A a known they needed to while at the office buil had been with Client a Client #6 after he fell Program Manager sai known to keep Client a building, but she was staff had prior to the e regarding level of sup house. She said since trained to keep Client # 9/10/17, when he left staff knowledge and v walking down the stree During a follow-up intt a.m. the Program Ma minute checks noted when Client #4 was in Wanderguard system #4 in their line of sigh home. MGMT OF INAPPRO BEHAVIOR CFR(s): 483.450(b)(3 Techniques to manage	n not at his home was not a BSP. The Program and DSA B should have b closely supervise Client #4 ding. The staff person who #4 focused her attention on and was injured. The id the staff should have #4 in sight at the office not aware of any training elopement on 10/31/19 ervision when not in the e the incident, staff were #4 in sight when he was not 4's last elopement was the Maple Ave home without vas found by a neighbor tet. erview on 11/06/19 at 9:00 nager confirmed the 5-10 in Client #4's ISP were his home with the . Staff should keep Client t when he was out of his PRIATE CLIENT	W	287	W287 MANAGEMENT OF INAPPROPRIATE CLIENT BEH/ Please see next page.	AVIOR	

Facility ID: IAG0094

If continuation sheet Page 8 of 12

		MEDICAID SERVICES		· · · · · · · · · · · · · · · · · · ·		D. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	СОМ	E SURVEY PLETED
		16G113	B. WING			C /06/2019
NAME OF F	ROVIDER OR SUPPLIER		· ···	STREET ADDRESS, CITY, STATE, ZIP CO		00/2013
MOSAIC-	217 MAPLE AVENUE			217 MAPLE AVENUE NEVADA, IA 50201		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETIC DATE
W 287	This STANDARD is Based on observatio reviews, the facility fa adequate client supe alarm system to prov affected 1 of 1 client of #87047-1 (Client # Record review on 11, investigation regardin 10/31/19 at approxim Support Associate (D accompanied Client # home clients to a Hal the Mosaic office buil office building, Client which caused DSA B Client #6 as Client #4 DSA A and DSA B we the vans to go home. not in sight. DSA A w building as DSA B sta vans. A sheriff deput two staff had noticed deputy informed the s found in the parking I courthouse, trying to It was estimated Client sight for 10-15 minute Additional record revif facility used a Wande Ave home and Client #4 door. The BSP noted leaving the house wit	not met as evidenced by: ons, interviews and record ailed to ensure staff provided rvision, without relying on an ide for client safety. This identified in the investigation 4). Findings follow: /04/19 revealed a facility ng Client #4's elopement on tately 12:00 p.m. Direct DSA) A and DSA B #4 and five other Maple Ave lloween lunch and party at lding in Nevada. While at the #6 fell and injured himself, to focus her attention on a left the area. A while later, ere assisting clients to get on They noticed Client #4 was vent to search the office ayed with the clients on the y arrived shortly after the Client #4 was missing. The staff that Client #4 had been ot behind the county open the doors of vehicles. nt #4 was missing from staff es. ew on 11/04/19 revealed the rguard system at the Maple #4 wore a Wanderguard The system sounded an attempted to go out an exit Client #4 had a history of hout staff supervision. 4's annual Individual Support	W 28		The second secon	01/31/2

TATEMENT (	S FOR MEDICARE & OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A, BUILDING	PLE CONSTRUCTION	(X3) DA	NO. 0938-039 ITE SURVEY
		16G113	B. WING			C 11/06/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		1100/2013
MOSAIC-2	17 MAPLE AVENUE			217 MAPLE AVENUE		
			<u> </u>	NEVADA, IA 50201		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 287	Continued From pag	e 9	W 28	37		
		very 5-10 minutes. The ISP				
		liked to go outside and "He	-			
		but needs staff assistance				
		" According to Client #4's				
		ctional Assessment (CFA)				
		lid not use traffic lights,		a Thé mark a		
	sidewalks and cross					
		also indicated Client #4 actions, indicate his name,				
	phone number or ad					
	identification card.					
		n 11/04/19 at 1:50 p.m. the				
		ed neither Client #4's ISP or				
	#1	evel of supervision when he Ave home. The Mosaic				
		rms on the exit doors. The				
		ned Client #4 went out a back				Contract of the second s
		Iding that was never used.				
	The House Manager	said if staff took Client #4 on				
		to a store, they would keep				
		supervision level at the office				
		clients infrequently went to	47 <b>6</b>			
	the office building for	r special events.				
		n 11/04/19 at 3:15 p.m. DSA				
		are Client #4 had a history of	-			
		attempted to leave the house	Constant of Management of M			
		A A was working, but the				
		staff were right behind him. staff needed to be with Client				All life of the
		doors, but he had not been				
		g the level of supervision				gildino,
	needed when at the	Mosaic office building. DSA A				Annual Contains
		of the back door at the office				- The second
		never used. DSA A stated he				
	assumed it was a fin	e exit and was alarmed.				
	When interview on 1					and the second

	second the state of the state of the state of	ID HUMAN SERVICES				FORM APPROVE B NO. 0938-039
STATEMENT (	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		DATE SURVEY COMPLETED
		16G113	B, WING _			C 11/06/2019
NAME OF PI	ROVIDER OR SUPPLIER	••••••••••••••••••••••••••••••••••••••		STREET ADDRESS, CITY, STATE, 2	ZIP CODE	
11221.12.1	- See all Theorem and Mandeds San			217 MAPLE AVENUE		
MOSAIC-2	17 MAPLE AVENUE			NEVADA, IA 50201		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN	N OF CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED	ACTION SHOULD BE TO THE APPROPRIATE XENCY)	COMPLETION DATE
W 287	Continued From page stated she had never	e 10 been informed of Client #4's	W 2	87		1999
	She said she didn't ki	hen at the office building. now whether the exit doors nad chimes/alarms on them.	dire o presidente a commencia e talente			a se
		e back door in the office				
		staff kept Client #4 in sight	And a second second			
		ity, but she had not been told				
		t the agency office building.				
	She noted Client #4 went to the office building every 2-3 months. DSA B said she knew Client					*
	#4 had a history of el		a series and the			
	Wanderguard system					
· · · ·	· · · · · · · · · · · · · · · · · · ·					
	When interviewed on	11/05/19 at 1:45 p.m. the				
	Program Manager co					
	•	n not at his home was not				
	specified in the ISP o					1 Alexandre
		and DSA B should have				and the second
		o closely supervise Client #4 Iding. The staff person who				
		#4 focused her attention on				
		and was injured. The				
		id the staff should have				- second provide the second prov
	known to keep Client	#4 in sight at the office				4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	building, but she was	not aware of any training				
		elopement on 10/31/19				
	·	pervision when not in the				il
		e the incident, staff were				
		#4 in sight when he was not #4's last elopement was	www.			5
		the Maple Ave home without				1
		was found by a neighbor				
	walking down the stre					
	<b>.</b>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		erview on 11/06/19 at 9:00				and the second se
		nager confirmed the 5-10 in Client #4's ISP were				- Contraction of the Contraction
	when Client #4 was in		Visite of Contract of Contract			
		. Staff should keep Client				
FORM CMS-256	7(02-99) Previous Versions Obs		1	Facility ID: IAG0094	If continuatio	n sheet Page 11 of

AND PLAN OF CORRECTION IDENTIFICA		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		OMB NO. 0938-0 (X3) DATE SURVEY COMPLETED C 11/06/2019	
		16G113				
	ROVIDER OR SUPPLIER 217 MAPLE AVENUE		STREET ADDRESS, CITY, STATE, ZIP CODE 217 MAPLE AVENUE NEVADA, IA 50201			
PREFIX (EACH DEFICIENCY MUST BE PRECI		Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CA PREFIX (EACH CORRECTIVE ACTIO TAG CROSS-REFERENCED TO TH DEFICIENCY		IN SHOULD BE COMPLETI E APPROPRIATE DATE	
W 287	Continued From p #4 in their line of a home.	bage 11 sight when he was out of his	W 287	F.		
						and the second
						n na
						and a family for the second