

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

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PRINTED: 02/11/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/24/2019
NAME OF PROVIDER OR SUPPLIER MOSAIC-1000 1ST STREET SE			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 FIRST STREET SE CLARION, IA 50525	
(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	<p>INITIAL COMMENTS</p> <p>The investigation of 79760-M resulted in a determination of Immediate Jeopardy, the facility was notified On 12/20/18 at 9:25 a.m.. IJ was determined based on the facility's failure to protect clients from abuse and mistreatment. The facility was notified at approximately 9:30 a.m. The facility developed a plan to remove the IJ, which included enhanced staff training on dependent adult abuse reporting and supervisory presence in the home. The IJ was removed on 1/9/19 at 3:05 p.m.</p> <p>As a result of the investigation, the Condition of Participation (CoP) - Client Protections was cited at W122. The investigation also resulted in standard-level deficiencies cited at W127, W149, W153, W159, W193, W214, W288.</p> <p>The annual health survey was conducted during this time, as well and resulted in deficiencies cited at W249, W263, W268, and W440.</p>	W 000	<p>POC 3/30/19</p>	
W 122	<p>CLIENT PROTECTIONS CFR(s): 483.420</p> <p>The facility must ensure that specific client protections requirements are met.</p> <p>This CONDITION is not met as evidenced by: Based on interviews and records review, the facility failed to maintain minimum compliance with the Condition of Participation (COP) Client Protections. The facility failed to ensure clients were free from abuse and mistreatment. Facility staff failed to report allegations of abuse and mistreatment immediately. The facility failed to</p>	W 122	<p>W122 Client Protection Mosaic will ensure that specific protections requirements are met. Specifically, the following policies will be reviewed, updated and training completed: Peer to peer aggression, Mandatory Reporter, Dependent adult, Incident Reporting and Investigations and Inquires. The Associate Director (AD) will monitor both the effectiveness and implementation of agency policies. Trainings will continue as need arises and on an annual basis. The Associate reviews GER and then approves them within a 72 hours window, as Mosaic policy states</p>	

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

TITLE

(X6) DATE

Associate Director

4-2-19

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 122	<p>Continued From page 1</p> <p>provide adequate supports to ensure consistent implementation of policies and procedures to ensure an environment conducive to protecting clients from abuse and mistreatment and to encourage clients to exercise their human rights. These findings led to a determination of Immediate Jeopardy (IJ).</p> <p>On 12/20/18 at 9:25 a.m., a determination of IJ was made based on the facility's failure to protect clients from abuse and mistreatment. The facility was notified at approximately 9:30 a.m. The facility developed a plan to remove the IJ, which included enhanced staff training on dependent adult abuse reporting and supervisory presence in the home. The IJ was removed on 1/9/19 at 3:05 p.m.</p> <p>Cross-reference W125: Based on observations, interviews and record review, the facility failed to ensure due process prior to implementation of restrictive measures.</p> <p>Cross-reference W127: Based on interviews and record review the facility failed to ensure the development and implementation of adequate systems to identify and prevent abuse and/or mistreatment of clients.</p> <p>Cross-reference W149: Based on observation, interviews and record review, the facility failed to ensure staff correctly and consistently implemented policies to adequately protect clients from abuse and mistreatment. The facility failed to provide adequate monitoring to prevent abuse and ensure timely reporting of allegations of client abuse.</p> <p>Cross-reference W153: Based on interviews and</p>	W 122	<p>Associate Director will attend staff meetings, or review the meeting minutes monthly. With these processes in place this is how the AD will monitor both the effectiveness and implementation of agency policies.</p> <p>Person Responsible: Associate Director and Executive Director</p>	2-11-19

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W 122	Continued From page 2 record review, the facility failed to ensure staff immediately reported potential abuse.	W 122		
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 observations, interviews and record review, the facility failed to ensure due process prior to implementation of restrictive measures. This affected 1 of 1 client during the investigation of #79760-M (Client #1) and 1 of 2 clients with restrictive measures during the re-certification survey (Client #2). Findings follow: 1. Record review on 12/17/18 revealed two internal investigations of alleged abuse toward Client #1. Both investigations began due to allegations that staff forcefully pushed Client #1 out of his home, locked the door and failed to maintain supervision. Further record review revealed Client #1's Behavior Support Plan (BSP) to communicate his needs and reduce targeted behaviors (hitting, biting, kicking, grabbing/pulling, dropping to the floor and hitting his head and/or hitting his head on a wall). The BSP noted use of behavior modifying medications including Clozapine, Phenergan, Haldol and Clonazepam. Record review on 12/18/18 revealed Client #1's Informed Consent document signed by the guardian on 10/25/18. The consent requested guardian consent for use of the medications	W 125	W125 Protection of Clients Rights Mosaic will ensure that 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 United States, including the right to file complaints, and the right to due process. Specifically, both guardians and Human Rights Committee will review and consent to a restriction of rights prior to implementation of a rights restriction. At a minimum verbal consent will be obtained by guardian and Human Rights Committee prior to implementing a restriction. All verbal consents will be followed with a written consent. Guardians written consent will be reviewed by the Human Rights Committee. This will be monitored by the Quality Assurance Manager through quality audits and monthly Human Rights Committee meetings Person Responsible: Program Manager/QIDP	3-30-19

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W 125	<p>Continued From page 3</p> <p>Clozapine, Phenergan, Zyprexa and Clonazepam to decrease instances of physical aggression. The document lacked use of the medication Chlorpromazine. Continued record review revealed Client #1's Medication History report. The report indicated Client #1's psychiatrist ordered administration of 300 milligrams (mg.) of Chlorpromazine on 6/22/18 with an increase to 400 mg. on 6/29/18. Record review on 1/9/19 revealed Client #1's October 2018 Medication Administration Record (MAR). The MAR indicated Client #1 received 100 mg. of Chlorpromazine four times a day in October 2018.</p> <p>When interviewed on 12/19/18 at 11:10 a.m., the Qualified Intellectual Disability Professional (QIDP) confirmed she failed to include use of the medication Chlorpromazine on the informed consent.</p> <p>2. Observations on 1/8/19 from 7:05 a.m. to 9:10 a.m. revealed the Direct Support Associate/Certified Medication Aide (DSA/CMA) attempted to give Client #2 his medications. At 9:10 a.m., she called the Licensed Practical Nurse (LPN) for direction. At 9:15 a.m. the DSA/CMA told Direct Support Supervisor (DSSu) B, the LPN said Client #2 needed to take his medication. Client #2 was on an area rug and DSSu B knelt by him, placed her finger on his forehead and pushed his head up, while Direct Support Associate (DSA) C held his left arm. Client #2 opened his mouth, took the medicine and slapped the DSA/CMA on the chest. Record review on 1/9/19 revealed Client #2's Informed Consent signed by his guardian on 3/6/18. The document requested consent for the use of behavior modifying medications, door</p>	W 125		

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W 125	<p>Continued From page 4</p> <p>alarms, as well as sedation/or use of restraint during dental procedures. The consent lacked any indication staff would use holds to ensure Client #2 took his medication.</p> <p>Further record review revealed Client #2's staff procedure to participate in medication administration. According to the procedure, staff should ask Client #2 to come to the medication room and if he dropped to the floor, staff should try again later. The procedure lacked any directive to push his forehead up or hold his arm.</p> <p>When interviewed on 1/8/19 at 3:35 p.m., the LPN said staff could hold Client #2's head up to administer his medications. She denied training staff on how to hold his head to support him to take medications.</p> <p>When interviewed on 1/8/19 at 3:40 p.m., the QIDP confirmed Client #2's medication administration procedure did not include use of a hold or head support.</p> <p>When interviewed on 1/9/19 DSSu B confirmed staff held Client #2's arm during medication administration on 1/8/19. She confirmed the hold was necessary due to Client #2's behavior of pushing staff away and refusing to take his medication.</p> <p>When interviewed on 1/9/18 at 10:00 a.m. the QIDP confirmed she failed to obtain consent for use of physical assistance and use of a physical hold when Client #2 refused to take his medication.</p>	W 125		
W 127	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(5)	W 127		

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W 127	<p>Continued From page 5</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment.</p> <p>This STANDARD is not met as evidenced by: Based on interviews and record review the facility failed to ensure the development and implementation of adequate systems to identify and prevent abuse and/or mistreatment of clients. This affected 1 of 1 client during the investigation of #79760-M (Client #1) and potentially affected all clients in the home (Client #2, Client #3, Client #4, Client #5, Client #6, Client #7 and Client #8). Findings follow:</p> <p>1. Record review on 12/17/18 revealed an internal investigation of alleged abuse toward Client #1 completed on 11/19/18. Further review revealed another investigation into the same allegation completed on 11/28/18. The investigators attempted to determine if staff put Client #1 outside, failed to maintain line of sight supervision and failed to allow him back inside his home.</p> <p>Further record review revealed Client #1's individual Data sheet. According to the document, Client #1's diagnoses included severe intellectual disabilities, attention-deficit hyperactivity disorder, autistic disorder, seizure disorder, asthma and osteoporosis. The data sheet noted Client #1 walked independently, used cue cards for communication and required line of sight supervision. The document also referred staff to Client #1's Behavior Support Plan (BSP) for details on targeted behaviors and interventions.</p>	W 127	<p>W 127 Protection of Client Rights</p> <p>Mosaic will ensure the rights of all clients. Therefore, Mosaic will ensure that clients are not subjected to physical, verbal, sexual, or psychological abuse punishment. Specifically, the following policies will be reviewed, updated and trained. Rights Protection and Promotion, Peer to Peer aggression, Mandatory Reporting for Dependent adults. Documentation and incident reporting. the Associate Director will monitor both the effectiveness and implementation of agency policies. Training will continue on an annual basis and as need arises. Staff will be trained immediately. The Associate reviews GER and then approves then within a 72 hours window, as Mosaic policy states. With these processes in place this is how the AD will monitor both the effectiveness and implementation of agency policies.</p> <p>Person Responsible: Program Manager/QIDP and Associate Director</p>	2-11-19

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W 127	<p>Continued From page 6</p> <p>Review of Client #1's BSP revealed his target behaviors included episodes of aggression and agitation defined as hitting, biting, kicking, grabbing/pulling, dropping to the floor and hitting his head, as well as hitting his head on walls. The BSP directed staff to use picture cues to schedule his day and communicate his wants and needs. Intervention strategies included use of behavior modifying medications and attempts to identify the cause of his agitation and or aggression by asking him a series of questions related to his environment, activity level and health status. According to the BSP if Client #1 became aggressive staff should block and redirect his actions and request assistance as needed. Staff should also offer Client #1 an opportunity to be "swaddled" (wrapped in a blanket) every 30 minutes to decrease his anxiety.</p> <p>Continued record review on 12/17/18 revealed an e-mail document typed by Direct Support Associate (DSA) A on 11/14/18. The e-mail alleged DSA B locked Client #1 out of his home beginning on 10/6/18. DSA A alleged when she worked on 10/9/18, Client #1 became aggressive and DSA B "put" him outside and locked the patio door. DSA A recalled a light rain fell but the temperature was warm. DSA A noted Client #1 became agitated and ran around to other doors of the house, but DSA B, or other staff, at her direction, locked the other doors to prevent him from entering his home. She further noted this heightened Client #1's agitation and he began to bang his head on the window/door. The e-mail documented Direct Support Supervisor (DSSu) A came to the house during one incident of Client #1 being locked out, but DSA B told him the Direct Support Specialist (DSSp) approved the</p>	W 127		

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W 127	<p>Continued From page 7</p> <p>approach. DSA A then sent a text to DSSu C asking if Client #1 should be directed outside. She reported she received a text back that directing Client #1 outside when he became agitated was a technique the DSSp used and appeared to help calm him. DSA A noted she did not believe DSSu C knew the extent of the technique being used. She reported the method was "not uncommon" on the evening shift and alleged she heard DSA B direct agency staff to direct Client #1 outside when he became aggressive. She reported she arrived to work at 4:30 p.m. on multiple occasions and found the doors locked and Client #1 outside on the patio. DSA A wrote she was unaware this situation had not been reported for almost two months.</p> <p>In addition to the e-mail, record review revealed a written statement by DSA A, dated 11/14/18, alleged DSA B sprayed Client #1 with the sink sprayer when he aggressed toward her. She further alleged DSA B swore at Client #1 and called him names.</p> <p>Further record review revealed a written statement, dated 11/27/18, signed by DSA A. The statement noted she reported to work at the home on 10/9/18 and found Client #1 aggressing toward DSA B. She recalled DSA B told her the DSSp told her Client #1 needed to go outside when he became aggressive. She documented Client #1 aggressed toward DSA B and she grabbed him by the arm, held his arm behind his back and put him outside. She reported DSA B then locked the patio door and drew the shades so Client #1 could not see the TV inside the home. She noted Client #1 ran to the back door and then to the front door, but DSA B locked the doors. She documented Client #1 got upset and</p>	W 127		

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W 127	<p>Continued From page 8</p> <p>hit his head on the cement pillar. DSA A said DSA B let Client #1 back inside after approximately 5 minutes.</p> <p>When Interviewed on 12/18/18 at 7:50 a.m. Client #6 confirmed he was afraid of being hit by Client #1 and further confirmed he witnessed Client #1 hit staff. He noted staff pushed Client #1 out the door and identified DSA B and DSA D as staff that did so. He recalled seeing Client #1 hit his head on the patio door and noted he saw Client #1 hit his head inside the home as well. He witnessed DSA B forcefully hold Client #1 in a recliner.</p> <p>When interviewed on 12/18/18 at 12:35 p.m. the Direct Support Specialist (DSSp) said she saw DSA B forcefully put Client #1 outside when he became aggressive. She confirmed DSA B locked the door to the house so Client #1 could not get back inside. She estimated this occurred five to six times from 10/6/18 to 11/13/18. She denied telling DSA B her behavior was appropriate and denied telling any staff she approved of the intervention. She said she "escorted" Client #1 out onto the patio by touching his elbow and directing him out the door. She noted she watched him from inside without losing sight of him. She recalled Client #1 sat in a chair on the patio, calmed down and when he came to the door she let him in. She acknowledged no other staff, specifically the QIDP and DSSu C, approved the intervention. The DSSp stated she never saw DSA B spray Client #1 with the hose at the sink, but did see him with a wet shirt and DSA B told her she sprayed him. The DSSp confirmed she failed to report DSA B's behavior to a supervisor. She further confirmed neither DSSu C, or the QIDP</p>	W 127		

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W 127	<p>Continued From page 9</p> <p>ever told her the interventions were acceptable. She said DSA B's behavior was "common knowledge" among other DSAs. She confirmed Client #1's BSP lacked any direction to staff to lock him out of the home or spray him with water. She acknowledged staff should use cue cards with Client #1 to help communicate and ask him questions. She noted Client #1's behaviors increased when DSA B started working second shift.</p> <p>The DSSp also confirmed she heard DSA B call Client #1 derogatory names and noted her language was inappropriate.</p> <p>When interviewed on 12/18/18 at 1:30 p.m. Direct Support Supervisor (DSSu) C acknowledged she heard staff locked Client #1 out of the house when he became aggressive. She identified DSA B as the staff responsible for the behavior, but noted she never witnessed it. She denied she ever told staff to lock Client #1 out of the house. DSSu C confirmed she received a text message from DSA A asking if putting Client #1 outside was an acceptable intervention. She said DSA E told her the DSSp took him outside and it calmed him down so she thought the technique had been approved. She denied any knowledge of locking Client #1 out of the home. She assumed DSA B just asked Client #1 to go outside. She denied DSA A asked her about staff putting Client #1 outside in the rain. She further denied any knowledge of staff spraying Client #1 with water or holding him in a recliner.</p> <p>When interviewed on 12/18/18 at 2:38 p.m. DSSu A confirmed a statement he wrote on 11/13/18 during the internal investigation. He recalled seeing DSA B shove Client #1 out the door and</p>	W 127		

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W 127	<p>Continued From page 10</p> <p>say, "I'm not going to take this (expletive)". He recalled Client #1 banged on the door and DSA B told him she was not going to let him in until he calmed down. When he asked DSA B about her behavior, she told him it was approved. DSSu A said since he was unfamiliar with all the programs at the home and he did not know any better. When asked how Client #1 responded to being put outside, DSSu A said since he was banging on the door he assumed he did not like it. He said he did not supervise staff at the home and later found out he could have questioned the behavior. He said he had not been trained on Client #1's BSP and only went to the house to administer medications.</p> <p>When interviewed on 12/18/184:55 p.m. Certified Nurse's Aide (CNA) A confirmed she saw DSA B and the DSSp escort Client #1 outside and not stay outside with him. She said the DSSp did not shove Client #1 and kept him in line of sight; however, DSA B closed the curtains and locked the door when she put him outside. She confirmed she received training in mandatory dependent abuse reporting but she did not think DSA B did anything wrong until she pulled the curtains and locked the door so she could not keep Client #1 in her line of sight. She estimated the behavior began at the end of October. CNA A said she saw Client #1 run at DSA B and she sprayed him in the chest with the spray hose at the sink.</p> <p>When interviewed on 12/19/18 at 8:05 a.m. the Direct Support Associate/Certified Medication Aide (DSA/CMA) confirmed she saw DSA B and DSA D direct Client #1 to the door but noted neither staff pushed him outside. She recalled the blinds were open and staff could still see</p>	W 127		

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W 127	<p>Continued From page 11</p> <p>Client #1. She recalled one incident when DSA B put Client #1 outside he banged his head on the window. She said when DSA D asked him to go outside to calm down he sat in a chair and calmed and she let him inside. She mentioned DSA B put Client #1's hands behind him or crossed his arms over his chest when she directed him to the recliner. She said she failed to report the techniques used because she thought management staff had approved them due to an increase in Client #1's aggressive behaviors.</p> <p>When interviewed on 12/19/18 at 9:00 a.m. DSA F stated, sometime in October, she saw DSA B open the patio door and heard her tell Client #1 to go outside. She said she asked DSSu C if she was going to let this behavior happen and when Client #1 ran to the side door, DSSu C opened the door and he came inside. She said she saw CNA A open the door once and tell Client #1 to go outside, but she noted CNA A did not put hands on him. She reported DSA B pushed Client #1 outside by placing her hands on his arms by his biceps and pushing him out the door. She recalled hearing Client #1 say, "No, no, no" when this occurred. She said she failed to report the behavior to anyone because she said something to DSSu C. She noted she was unsure DSSu C heard her when she asked about DSA B's behavior.</p> <p>When interviewed on 12/19/18 at 10:00 a.m. DSA H said she saw DSA B sit on Client #1's hands. She confirmed the technique was not part of Client #1's BSP. She also recalled hearing DSA B swear at Client #1 and she said she told DSSu C. She did not recall if she told anyone about DSA B holding Client #1's hands down.</p>	W 127		

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W 127	<p>Continued From page 12</p> <p>When interviewed on 12/19/18 at 11:40 a.m. DSA I recalled seeing DSA B push Client #1 out the door while the DSSp held the door open. She said she also saw DSA E push him out the door while DSA B held the door open. She recalled staff held Client #1's hands and pushed him outside. She said on one occasion, Client #1 banged his head on the door; but she could not be sure he sustained an injury. She said staff closed the curtains so Client #1 was not in line of sight as directed in his BSP. She said she did not report staff behavior to anyone because she only worked at the home to help with a transfer and was not trained on Client #1's programs.</p> <p>When interviewed on 12/19/18 at 1:00 p.m. DSA E confirmed a written statement she wrote on 11/27/18. According to her statement, she was in the office and heard a knock on the side door. She opened the door and Client #1 walked inside. She recalled no staff accompanied him, and said DSA B, DSA G and possibly DSA D were working the shift. Her statement noted she saw DSA B gesture with the spray hose in the kitchen and implied she would use it toward Client #1 if he aggressed toward her. She confirmed she saw this as a threat toward Client #1. She also confirmed all staff held Client #1's hands when directing him to stay in his recliner because it "helped him focus." She confirmed she failed to report Client #1 being outside alone or DSA B's behavior with the spray hose.</p> <p>When interviewed on 12/19/18 at 1:55 p.m. DSA J confirmed she prompted Client #1 to go outside and "nudged" him out the door when he became aggressive. She said DSA B trained her to use the technique. She noted she stood at the</p>	W 127		

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W 127	<p>Continued From page 13</p> <p>window and watched him while he was outside. She recalled seeing DSA B spray Client #1 with water on one occasion. She said DSA B sprayed his shirt and Client #1 "got mad, went back, and changed his shirt". She confirmed she failed to report the behaviors because DSA B told her they were approved.</p> <p>When interviewed on 12/19/18 at 2:55 p.m. DSA D said when Client #1 aggressed toward her she put him in a type of hug, walk to the patio door and he would go outside and pace or sit in a chair. She said she stayed inside and watched him. She recalled DSSu C trained her on the technique. She said she never received formal training on Client #1's programs and just learned by watching other staff. She confirmed staff including herself locked the patio door but did not lock other doors in the house. She confirmed Client #1 sometimes paced or head butted the windows in response to being outside.</p> <p>She confirmed DSA B swore at Client #1 including telling him to get the "F" off her or get the "F" up. DSA D said she saw multiple staff hold Client #1's arms down to keep him in a recliner. She also confirmed DSA B sprayed Client #1 with water from the hose by the kitchen sink. She said she did not report locking Client #1 out of the house because she thought it was an approved protocol. She confirmed no staff told her swearing at Client #1 or spraying him with water was permissible.</p> <p>When interviewed on 12/19/18 at 4:15 p.m. DSA A confirmed on 11/13/18 she asked the QIDP about escorting Client #1 outside when he became aggressive. She recalled the QIDP expressed surprise and dismay. DSA A estimated the practice started on 10/6/18</p>	W 127		

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W 127	<p>Continued From page 14</p> <p>because when she came to work on 10/9/18 DSA B told her if Client #1 became aggressive, staff should escort him outside. DSA B told her the DSSp approved the practice. She confirmed she sent a text message to her supervisor DSSu C who agreed that allowing Client #1 to go outside to calm down seemed reasonable. DSA A noted she did not think the DSSp meant staff should lock the door or leave Client #1 unsupervised.</p> <p>She noted DSA B pulled the curtains so Client #1 was not in line of sight. She said she thought DSA B intended to punish Client #1. She recalled Client #1 would run to the window and bang his head then run to the side door to get in, but DSA B locked the door. She recalled he went to the front door and peeked in the windowpane on the side of the door. She said she failed to report the incidents because she thought her supervisor (DSSu C) knew and approved the practice. She acknowledged the difference between prompting Client #1 to go outside to relax and forcing him outside and watching him run door to door to get back inside. DSA A said DSA B put Client #1's hands behind his back and pushed him out the door when he became aggressive. She noted Client #1 did not calm and grew more aggressive when she used this method.</p> <p>DSA A also reported DSA B put Client #1 in a recliner and held his hands against his chest and told him in a loud voice, "Stop." She stated this behavior occurred in front of DSAs but not in front of management staff; she assumed the QIDP knew what DSA B was doing. She said she saw DSA D put Client #1 outside one time but did not see any other staff do so. Regarding spraying Client #1 with water, DSA A said DSA B often cooked dinner and Client #1 targeted her. She said he would jump out of the recliner in the living room and run to the kitchen and she would spray</p>	W 127		

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W 127	<p>Continued From page 15</p> <p>him with water. DSA A said Client #1 would go change his shirt, then return and aggress at DSA B again. DSA A said she waited to report the practice because she had checked with her supervisor. She also noted she feared retaliation from DSA B.</p> <p>When interviewed on 12/20/18 at 9:40 a.m., CNA B said she witnessed DSA B grab Client #1 by his shoulders and push him into his recliner. She further noted DSA B sat on Client #1 to keep his hands down. She only witnessed the behaviors once. CNA B said she told a staff person and named DSSu C, then said she could not be sure because she works in lots of facilities and meets many supervisors. She stated she also heard DSA B yell at Client #1.</p> <p>When interviewed on 12/20/18 at 8:05 a.m., DSSu B confirmed she started her position on 12/1/18. She acknowledged staff told her DSA B locked Client #1 out of the house on several occasions in October 2018.</p> <p>Record review on 12/17/18 revealed the facility Mandatory Reporter: Abuse and/or Neglect of a Dependent Adult, last revised on 9/1/17. The policy presented the facility prohibition of abuse, neglect, exploitation, mistreatment or degradation of clients. The purpose of the policy was to inform employees of their responsibilities as mandatory reporters. The policy directed staff who witnessed suspected abuse to intervene to ensure the client's safety, separate the client from the staff and notify the nurse and the Associate Director/Designee.</p> <p>When interviewed on 12/17/18 at 1:55 p.m. the Associate Director (AD) noted the results of the</p>	W 127		

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W 127	<p>Continued From page 16</p> <p>internal investigation revealed the Intervention used by staff to put Client #1 outside began on 10/6/18 and originally appeared to be isolated to DSA B. However, she learned through the investigation that several staff put Client #1 outside because DSA B told them it was an approved intervention. During further interview on 1/22/19 at 2:48 p.m., the AD confirmed staff failed to report potential abuse and failed to follow the established policy.</p> <p>These findings lead to a determination of Immediate Jeopardy on 12/20/18 at 9:25 a.m., due to the facility's failure to protect clients from abuse and mistreatment. The facility was notified at approximately 9:30 a.m. The facility developed a plan to remove the IJ, which included enhanced staff training on dependent adult abuse reporting and supervisory presence in the home. The IJ was removed on 1/9/19 at 3:05 p.m.</p>	W 127		
W 149	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1)</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interviews and record review, the facility failed to ensure staff correctly and consistently implemented policies to adequately protect clients from abuse and mistreatment. The facility failed to provide adequate monitoring to prevent abuse and ensure timely reporting of allegations of client abuse. This affected 2 clients during the</p>	W 149	<p>W 149 Staff treatment of Clients</p> <p>Mosaic will develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the Clients. Specifically, Mosaic will ensure staff are trained and follow the policies: rights Protection and Promotion, Peer to Peer Aggression, Mandatory Reporting for Dependent Adults, Documentation and incident reporting. The Program Manager/QIDP will monitor both, the effectiveness and implementation of agency policies. Training will continue on an annual basis and if need arise, staff will be trained immediately. Director Support Supervisors (DSS) will do documentation quality checks on a weekly basis. The Associate reviews GER on a daily basis and then approves then within a 72 hours window, as Mosaic policy states</p>	

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W 149	<p>Continued From page 17</p> <p>Investigation of #79760-M (Client #1 and Client #2) and potentially affected all clients living in the home (Clients #3 - #8). Findings follow:</p> <p>For additional information, please see W127 and W153.</p> <p>1. Record review on 12/17/18 revealed Mosaic Investigation report, , dated 11/19/18, concluded several staff witnessed Direct Support Associate (DSA) B put Client #1 outside his home unsupervised and also use unapproved physical restraints in his chair, as well as many inappropriate derogatory verbal comments. The report further noted, "Numerous employees have witnessed this behavior and neglected to report it immediately."</p> <p>Additional record review revealed a second Mosaic investigation report, Initiated 11/27/18 (end date not documented), concluded Client #1 was put outside of his home for a period of time unsupervised, out of line of site and not allowed back inside of his home for a period of time.</p> <p>Continued record review on 12/18/18 revealed staff witness statements taken during the internal investigations. The statements revealed the following observed incidents of potential abuse staff failed to report:</p> <p>a. On 11/14/18 and 11/27/18 the Direct Support Specialist (DSSp) reported she saw Direct Support Associate (DSA) B lock Client #1 out of his house.</p> <p>b. On 11/13/18 Direct Support Supervisor (DSSu) A reported she observed DSA B shove Client #1 out the back door.</p>	W 149	<p>Associate Director will attend staff meetings, or review the meeting minutes monthly.</p> <p>Person Responsible: Director Support Supervisor and Associate Director</p>	2-11-19

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W 149	<p>Continued From page 18</p> <p>c. On 11/14/18 Certified Nurse's Aide (CNA) A reported witnessing DSA B lock the door after she put Client #1 outside.</p> <p>d. On 11/14/18 DSA F reported witnessing DSA B and CNA A push Client #1 outside and close the door.</p> <p>e. On 11/14/18 DSA H reported she witnessed DSA B sit on Client #1's hands and tell him not to hit. She also heard DSA B swear at him.</p> <p>f. On 11/14/18 DSA I reported she witnessed co-workers lock Client #1 out of the house and hold his arms to his body to escort him. She also witnessed DSA A and DSA E push him into his chair. She heard DSA B swear at Client #1.</p> <p>g. On 11/27/18 DSA E reported she observed DSA B gesture with the spray hose toward Client #1 threatening to spray him with water.</p> <p>h. On 11/27/18 DSA J reported she observed DSA B "forcefully" push Client #1 outside and spray him with water from the hose at the sink.</p> <p>i. On 11/28/18 DSA D reported seeing staff spray Client #1 with water.</p> <p>j. On 11/15/18 CNA B reported witnessing DSA B "slam" Client #1 in his chair and hold his hands down.</p> <p>An e-mail documented by DSA A on 11/14/18 noted she witnessed DSA B lock Client #1 out of the house and close the curtain so he could not see the TV from outside. She also noted DSA B sprayed Client #1 with the sink sprayer and heard</p>	W 149		

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W 149	<p>Continued From page 19 her swear at him.</p> <p>Further record review on 12/17/18 revealed the facility Mandatory Reporter: Abuse and/or Neglect of a Dependent Adult, last revised on 9/1/17. The policy presented the facility prohibition of abuse, neglect, exploitation, mistreatment or degradation of clients. The purpose of the policy was to inform employees of their responsibilities as mandatory reporters. The policy directed staff who witnessed suspected abuse to intervene to ensure the client's safety, separate the client from the staff and notify the nurse and the Associate Director/Designee.</p> <p>When interviewed on 1/22/19 at 2:48 p.m., The Associate Director confirmed staff failed to follow the agency's established abuse policy, including intervening to ensure client safety, reporting report potential abuse and separating the client from the alleged abuser.</p> <p>2. Observation on 12/18/18 at 8:45 a.m. revealed a Peer to Peer Aggression Tracking Form posted in the kitchen at the home. The Qualified Intellectual Disability Professional (QIDP) said the form was used to track aggressive behavior by clients to peers. She added staff no longer completed General Event Reports (GERs) if no injury resulted from a peer to peer aggression. She said staff were to fill out a 24 Hour Assessment form if an injury may develop.</p> <p>Record review of the 24-hour assessments on 12/18/18 revealed a form completed on 12/2/18 due to Client #2 being hit on the back eight times within 30 minutes by Client #1. Review of the Peer to Peer Tracking form dated 12/1/18 -</p>	W 149		

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W 149	<p>Continued From page 20</p> <p>12/12/18 revealed Client #1 aggressed at Client #2 twice on 12/1/18, seven times on 12/7/18, an undetermined number of times on 12/10/18 and six times on 12/12/18. Staff documented "no marks" by each entry except the entry on 12/10/18. No assessment of injury existed on the form.</p> <p>Record review on 12/18/18 revealed the facility Peer to Peer Aggression policy revised on 10/1/14. The policy outlined no tolerance for dependent adult abuse including by another dependent adult. The procedure directed staff to complete a GER whenever they observed "unwanted contact" between clients, "even if there is a Behavior Support Plan existing that requires documentation".</p> <p>Continued record review revealed a T-Log (electronic message on the Therap system) from the Program Manager on 7/26/18. The T-Log directed staff a GER would no longer be required for any peer to peer aggression that does not cause an injury. Staff were directed to document the peer to peer on the tracking form and mark the aggression on Client #1's Behavior Support Plan (BSP). She further advised staff to document on the tracking form on the BSP and complete a GER for the aggressor and the victim if an aggression produced an injury.</p> <p>When interviewed on 12/19/18 at 4:10 p.m., the Associate Director (AD) confirmed the former Program Manager directed staff to discontinue writing GERs. She further confirmed staff should have followed the policy and written GERs when Client #1 aggressed toward his peers.</p>	W 149		

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W 149	<p>Continued From page 21</p> <p>3. When interviewed on 12/19/18 at 4:15 p.m., due to an allegation of abuse, DSA A recalled Client #1 banged his head against a cement pillar in the front of the house on 10/9/18. She noted Client #1 has a scar on his forehead from a history of self-injurious behavior. She said upon assessment the area was red but not bleeding. DSA A noted DSA B said she would begin a 24-hour assessment form. Record review revealed no 24-hour assessment existed.</p> <p>Record review on 12/17/18 revealed the facility Incident Reporting policy, last revised on 1/1/15. According to the policy, all incidents should be documented on a GER in the Therap. The procedure directed staff that GERs must be completed and processed when an incident occurs and may result in an injury or health concern. In addition, the procedure noted a GER should be completed for any incidents of behavior that are not addressed on formal programming.</p> <p>When interviewed on 1/22/19 at 2:50 p.m. the AD confirmed staff should have written a GER due to Client #1's potential injury. She said his head banging lacked formal programming so staff should have written a GER. The AD confirmed staff failed to follow the Incident Reporting policy.</p> <p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p>	W 149		
W 153		W 153	<p>W 153 Staff Treatment of Clients The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State Law. Specifically, Mosaic will ensure staff are trained on Mandatory Reporter for Dependent Adult and the Abuse and Neglect Reporting procedures and incident reports. The Program Manager/QIDP will monitor documentation and incident reports on a monthly basis.</p>	

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W 153	<p>Continued From page 22</p> <p>This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to ensure staff immediately reported potential abuse. This affected 1 of 1 client during the investigation of incident #79760-M (Client #1) and potentially affected all clients living in the home at the time (Client #2, Client #3, Client #4, Client #5, and Client #6). Findings follow:</p> <p>For additional information please see W127 and W149.</p> <p>Record review on 12/17/18 revealed an e-mail document typed by Direct Support Associate (DSA) A on 11/14/18. The e-mail alleged DSA B locked Client #1 out of his home beginning on 10/6/18. DSA A alleged when she worked on 10/9/18, Client #1 became aggressive and DSA B "put" him outside and locked the patio door. DSA A noted Client #1 became agitated and ran around to other doors of the house, but DSA B or other staff she directed, locked the other doors to prevent him from entering his home. DSA A documented Direct Support Supervisor (DSSu) A came to the house during one incident of Client #1 being locked out, but DSA B told him the Direct Support Specialist (DSSp) approved the approach. DSA A then sent a text to DSSu C asking if Client #1 should be directed outside. She reported she received a text acknowledging the DSSp directed Client #1 outside when he became agitated and the technique appeared to help calm him. DSA A noted she did not believe DSSu C knew the extent of the technique being used. She reported the method was "not uncommon" on the evening shift and alleged she heard DSA B direct agency staff to put Client #1 outside when he became aggressive. She</p>	W 153	<p>Continued from page 22</p> <p>Training will continue on an annual basis and if need arise, staff will be trained immediately. The Associate reviews GER and then approves them within a 72 hours window, as Mosaic policy states. If there are any questions whether it is a reportable incident we will contact the Executive Director</p> <p>Person Responsible: Program Manager/QIDP and Direct Support Supervisor</p>	2-11-19

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W 153	<p>Continued From page 23</p> <p>reported she arrived to work at 4:30 p.m. on multiple occasions and found the doors locked and Client #1 outside on the patio. DSA A wrote she was unaware DSA B's behavior went unreported for almost two months.</p> <p>In addition to the e-mail, record review revealed a written statement by DSA A, dated 11/14/18. The statement alleged DSA B sprayed Client #1 with the sink sprayer when he aggressed toward her. She further alleged DSA B swore at Client #1 and called him names.</p> <p>Further record review revealed a written statement, dated 11/27/18, signed by DSA A. The statement noted she reported to work at the home on 10/9/18 and found Client #1 aggressing toward DSA B. She recalled DSA B told her Client #1 needed to go outside when he became aggressive. She documented Client #1 aggressed toward DSA B and she grabbed him by the arm, held his arm behind his back and put him outside. She reported DSA B then locked the patio door and drew the shades so Client #1 could not see the TV inside the home. She noted Client #1 ran to the back door and then to the front door but DSA B locked the doors. According to the statement, Client #1 got upset and hit his head on the cement pillar. DSA A said DSA B let Client #1 back inside after approximately 5 minutes.</p> <p>Record review on 12/18/18 revealed the facility Mandatory Reporter: Abuse and /or Neglect of a Dependent Adult policy. According to the policy, "Any individual suspecting or witnessing abuse and/or neglect as identified in Code of Iowa 232.68 must IMMEDIATELY intervene to ensure the safety of the person supported and; separate</p>	W 153		

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W 153	<p>Continued From page 24</p> <p>the accused individual from further physical contact with people supported and notify the Associate Director/Designee."</p> <p>When interviewed on 12/17/18 at 1:00 p.m. the Associate Director (AD) confirmed she requested an internal investigation due to an allegation of abuse made to the QIDP on 11/13/18 regarding Client #1 being locked out of the house. She requested another investigation due to continued questions regarding the alleged incident. At 1:55 p.m. she stated the investigations initially identified Direct Support Associate (DSA) B as the only perpetrator and her behavior began on 10/6/18. She noted as a result of the second investigation she learned DSA B instructed other staff to escort/prompt Client #1 outside if he exhibited aggressive behavior. She confirmed staff failed to report any abuse or mistreatment until 11/13/18.</p> <p>When interviewed on 12/18/18 at 12:35 p.m., the Direct Support Specialist (DSSp) confirmed she saw DSA B lock Client #1 out of his home approximately five or six times between the middle of October and the middle of November. She confirmed she failed to report the incident. The DSSp stated she never saw DSA B spray Client #1 with the hose at the sink, but did see him with a wet shirt and DSA B told her she sprayed him. The DSSp confirmed she failed to report DSA B's behavior to a supervisor. She further confirmed neither the Direct Support Supervisor (DSSu), or the QIDP ever told her the interventions were acceptable. She said DSA B's behavior was "common knowledge" among other DSAs.</p>	W 153		

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W 153	<p>Continued From page 25</p> <p>When interviewed on 12/18/18 at 2:38 p.m. DSSu A recalled seeing DSA B shove Client #1 out the door and say, "I'm not going to take this (expletive)." He recalled Client #1 banged on the door and DSA B told him she was not going to let him in until he calmed down. DSSu A said since he was unfamiliar with all the programs at the home so he did not know any better. When asked how Client #1 responded to being put outside, DSSu A said since he was banging on the door he assumed he did not like it. He confirmed he failed to report the incident.</p> <p>When interviewed on 12/18/18 at 4:55 p.m. Certified Nurse's Aide (CNA) A confirmed she saw DSA B and the DSSp escort Client #1 outside and not stay outside with him. She said the DSSp did not shove Client #1 and kept him in line of sight; however, DSA B closed the curtains and locked the door when she put him outside. She confirmed she received training in mandatory dependent abuse reporting but she did not think DSA B did anything wrong until she pulled the curtains and locked the door so she could not keep Client #1 in her line of sight. CNA A said she saw Client #1 run at DSA B and she sprayed him in the chest with the spray hose at the sink. She confirmed she failed to report the incident.</p> <p>When interviewed on 12/19/18 at 8:05 a.m. the Direct Support Associate/Certified Medication Aide (DSA/CMA) recalled an incident when DSA B put Client #1 outside and he banged his head on the window. She mentioned DSA B put Client #1's hands behind him or crossed his arms over his chest when she directed him to his recliner when he aggressed toward her. She said she failed to report the techniques used because she</p>	W 153		

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W 153	<p>Continued From page 26</p> <p>thought management staff had approved them due to an increase in Client #1's aggressive behaviors.</p> <p>When interviewed on 12/19/18 at 9:00 a.m. DSA F reported she saw DSA B open the patio door and heard her tell Client #1 to go outside. She reported DSA B pushed Client #1 outside by placing her hands on his arms by his biceps and pushing him out the door. She recalled hearing Client #1 say, "No, no, no," when this occurred. She said she mentioned the incident to DSSu C, but was unsure DSSu C heard her.</p> <p>When interviewed on 12/19/18 at 10:00 a.m. DSA H said she saw DSA B sit on Client #1's hands. She confirmed the technique was not part of Client #1's BSP. She also recalled hearing DSA B swear at Client #1 and she said she told DSSu C. She did not recall if she told anyone about DSA B holding Client #1's hands down.</p> <p>When interviewed on 12/19/18 at 11:40 a.m. DSA I recalled seeing DSA B push Client #1 out the door while the DSSp held the door open. She said she also saw DSA E push him out the door while DSA B held the door open. She recalled staff held Client #1's hands and pushed him outside. She said staff closed the curtains so Client #1 was not in line of sight as directed in his BSP. She said she did not report staff behavior to anyone because she only worked at the home to help with a transfer and was not trained on Client #1's programs.</p> <p>When interviewed on 12/19/18 at 1:00 p.m. DSA E confirmed a written statement she wrote on 11/27/18. Her statement noted she saw DSA B gesture with the spray hose in the kitchen and</p>	W 153		

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W 153	<p>Continued From page 27</p> <p>implied she would use it toward Client #1 if he aggressed toward her. She confirmed she saw this as a threat toward Client #1. She confirmed she failed to report DSA B's behavior with the spray hose.</p> <p>When interviewed on 12/19/18 at 1:55 p.m. DSA J confirmed she prompted Client #1 to go outside and "nudged" him out the door when he became aggressive. She said DSA B trained her to use the technique. She recalled seeing DSA B spray Client #1 with water on one occasion. She said DSA B sprayed his shirt and Client #1 "got mad, went back, and changed his shirt". She confirmed she failed to report the behaviors because DSA B told her they were approved.</p> <p>When interviewed on 12/19/18 at 2:55 p.m. DSA D said she never received formal training on Client #1's programs and just learned by watching other staff. She confirmed staff including herself, locked the patio door but did not lock other doors in the house. She confirmed Client #1 sometimes paced or head butted the windows in response to being outside. She confirmed DSA B swore at Client #1 including telling him to get the "F" off her or get the "F" up. DSA D said she saw multiple staff hold Client #1's arms down to keep him in a recliner. She also confirmed DSA B sprayed Client #1 with water from the hose by the kitchen sink. She said she did not report locking Client #1 out of the house because she thought it was an approved protocol. She confirmed no staff told her swearing at Client #1 or spraying him with water was permissible.</p> <p>When interviewed on 12/19/18 at 4:15 p.m. DSA A confirmed on 11/13/18 she asked the QIDP about escorting Client #1 outside when he</p>	W 153		

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W 153	<p>Continued From page 28</p> <p>became aggressive. She recalled the QIDP expressed surprise and dismay. DSA A estimated the practice started on 10/6/18 because when she came to work on 10/9/18 DSA B told her if Client #1 became aggressive, staff should escort him outside. DSA B told her the Direct Support Specialist approved the practice. She confirmed she sent a text message to her supervisor DSSu C who agreed that allowing Client #1 to go outside to calm down seemed reasonable. DSA A noted she did not think the Direct Support Specialist meant staff should lock the door or leave Client #1 unsupervised. She noted DSA B pulled the curtains so Client #1 was not in line of sight. She said she thought DSA B intended to punish Client #1. She recalled Client #1 would run to the window and bang his head then run to the side door to get in but DSA B locked the door. She recalled he went to the front door and peeked in the windowpane on the side of the door. She said she failed to report the incidents because she thought her supervisor (DSSu C) knew and approved the practice. She described DSA B putting Client #1's hands behind his back and pushing him out the door when he became aggressive. She noted Client #1 did not calm and grew more aggressive when she treated him so. She acknowledged the difference between prompting Client #1 to go outside to relax and forcing him outside and watching him run door to door to get back inside.</p> <p>DSA A also reported DSA B put Client #1 in a recliner and held his hands against his chest and told him to stop in a loud voice. She stated this behavior occurred in front of staff but not in front of management but she assumed the QIDP knew what DSA B was doing. She said she saw DSA D put Client #1 outside one time but did not see any</p>	W 153		

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W 153	<p>Continued From page 29</p> <p>other staff do so.</p> <p>Regarding spraying Client #1 with water, DSA A said DSA B often cooked dinner and Client #1 targeted her. She said he would jump out of the recliner in the living room and run to the kitchen and she would spray him with water. DSAA said Client #1 would go change his shirt and then return and aggress at DSA B again.</p> <p>DSAA said she waited to report the practice because she had checked with her supervisor and things "slip through the cracks." She also noted she feared retaliation so she delayed reporting her concerns.</p> <p>When interviewed on 12/20/18 at 10:40 a.m. the QIDP said she was never aware staff prompted/escorted Client #1 outside when he became aggressive. She confirmed staff should have reported the incidents to a supervisor.</p> <p>When interviewed on 1/22/19 at 2:48 p.m., The AD confirmed staff failed to immediately report potential abuse.</p> <p>QIDP CFR(s): 483.430(a)</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on interview and record review, the Qualified Intellectual Disability Professional (QIDP) failed to effectively integrate, monitor, and coordinate services in order to meet client needs. This affected 1 of 1 client during the investigation of #79760-M (Client #1) Findings follow:</p> <p>Record review on 12/17/18 revealed an internal</p>	W 153		
W 159		W 159	<p>W 159 QIDP</p> <p>Each client's active treatment program will be integrated, coordinated and monitored by a qualified intellectual disability professional. Specifically, a quality audit will be completed following all 30 day and annual ISP's to ensure consultant recommendations are incorporated and active treatment schedules updated with in 30 days of a client's admission, there will be an ISP meeting and an ISP implemented. All adaptive equipment will be trained on and available for the individual. There will be preferred tasks or items that person served likes to do so they are not bored or anxious.</p>	

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W 159	<p>Continued From page 30</p> <p>investigation competed on 11/28/18. The investigator found staff put Client #1 outside of his home unsupervised and failed to allow him back inside from approximately 10/6/18 - 11/3/18.</p> <p>Record review on 12/17/18 revealed Client #1's Behavior Support Plan (BSP) to reduce aggression and agitation defined as hitting, biting, kicking, grabbing/pulling, dropping to the floor and hitting his head and/or hitting his head on the wall. According to the program, staff should use cue cards to maintain an active schedule and to help him communicate his wants and needs. The BSP directed staff to block and redirect Client #1 if he became aggressive.</p> <p>Record review on 12/18/18 revealed Client #1's Clinician Report documentation for October and November. Staff documented the following:</p> <ul style="list-style-type: none"> a. On 10/1/18 Direct Support Associate (DSA) E documented Client #1 refused to use his cue cards to communicate. b. On 10/1/18 DSA B documented Client #1 "charged" at staff and peers despite attempts to redirect him. c. On 10/2/18 DSA B noted Client #1 continued to be aggressive to all staff. d. On 10/3/18 DSA B wrote she was hit by Client #1 and directed him to sit in his recliner. She later served Client #1 his supper "one portion" at a time. e. On 10/4/18 DSA B noted Client #1 paced a lot and she served his meal one portion at a time. He dumped most of the meal. He then aggressed 	W 159	<p>All staff will be trained in MANDT techniques and building relationships. All Mosaic staff will be clear on what to do when person served is having behaviors. Training will continue on an annual basis and if need arises, staff will be trained immediately. The Program Manager/QIDP will do notes and summaries on each person and the DSS will review at the end of each month. All staff will be trained on ISP and BSP before they start working with the clients and the DSS will ensure that the staff understand the plans.</p> <p>Person Responsible: Program Manager/QIDP and DSS</p>	3-20-19

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W 159	<p>Continued From page 31</p> <p>on staff, was redirected to his recliner and aggressed again.</p> <p>f. On 10/5/18 the Direct Support Associate /Certified Medication Alide (DSA/CMA) documented Client #1 complained of a stomachache, paced and took a nap. He then aggressed at staff and peers.</p> <p>g. On 10/6/18 DSA B took Client #1 due to increased pacing in the home. While on the walk, DSA B reported Client #1 grabbed her by the hair and drug her into the street. Upon returning to the house, Client #1 continued aggressions at staff and peers.</p> <p>h. On 10/7/18 DSA E documented Client #1 aggressed toward staff and peers and pulled his feeding tube out three times.</p> <p>i. On 10/9/18 DSA A documented Client #1 got out of his recliner and lunged at staff so she moved a chair in front of him to protect herself and Client #1 became agitated as evidenced by chasing, hitting and grabbing staff. She noted the aggression lasted about an hour.</p> <p>j. On 10/12/18 staff documented incidents of aggression toward staff and peers per DSA B.</p> <p>k. On 10/13/18 documentation by "Grapetree staff" indicated Client #1 used his cue card and followed his schedule for the day.</p> <p>l. On 10/13/18 DSAD and DSA B documented incidents of aggression after completing tasks.</p> <p>m. 10/15/18 DSA B documented Client #1 engaged in "beating on staff" and staff prompted</p>	W 159		

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NAME OF PROVIDER OR SUPPLIER MOSAIC-1000 1ST STREET SE		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 FIRST STREET SE CLARION, IA 50525		
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W 159	<p>Continued From page 32</p> <p>him to get his coat and go outside. According to the documentation, Client #1 went outside, came back in and ate snack. He became aggressive again, staff handed him his coat and he went outside. He calmed down and came inside with no further incidents of aggression noted.</p> <p>n. On 10/16/18 staff documented he aggressed toward DSA E and DSA A on their shifts.</p> <p>o. On 10/17/18 Client #1 used his cue cards to request a snack per DSA A.</p> <p>p. On 10/20/18 DSA B noted Client #1 became aggressive at staff despite attempts to redirect him or engage him in tasks. He also aggressed at a peer. She gave him his coat and asked him to go outside and he complied. She documented Client #1 continued to hit staff for a few hours.</p> <p>q. On 10/21/18 DSA B noted he aggressed toward staff and peers.</p> <p>r. On 10/23/18 DSA D documented Client #1 paced, hit staff and aggressed during tasks.</p> <p>s. On 10/25/18 DSA D noted Client #1 exhibited aggressions before and after dinner.</p> <p>t. On 10/26/18 DSA E documented Client #1 aggressed at staff and then sat in his chair and cried.</p> <p>u. On 10/29/18 DSA B documented Client #1 hit a peer, she redirected him to a puzzle and he complied. Upon completion of the puzzles, he started hitting again. She asked him to go outside to "cool down".</p>	W 159		

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W 159	<p>Continued From page 33</p> <p>v. On 10/30/18 DSA A documented Client #1 hit staff and peers.</p> <p>w. On 10/31/18 Client #1 hit DSA B despite attempts to redirect him.</p> <p>x. On 11/1/18 DSA E documented Client #1 ran at staff, hitting them. She noted he continued to aggress while being redirected to do tasks. DSA B documented the same pattern.</p> <p>y. On 11/3/18 Grapetree Staff noted Client #1 aggressed at staff before and after supper despite attempts to redirect him.</p> <p>z. On 11/4/18 and 11/5/18 Grapetree staff wrote Client #1 became aggressive with staff and peers.</p> <p>aa. On 11/6/18 DSA J documented Client #1 aggressed at staff and peers at random time throughout the shift. He "sometimes went outside to cool down".</p> <p>bb. On 11/12/18 DSA B documented Client #1 hit staff and peers during her shift.</p> <p>When interviewed on 12/18/18 at 10:05 a.m. the QIDP stated she did not review the Clinician notes. She indicated a possibility that the Direct Support Specialist (DSSp) reviewed them. During further interview on 12/20/18 at 10:40 a.m. the QIDP said she was never aware staff prompted/escorted Client #1 outside when he became aggressive.</p> <p>When interviewed on 1/15/19 at 3:05 p.m., the Associate Director (AD) confirmed the DSSp or</p>	W 159		

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W 159	Continued From page 34 the Direct Support Supervisor (DSSu) should review the clinician report once a week for billing purposes. She added the QIDP should review the notes once monthly for her review. The QIDP failed to review staff documentation of Client #1's aggression and his compliance with the methods specified in his BSP. The failure to read the reports indicated a lack of monitoring staff interactions with Client #1.	W 159		
W 193	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(3) Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients. This STANDARD is not met as evidenced by: Based on interviews and record review, facility staff failed to exhibit adequate skills to correctly and consistently provide supports as specified in Behavior Support Plans (BSPs). This affected 1 of 1 client during the investigation of #79760-M (Client #1). Findings follow: Record review on 12/17/18 revealed Client #1's BSP to reduce incidents of aggression and agitation. The BSP defined aggression and agitation as hitting, biting, kicking, grabbing/pulling, dropping to the floor and hitting his head, as well as hitting his head on walls. The BSP directed staff to use picture cues to schedule his day and communicate his wants and needs. Intervention strategies included use of behavior modifying medications and attempts to identify the cause of his agitation and or aggression by asking him a series of questions	W 193	W 193 Staff Training Program Staff will be able to demonstrate the skills and Techniques necessary to administer interventions to manage the inappropriate behaviors of clients. Specifically, Mosaic will ensure that staff who work at 1000 1st St SE are trained in MANDT and have current certification. Behavior support Plans will have MANDT philosophy and techniques incorporated into the plans. This will be monitored through quality audit facilitated by the Quality Assurance Manger on a monthly basis. Program Managers/QIDP and Direct Support Supervisor will be doing weekly active treatment observations and will turn those into the Associate Director on a weekly basis, which in turn the Associate Director will review. Person Responsible: Program Manager/QIDP and Direct Support Supervisor	4-1-19

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W 193	<p>Continued From page 35</p> <p>related to his environment, activity level and health status. In the event Client #1 became aggressive, staff should block and redirect his actions and request assistance as needed. Staff should also offer Client #1 an opportunity to be "swaddled" (wrapped in a blanket) every 30 minutes to decrease his anxiety.</p> <p>When interviewed on 12/17/18 at 7:50 a.m., Client #6 confirmed Client #1 hit him once and often hit staff. He said staff responded by "putting him in his chair" or pushing him outside.</p> <p>When interviewed on 12/18/18 at 12:35 p.m., the Direct Support Specialist (DSSp) admitted she escorted Client #1 to the door by placing her hands on his elbows. She said she watched him from inside, asked if he was calm and then let him inside. She said the intervention seemed to calm Client #1 down when he was upset. She noted DSAs received training on BSPs from other DSAs so staff may not be trained appropriately on BSPs and programs. She confirmed witnessing DSA B lock Client #1 out of his house when he became aggressive.</p> <p>When interviewed on 12/18/18 at 1:30 p.m., Direct Support Supervisor (DSSu) C stated staff needed training on Client #1's programs and health history. She denied being trained to train other staff and said the Qualified Intellectual Disability Professional (QIDP) held responsibility to train staff on BSPs.</p> <p>When interviewed on 12/18/18 at 2:38 p.m., DSSu A said he saw DSA B place a chair between herself and Client #1 when he aggressed toward her. He also witnessed DSA B push Client #1 out the door due to aggression.</p>	W 193		

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W 193	<p>Continued From page 36</p> <p>He confirmed he administered medications in the home but had no training on Client #1's BSP.</p> <p>When interviewed on 12/18/18 at 3:50 p.m., CNA A confirmed she worked for a staffing agency. When asked if she knew Client #1's BSP, she said no because agency staff had no access to THERAP (an electronic information system used by the facility). When re-interviewed on at 4:55 p.m., Certified Nurse's Aide (CNA) A confirmed she started working at the home in August 2018. She denied ever being trained on Client #1's BSP. She said she ran around the table once when Client #1 aggressed toward her. She said she escorted him outside if he aggressed. She noted staff needed better training to deal with client behaviors.</p> <p>When interviewed on 12/19/18 at 9:00 a.m., DSA F confirmed Client #1 exhibited aggressive behavior. She stated he once knocked the wind out of her but typically hit her on top of her head. She said she left the room to keep him from aggressing at her. She confirmed a lack of training on his BSP.</p> <p>When interviewed on 12/19/18 at 10:00 a.m., DSA H said staff instructed her to run around the table to avoid being head butted by Client #1. She said this approach seemed to escalate Client #1's agitation and aggression.</p> <p>When interviewed on 12/19/18 at 10:45 a.m., DSA G said she occasionally worked at Client #1's home. She noted she had been trained on Client #1's BSP but was unsure of current interventions to address his aggression. She said she recalled being told to walk around the table or get behind a chair to stay safe from his</p>	W 193		

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W 193	<p>Continued From page 37</p> <p>aggressions.</p> <p>When interviewed on 12/19/18 at 11:40 a.m., DSA I stated she read Client #1's "cheat sheet" and watched other staff interact with Client #1; however, she failed to receive training on his BSP. When asked if she knew what "block and redirect," meant, DSA I stated, "No."</p> <p>Record review of Client #1's "cheat sheet" on 12/19/18, revealed a single page document with each of his programs listed. The document listed the letters "BSP" and then directed staff to count the number of aggressive episodes and the number of agitation episodes. The sheet defined the behaviors for aggression and agitation but lacked any directive regarding what to do if Client #1 exhibited the behaviors.</p> <p>When interviewed on 12/19/18 at 11:10 a.m., the QIDP confirmed staff should block and redirect Client #1 when he became agitated. She could not produce a definition or explanation of the technique.</p> <p>When interviewed on 12/19/18 at 1:55 p.m., DSA J confirmed DSA B told her to prompt Client #1 to go outside if he became aggressive. She identified DSA B as the staff who trained her on his programs. She denied ever seeing Client #1's BSP prior to the facility initiating internal investigations in November 2018. She said staff needed better training on how to handle his aggression.</p> <p>When interviewed on 12/19/18 at 2:55 p.m., DSA D said she was never trained on Client #1's BSP. She stated she just watched other staff and used the methods used by other staff. She recalled</p>	W 193		

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W 193	<p>Continued From page 38</p> <p>DSA B told her to take Client #1 outside if he aggressed. She said she "put him outside" and locked the door because she saw DSA B do so. She stated staff needed more training to effectively intervene in Client #1's behaviors.</p> <p>When interviewed on 12/19/18 at 4:15 p.m., DSA A said she had never received formal training on Client #1's BSP, but she knew she should block and redirect his aggression. She noted things often change so she failed to question the technique of putting Client #1 outside initially. She confirmed when she asked the QIDP about the technique, she learned the technique had not been approved.</p> <p>When interviewed on 12/20/18 at 8:05 a.m., DSSu B acknowledged she was new to her position and in the course of learning about the clients, quizzed the staff on Client #1's BSP. She recalled the staff did not know the content of the BSP. When asked who trained staff on client BSPs, DSSu B responded she did not know.</p> <p>Record review on 12/18/18 revealed a typed list of follow up questions and staff responses completed by the internal investigator on 12/6/18. According to the document, on 12/6/18 at 10:15 a.m., the QIDP said the facility lacked a good procedure for training staff on BSPs.</p> <p>When interviewed on 12/20/18 at 11:10 a.m., the QIDP confirmed her comment to the internal investigator.</p> <p>When interviewed on 12/18/19 at approximately 10:45 a.m., the Associate Director (AD) confirmed DSA D only put Client #1 outside because DSA B trained her to do so.</p>	W 193		

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W 193	Continued From page 39 When re-interviewed at 12:30 p.m., the AD stated the DSSu position held the responsibility to ensure staff correctly implemented programs. She said the QIDP writes programs and trains the DSSu. She added the DSSp could also train staff but only after being trained by the DSSu or the QIDP.	W 193		
W 214	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(iii) The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by: Based on Interview and record review, the facility failed to update the Comprehensive Functional Assessment (CFA) to identify client behavior management needs. This affected 1 of 1 client during the investigation of #79760-M (Client #1). Findings follow: Record review on 12/17/18 revealed Client #1's Behavior Support Plan (BSP) to reduce incidents of aggression and agitation. Identified behaviors included hitting, biting, kicking, grabbing/pulling, dropping to the floor and hitting his head and/or hitting his head on a wall. Record review on 1/14/19 revealed Client #1's Individual Support Plan (ISP) discussion notes. The notes reflected Client #1's Interdisciplinary team agreed a priority need for a BSP to monitor and track his aggressions and agitations on a daily basis. According to the discussion notes, Client #1's strengths and needs were taken from	W 214	W 214 Individual Program Plan The Comprehensive Functional Assessment (CFA) must identify the client's specific development and behavioral management needs. Specifically, a Comprehensive Functional Assessment will be completed within the first 30 days of admissions and before each annual ISP's to ensure that all of the strengths and needs of each person served are addressed. The Program Manager/QIDP will track when the CFA's for each person was completed and when the next one is to be completed. Person Responsible: Program Manager/QIDP	3-20-19

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W 214	<p>Continued From page 40</p> <p>CFA's updated by the home manager with help from the group home staff.</p> <p>Record review on 1/9/19 revealed Client #1's CFA last updated on 9/15/17. The Maladaptive Behaviors portion of the CFA listed hitting others, using objects to harm others, throwing objects at others, grabbing others, injuring self, hitting or banging head on wall, engaging in self-stimulatory behaviors (rocking, mouthing, etc.) and PICA (eating inedible objects) as strengths.</p> <p>When interviewed on 1/10/19 at 10:20 a.m. the QIDP confirmed staff failed to update Client #1's CFA to reflect his current needs</p>	W 214		
W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure staff correctly and consistently implemented each client's Individual Support Plan (ISP) as determined by the interdisciplinary team (IDT). This affected 3 of 3 sample clients (Client #2, Client #4 and Client #6). Findings follow:</p>	W 249	<p>W 249 Program Implementation As soon as the interdisciplinary team has formulated a client's Individual Program Plan (ISP) each client will receive a continuous active treatment program consisting if needed Interventions and services in sufficient numbers and frequency to support the achievement of objectives identified in the ISP. Specifically, each client's ISP will be incorporated into a personal active treatment schedule. The active treatment schedule will be followed by direct support staff daily. Direct Support Supervisor (DSS) and/or Program Manager/QIDP will complete an active treatment observation on a weekly basis, if training needs to occur, it will occur immediately.</p> <p>Person Responsible: Program Manger/QIDP and Direct Support Supervisor</p>	3-20-19

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W 249	<p>Continued From page 41</p> <p>1. Observation on 12/20/18 at 1:30 p.m. revealed Client #2 walked past Client #5 and slapped her knee as she sat in a recliner. Certified Nurse's Aide (CNA) C stated his name and he walked to the other side of the room.</p> <p>Observations on 1/2/19 from 2:25 p.m. - 2:35 p.m. revealed Client #7 sat at the dining room table with a bowl of cookies broken in pieces. Client #2 walked past, took several pieces out of the bowl and walked to the living room. Certified Nurse's Aide (CNA) A stated Client #2's name and went to the pantry. Client #2 walked back to the table, took another piece of cookie out of Client #7's bowl and walked to a recliner in the living room. Direct Support Aide (DSA) D said Client #2's name. Staff failed to offer Client #2 something to eat.</p> <p>Observation on 1/8/19 at 8:00 a.m. revealed Client #7's cup of juice sat on the dining room table. Client #2 walked to the table and drank from the cup. CNA C told Client #2 the juice was not his. Client #2 walked away, then came back and leaned into CNA C. She gave him a hug.</p> <p>Further observation on 1/8/19 at 8:10 a.m. revealed Client #2 walked to the kitchen sink and reached out at CNA C. She blocked his arm and stated, "Don't grab."</p> <p>Record review on 1/9/19 revealed Client #2's Behavior Support Plan (BSP) to decrease target behaviors including pinching, biting, hitting and leaving the house without staff knowledge. The BSP noted Client #2 enjoyed food and might become restless during meal preparation or if other clients are eating. The document advised</p>	W 249		

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W 249	<p>Continued From page 42</p> <p>staff to stay near him to block attempts to take food belonging to others. In addition, the BSP directed staff to offer Client #2 a snack while meals are prepared or if others are eating.</p> <p>According to the BSP, if Client #2 engaged in undesirable behavior, staff should not respond by telling him to stop. Staff should focus on encouraging desirable behavior and involve him in a calming activity.</p> <p>When interviewed on 1/9/19 at 9:55 a.m., the QIDP confirmed staff failed to correctly implement Client #2's BSP.</p> <p>2. Observations on second shift throughout the survey revealed staff failed to present a transition sheet to cue Client #2 to go to his schedule.</p> <p>Record review on 1/7/19 revealed Client #2's ISP to complete a work system daily on the second shift. According to the ISP, staff should present Client #2 with a transition sheet to cue him to go to his daily schedule. Staff would then walk with him to the designated area and complete work systems (tasks such as picking out clothes, taking dirty clothes to the laundry, taking medications, etc.).</p> <p>When interviewed on 1/9/19 at 9:40 a.m. the QIDP stated she recently discovered staff stopped running the ISP because Client #2 failed to cooperate. She confirmed staff should have implemented the program.</p> <p>3. Observation on 1/7/19 at 6:10 p.m. revealed Client #2 sat in a recliner in the living room. He</p>	W 249		

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W 249	<p>Continued From page 43</p> <p>got up, walked to the dining room and sat at the table. CNA D carried Client #2's plate to the table and he began to eat. Staff failed to encourage him to carry his plate to the table.</p> <p>Record review on 1/7/19 revealed Client #2's ISP to take his plate of food from the kitchen to the dining room table daily before meals.</p> <p>When interviewed on 1/9/19 at approximately 9:41 a.m. the QIDP stated staff should implement Client #2's program every day.</p> <p>4. Observations during the survey revealed staff failed to mount a communication device on Client #4's wheelchair on 12/8/18, from 8:20 a.m. - 9:15 a.m.; on 12/20/18, from 1:25 p.m. - 1:45 p.m.; on 1/2/19 from 12:45 p.m. - 1:35 p.m., and from 2:20 p.m. - 3:05 p.m.; and on 1/3/19, from 9:25 a.m. - 10:05 a.m.</p> <p>Observation on 1/7/19 at 4:10 p.m. revealed Client #4 pushed the screen of a communication device mounted on his wheelchair. An artificial voice message stated, "I would like dessert please." CNA E told him he had to eat supper first.</p> <p>Observation on 1/8/19 from 7:05 a.m. - 9:05 a.m. revealed staff failed to mount Client #4's communication device on his wheelchair. Client #4 received his medications and ate breakfast with no opportunity to make choices.</p> <p>When interviewed on 1/9/19 at 2:10 p.m., DSA D said Client #4's ISP to communicate was to touch three different buttons on the device.</p>	W 249		

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W 249	<p>Continued From page 44</p> <p>Record review on 1/9/19 revealed Client #4's ISP to make a choice when presented with his communication device. Step one of the program directed staff to mount the device on Client #4's wheelchair so he could make choices throughout the day. The ISP further directed staff to follow through with his choice and provide praise for making a choice.</p> <p>When interviewed on 1/9/19 at approximately 12:15 p.m., the QIDP confirmed Client #4 should have access to his communication device throughout the day. She noted staff should have given him some type of "dessert" or offered him another choice.</p> <p>5. Observation on 1/7/19 at 3:22 p.m. revealed DSA E wheeled Client #4 into the medication room. She prepared a cup of applesauce, opened a packet of medication, put the medication in the applesauce and spooned it into Client #4's mouth.</p> <p>Observation on 1/8/19 at 7:28 a.m. revealed the DSA/CMA administered Client #4's medications without asking for his assistance to open the medication packet.</p> <p>Record review on 1/9/19 revealed Client #4's procedure to participate in medication administration. The procedure directed staff to ask Client #4 to open his medication packet during all medication passes.</p> <p>When interviewed on 1/9/19 at 12:10 p.m., the QIDP confirmed staff should implement the medication procedure at medication passes.</p>	W 249		

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W 249	<p>Continued From page 45</p> <p>5. Observations during medication pass on 1/7/18 at 3:35 p.m. revealed DSA E asked Client #6 what medication he was taking and why. Client #6 responded accurately and DSA E prepared the medication in a cup, added applesauce and fed Client #6. She failed to ask him the side effects of the medication.</p> <p>Record review on 1/8/19 revealed Client #6's ISP to list side effects of medication at each medication pass. The ISP directed staff to ask Client #6 to verbalize three side effects of his medications.</p> <p>When interviewed on 1/8/19 at 2:55 p.m., the QIDP confirmed staff should ask Client #6 to tell them a side effect of his medication at each medication pass.</p>	W 249		
W 263	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Due process for a restriction of rights will be completed before implementation of the restriction. Specifically, both guardian and Human rights Committee (HRC) will review and consent to a restriction of rights before implementation. At a minimum, verbal consent will be obtained by guardian and HRC prior to implementing a restriction. All verbal consent will be followed with a written consent. Guardians written consent will be reviewed by the HRC. This will be monitored by quality audits and monthly HRC meeting.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility Human Rights Committee (HRC) failed to ensure written informed consent of the guardian for restrictive measures. This affected 1 of 2 sample clients with informed consents (Client #2). Findings follow:</p> <p>Record review on 1/9/18 revealed Client #2's Decrease Target Behaviors BSP (Behavior Support Plan). According to the BSP, Client #2</p>	W 263	<p>W263 Program Monitoring & Change The committee will insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Due process for a restriction of rights will be completed before implementation of the restriction. Specifically, both guardian and Human rights Committee (HRC) will review and consent to a restriction of rights before implementation. At a minimum, verbal consent will be obtained by guardian and HRC prior to implementing a restriction. All verbal consent will be followed with a written consent. Guardians written consent will be reviewed by the HRC. This will be monitored by quality audits and monthly HRC meeting. Person Responsible: Program Manager/QIDP</p>	3-20-19

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W 263	<p>Continued From page 46</p> <p>received psychotropic medications including Aripiprazole, Olanzapine, Quetiapine, Risperidone and Diazepam to reduce incidents of aggressive behaviors and to calm him prior to dental appointments.</p> <p>Further record review revealed Client #2's Informed Consent document signed by his guardian on 3/6/18. The document included the signatures of HRC members on 1/23/18 and 2/2/18. The document lacked evidence of HRC assurance of the guardian's written consent on 3/6/18.</p> <p>When interviewed on 1/9/19 at 9:50 a.m., the Qualified Intellectual Disability Professional (QIDP) confirmed HRC members signed the consent prior to the guardian.</p> <p>CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)(i)</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review the facility failed to ensure staff engaged and encouraged client participation in activities to promote independence. This affected 3 of 3 sample clients (Client #2, Client #4, and Client #6) and two clients added to the sample (Client #5 and Client #7). Findings follow:</p> <p>1. Observation on 12/18/18 at 3:45 p.m. revealed Client #4 and Client #5 sat in recliners in the living room with the television on. Client #2 walked</p>	W 263		
W 268		W 268	<p>W 268 Conduct Towards Client</p> <p>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. Training will continue on an annual basis and if need arise, staff will be trained immediately. There will be a weekly/monthly activity schedule made that the clients are to be involved in on a daily basis. Direct Support Supervisor will monitor the daily activities.</p> <p>Person Responsible: Program Manager/QIDP and Direct Support Supervisor</p>	3-20-19

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W 268	<p>Continued From page 47</p> <p>around the living room with no purposeful activity offered. Certified Nurse's Aide (CNA) A swept the floor without prompting clients to help.</p> <p>2. Observations on 1/7/19 during the evening meal revealed the following: Staff failed to prompt any of the clients to wash their hands prior to the meal. Staff further failed to provide napkins for client use. Staff placed an adapted spoon at Client #2's place setting. Client #2 ate cut up chicken with his fingers. Staff failed to prompt him to use the spoon. CNA D and CNA E stated Client #2 preferred to eat with his fingers. At 6:20 p.m., CNA E put food in a processor while Client #4 sat in his wheelchair and watched. She failed to engage him in the process of altering his food texture.</p> <p>3. Observations on 1/8/19 revealed the following:</p> <p>a. From 8:10 a.m. - 8:25 a.m., CNA C wiped Client #2's place at the table then washed his dishes while he sat in a recliner with his eyes closed.</p> <p>b. From 8:45 a.m. - 8:55 a.m., CNA C carried Client #6's dishes to the sink, wiped his wheelchair tray and put his clothing protector in a hamper without asking him to help.</p> <p>c. At 9:05 a.m. Client #7 ate pieces of a cereal bar off the table. At approximately 9:20 a.m., the Direct Support Aide/Certified Medication Aide (DSA/CMA) broke a cereal bar in pieces and placed it on the dining table where Client #7 sat. She then took pieces of bacon out of a bowl and placed them in front of Client #7.</p>	W 268		

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W 268	<p>Continued From page 48</p> <p>When asked why staff placed food on the table rather than in a bowl or on a plate, Direct Support Supervisor (DSSu) B confirmed staff should have used a bowl or plate.</p> <p>d. At 9:25 a.m. Client #2 sat on the floor in the living room with no activity while CNA C wiped the dining room table.</p> <p>Record review on 1/9/19 revealed the facility Positive Services and Supports policy, effective 9/1/12. The policy noted the facility would provide clients with experiences which develop skills needed to increase or maintain their personal independence.</p> <p>When interviewed on 1/17/19 at 8:10 a.m., the Qualified Intellectual Disability Professional (QIDP) confirmed staff should involve clients in daily activities and strive to increase their skills.</p> <p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>This STANDARD is not met as evidenced by: Based on Interviews and record review, the facility failed to ensure staff utilized approved interventions to manage inappropriate behavior. This affected 1 of 1 client during the investigations of incident #79760-M (Client #1). Findings follow:</p> <p>Record review on 12/17/18 revealed Client #1's</p>	W 268		
W 288		W 288	<p>W 288 Management of Inappropriate Client Behaviors Techniques to manage inappropriate client behaviors must never be used as a substitute for an active treatment program. Specifically, within 30 days of admissions each client will have an Individual Support Plan (ISP) meeting and all programs will be identified during the ISP meeting and will be written, trained and implemented within days of admission. All Behavior Support Plans will have MANDT philosophy and interventions strategies incorporated with in the plan, This will this will be monitored by DSS on a weekly basis and be audited by a quality audit, the month after the plan was effective to ensure that all plans were put into place as written. Program Managers/QIDP and Direct Support Supervisor will be doing weekly active treatment observations and will turn those into the Associate Director on a weekly basis, which in turn the Associate Director will review. Training will continue on an annual basis and if need arise, staff will be trained immediately.</p> <p>Person Responsible: Direct Support Supervisor</p>	3-20-19

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W 288	<p>Continued From page 49</p> <p>Behavior Support Plan (BSP) to reduce incidents of aggression and agitation. The BSP defined aggression and agitation as hitting, biting, kicking, grabbing/pulling, dropping to the floor and hitting his head, as well as hitting his head on walls.</p> <p>The BSP directed staff to use picture cues to schedule his day and communicate his wants and needs. Intervention strategies included use of behavior modifying medications and attempts to identify the cause of his agitation and or aggression by asking him a series of questions related to his environment, activity level and health status. In the event Client #1 became aggressive, staff should block and redirect his actions and request assistance as needed. Staff should also offer Client #1 an opportunity to be "swaddled" (wrapped in a blanket) every 30 minutes to decrease his anxiety.</p> <p>When interviewed on 12/18/18 at 12:35 p.m., the Direct Support Specialist (DSSp) confirmed Direct Support Associate (DSA) B locked Client #1 out of the home when he became aggressive. She admitted she escorted Client #1 to the door by placing her hands on his elbows. She said she watched him from inside, asked if he was calm and then let him inside. She said the intervention seemed to calm Client #1 down when he was upset. She noted DSAs received training on BSPs from other DSAs so staff may not be trained appropriately on BSPs and programs.</p> <p>When interviewed on 12/18/18 at 2:38 p.m., DSSu A said he saw DSA B place a chair between herself and Client #1 when he aggressed toward her. He also witnessed DSA B push Client #1 out the door due to aggression.</p>	W 288		

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W 288	<p>Continued From page 50</p> <p>When interviewed on 12/18/18 at 4:55 p.m., Certified Nurse's Aide (CNA) A confirmed she started working at the home in August 2018. She said she ran around the table once when Client #1 aggressed toward her. She said she escorted him outside if he aggressed.</p> <p>When interviewed on 12/19/18 at 9:00 a.m., DSA F confirmed Client #1 exhibited aggressive behavior. She stated he once knocked the wind out of her but typically hit her on top of her head. She said she left the room to keep him from aggressing at her.</p> <p>When interviewed on 12/19/18 at 10:00 a.m., DSA H said staff instructed her to run around the table to avoid being head butted by Client #1. She said this approach seemed to make Client #1 mad when he could not catch staff.</p> <p>When interviewed on 12/19/18 at 10:45 a.m., DSA G said she occasionally worked at Client #1's home. She noted she had been trained on Client #1's BSP and was unsure of current interventions to address his aggression. She said she recalled being told to walk around the table or get behind a chair to stay safe from his aggressions.</p> <p>When interviewed on 12/19/18 at 2:55 p.m., DSA D said she was never trained on Client #1's BSP. She stated she just watched other staff and used the methods used by other staff. She recalled DSA B told her to take Client #1 outside if he aggressed. She said she "put him outside" and locked the door because she saw DSA B do so.</p> <p>When interviewed on 12/19/18 at 3:55 p.m. The Associate Director (AD) stated the responsibility</p>	W 288		

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W 288	Continued From page 51 to train staff on all programs fell on the QIDP. She said the Direct Support Supervisor (DSSu) should ensure programs are implemented correctly.	W 288		
W 440	EVACUATION DRILLS CFR(s): 483.470(l)(1) The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD Is not met as evidenced by: Based on interviews and record review, the facility failed to conduct fire drills on each shift on a quarterly basis. This potentially affected all clients living in the home (Client #1, Client #2, Client #3, Client #4, Client #5 and Client #6). Findings follow: Record review on 1/7/19 revealed Fire Drill reports on the second shift conducted on 2/24/18 and 8/1/18. No documentation of a drill between February and August 2018 existed. When interviewed on 1/7/19 at 2:55 p.m., the Program Services Technician confirmed she maintained documentation of drills. She confirmed staff failed to conduct drills on the second shift between April and July 2018. Further record review on 1/7/19 revealed documentation of fire drills conducted on the third shift in March, June and September 2018. The facility failed to produce documentation of a drill conducted on the third shift in December 2018. When interviewed on 1/8/19 at 1:05 p.m., the Associate Director confirmed she could not locate	W 440	W 440 Evacuation Drills The facility will hold evacuation drills at least quarterly, for each shift 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. Direct Support Supervisors (DSS) will assigned the person to run the drills, that person will fill out the paperwork and turn into DSS, the DSS in turn will turn the drill into the Program Manager/QIDP and they will in turn scan and put it into the homes folder In Citrix. Person Responsible: Direct Support Supervisor	3-20-19

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W 440	Continued From page 52 documentation of a third shift drill in December 2018.	W 440		

