| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| W 000 | INITIAL COMMENTS<br><br>Investigation of #70935-I resulted in a determination of Immediate Jeopardy (IJ), due to concerns with client safety. The facility was notified of the IJ on 9/20/17 at approximately 1:45 p.m.<br><br>The facility responded with corrective actions to address the identified problems and system practices. The IJ was removed on 9/21/17.<br><br>The facility was found to be out of compliance with the following Condition of Participation (CoP) - Facility Staffing<br><br>A condition-level deficiency was cited at W158.<br><br>Standard-level deficiencies were cited at W159 and W194. | W 000 | POC 10/12/17 | |
| W 158 | 483.430 FACILITY STAFFING<br><br>The facility must ensure that specific facility staffing requirements are met.<br><br>This CONDITION is not met as evidenced by:<br>Based on interviews and record reviews, the facility failed to maintain minimal compliance with Condition of Participation (CoP) Facilty Staffing. The facility failed to implement a staff training system to adequately manage client behavioral needs. A finding of Immediate Jeopardy (IJ) clients' health and safety was declared on 9/20/17, which was removed on 9/21/17.<br><br>Cross reference W159: Based on interviews and record reviews, Qualified Intellectual Disability Professional (QIDP) failed to adequately develop | W 158 | W158 FACILITY STAFFING<br>The facility will ensure that specific facility staffing requirements are met. The facility will provide adequate staff training to ensure staff competency to manage client behavioral needs and monitor individual program plans as necessary to ensure client safety. Specifically, staff will be retrained on Behavior Support Programs. This will be monitored by weekly observations in the home to ensure competency of staff.<br><br>Person(s) Responsible:<br>Program Manager | 10/12/17 |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Carol Miller | Exec. Dir. | 10/17/17 |

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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 158 | Continued From page 1<br>and monitor individual program plans as necessary to ensure client safety.<br><br>Cross reference W191: Based on observations, interviews and record review, the facility failed to provide adequate staff training to ensure staff competency with correct and consistent implementation of individual program plans. | W 158 | | |
| W 159 | 483.430(a) QIDP<br><br>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional.<br>This STANDARD is not met as evidenced by:<br>Based on observations, interviews and record review, the facility Qualified Intellectual Disability Professional (QIDP) failed to adequately monitor and coordinate client services and develop programs to address safety concerns. This affected 1 of 1 client involved in the investigation of #70935-I (Client #1). Findings follow:<br><br>1. Record review of facility records on 9/19/17 revealed Client #1 left the facility without staff knowledge on the evening of 9/10/17. Staff failed to realize Client #1 was missing until a neighbor woman came to the door around 8:25 p.m. to let them know she had found Client #1 about two blocks from the facility.<br>Direct Support Associate (DSA) A estimated she had assisted Client #1 to bed between 7:30 p.m. and 8:00 p.m., but had not checked on the client since then. Client #1 returned to the facility with staff.<br><br>According to the General Event Report (GER) written by DSA A on 9/10/17, she had put Client #1 to bed and had gone to assist other clients. | W 159 | W159 QIDP<br>Each client's active treatment program will be integrated, coordinated and monitored by a Qualified Intellectual Disability Professional (QIDP). The QIDP will adequately monitor and coordinate client services and develop programs to address safety concerns. Specifically, the QIDP will be retrained on completing Comprehensive Assessments and Motivational Assessments and proper implementation of behavior support plans. This will be monitored through monthly review of Individual Service Plans and monthly QIDP reports and observations in the home..<br><br>Person(s) Responsible:<br>Program Manager | 10/12/17 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 159 | Continued From page 2<br>DSA B also assisted another client. She said Client #1 left the house without staff knowledge. A neighbor came to the facility and told them she had found one of their clients. A facility nurse assessed Client #1 the next morning and found no physical injuries.<br><br>When interviewed on 9/20/17 at 9:30 a.m. the Neighbor said she lived across the street from the Maple Ave home. She left her house between 8:00 and 8:15 p.m. on 9/10/17 and headed west on Maple Ave in her vehicle. She said it was dark and she almost hit Client #1 with her vehicle, about two blocks west of the facility. Client #1 was walking in the street, toward the side of the road. The road is somewhat narrow in that area, with no shoulder and no parking. She said it was a regularly traveled road. The Neighbor pulled over and spoke to Client #1. She realized the client had some type of disability. Client #1 came over to her vehicle and she prompted the client to get in, thinking it was safer than being in the road. Client #1 sat in the driver's seat and honked the horn. The Neighbor talked to the client, but determined the client was unable to speak. She assumed the client lived at the group home across the street from her home. She called the police and when the officer showed up, he stayed with the client and she walked back to the group home to inform the staff. A staff person accompanied her back to the vehicle. The client wore a shirt, pants, a hat and was barefoot. The Neighbor said it was a little cool outside at the time. The Neighbor reported she discovered Client #1 on Maple Avenue, about two blocks west of the facility. Maple Avenue is a two lane residential street, with no posted speed limit sign. The location where Client #1 was found is about two blocks from a 4-lane highway. | W 159 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 159 | Continued From page 3<br><br>A Story County Sheriff's Office event report indicated they received a phone call at 8:17 p.m. regarding a person with special needs found. According to the sheriff's office report, an officer was with the client by 8:20 p.m., while the woman who found the client was going to the group home to alert the staff. The client was returned to the facility by 8:30 p.m.<br><br>According to the state climatologist the weather conditions in the Nevada, Iowa area between 8:00 p.m. and 8:30 p.m. on 9/10/17 were clear skies and a temperature of approximately 70 degrees Fahrenheit.<br><br>Client #1 had a Personal Schedule, dated 03/2017. According to the schedule, Client #1 typically went to bed around 10:00 p.m. and staff should provide hourly checks from 10:00 p.m. to 6:00 a.m.<br><br>Additional interviews and record reviews revealed the facility had knowledge of Client #1's history of elopements from a prior facility and of Client #1's repeated attempts to go outside without staff at the current facility; however, the facility failed to develop programming to address the behavior. There were two staff present with seven clients at the Maple Avenue facility at time of the incident.<br><br>Client #1, 30 years old, had diagnoses including: severe intellectual disability, Lennox-Gausaut Syndrome/seizure disorder and spina bifida. Client #1 was non-verbal without functional communication. He/She ambulated independently, but wore a posey belt due to occasional unsteadiness and a history of falls. Client #1 was admitted to the facility on 3/23/17, | W 159 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 159 | Continued From page 4<br>from another agency. Due to an uncontrolled seizure disorder, Client #1 had a visual monitor that relayed a video of the client's bed to a small monitor in the living room, which allowed staff to monitor Client #1 when in bed.<br><br>Record review on 9/20/19 revealed Client #1's Comprehensive Functional Assessment (CFA), dated 4/14/17. A section of the CFA addressed behavior issues. Under the category of "Leaves without notifying others/elopes", the box for "Total" was checked. The box for "Total" was also checked for the following areas: uses sidewalks, uses crosswalks, uses traffic lights, and cautious with strangers.<br>When asked on 9/20/17 at 1:20 p.m. to explain the meaning of "Total," the QIDP said Client #1 would need total staff assistance not to elope. The client would try to elope, if not for total staff assistance. She said Client #1 would also need total staff assistance to use sidewalks, crosswalks and traffic lights and to be cautious with strangers.<br><br>When interviewed on 9/20/17 at 9:55 a.m. DSA A said she had worked for the Mosaic agency for about one year, in the Des Moines area. She had filled in at the Maple Ave home for about one month, approximately 3-4 times as of 9/10/17. She said she assisted another client in the bathroom around 7:30 p.m. when DSA C left to go pass medications at another house. DSA A didn't know DSA C left. DSA A assisted the client in the bathroom and then helped the client to bed. She then assisted Client #1 to bed. She said she saw the client get into bed and she pulled the covers over him/her. DSA A then assisted another client to bed. Afterwards, DSA A sat in the living room area with another client while DSA B | W 159 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 159 | Continued From page 5<br>assisted other clients to bed. A woman came to the door around 8:30 p.m. and said she located a client down the street. DSA B came to the living room around that time and that's when DSA A learned DSA C left the home. DSA A said no staff person was assigned to Client #1, the staff shared responsibility of all the clients. DSA A said she was sure all of the exit doors were closed when they began helping the clients to bed. She said she did not hear the door chime sound, but she helped with a client shower at one point and it was difficult to hear the chime in the bathroom with the water running. DSA A said she prior to the incident she had not been told/trained that one staff person needed to stay in the front area of the house, but she had noticed that one staff usually stayed in the front area. When asked if she had been trained/told since the incident to make sure a staff person stayed in the front area of the house, DSA A said she had not. She recalled a phone conversation with the Habilitation Manager (HM) within a day or two of the incident to discuss the elopement incident, but said the HM did not tell her that a staff person needed to be in the front area. DSA A said she did not know Client #1 had a history of elopement, but she had observed the client would go outside on his/her own. Staff then brought the client back inside. DSA A said she did not recall what time she assisted Client #1 to bed, but estimated maybe around 7:30 p.m. (she had estimated between 7:40 p.m. to 8:00 p.m. when questioned by the facility within a day of the incident). When asked how often she should have checked on Client #1 after he/she went to bed, DSA A said she should have checked the client about every two hours. She knew of the video monitor in the living room, but said she had not looked at it prior to the neighbor woman coming to the door. | W 159 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 159 | Continued From page 6<br><br>During a follow up interview on 4/20/17 at 1:50 p.m. DSA A said she didn't know of Client #1 having a communication book. When asked if there was any way for Client #1 to communicate that he/she wanted to go outside, DSA A said she didn't know of anything.<br><br>When interviewed on 9/20/17 at 10:45 a.m. DSA B said he worked the PM shift on 9/10/17, along with DSA A and DSA C. DSA C left the facility around 7:30 p.m. to pass medications at another house. DSA B just finished passing medication at the Maple Ave house when DSA C left. He was back and forth between the medication room and the adjoining sensory room, administering Client #2's medications and breathing treatment. DSA A assisted clients to bed. After finishing the medication pass, DSA B assisted Client #2 to bed. The client used a Hoyer lift and took some time. DSA B was in Client #2's room when the neighbor woman came to the facility. DSA B went to the living room and DSA A told him Client #1 was missing. DSA A went with the woman to get Client #1. DSA B said he did not hear the door chime sound. When he was in Client #2's room the television was on and there was a pumping noise from a device in the client's room, which might have blocked the sound of the door chime. DSA B said no staff person was assigned to Client #1, the staff shared responsibility for the clients. DSA B said he filled in at the Maple Ave home since late July and estimated he had worked there 10-15 times. DSA B said he did not know Client #1 had a history of elopement, but knew the client would try to go outside without staff. DSA B said he thought Client #1 was in bed at the time of the incident. Once in bed, staff should check on Client #1 every one to two hours. | W 159 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 159 | Continued From page 7<br>DSA B knew of the video monitor for Client #1, but had been busy with Client #2 and had not looked at it. DSA B said he had not been told prior to the incident that one staff person needed to stay in the front common area. When asked if he had been told/trained since the incident, DSA B said no. He recalled a phone conversation with the HM when they talked about the incident, but she didn't tell him that one staff person needed to stay in the common area. DSA B said the last time he saw Client #1 prior to the elopement was probably around the time DSA C left, but he was busy passing medication and did not recall with certainty.<br><br>During a follow-up interview on 4/20/17 at 2:00 p.m. DSA B said he was not aware Client #1 had a communication book. He said there was a switch by at least one of the exit doors to activate a verbal request to go outside. DSA B said the switch didn't always work properly and Client #1 never used it.<br><br>When interviewed on 9/19/17 at 4:35 p.m. DSA C confirmed she worked PM shift at the Maple Ave home, with DSA A and DSA B on 9/10/17. She was a full time staff at the home and had worked there for about five years. She was aware Client #1 had a history of eloping at his/her prior agency. At the Maple Ave home, Client #1 would often open an exit door and try to go outside. Staff were always present and followed him/her. The regular Maple Ave staff knew to monitor Client #1 very closely. They also made sure one staff person stayed in the front common area at all times, to monitor the area and the exit doors. DSA C said Client #1 typically went to bed between 8:30 p.m. 9:00 p.m. Once in bed, Client #1 usually stayed in bed. Sometimes he/she got | W 159 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 159 | Continued From page 8<br>back up after an hour or so, but it was not typical for Client #1 to get right back up after going to bed. DSA C said she left the Maple Avenue home around 7:30 p.m. to go pass medication at another house. Client #1 was sitting at the kitchen table having a snack when she left. She returned to the house around 9:30 p.m. and learned of the elopement incident. DSA C said after Client #1 went to bed staff should check on him/her every 2 hours and staff should check the video monitor every hour.<br><br>When interviewed on 9/19/17 at 4:15 p.m. DSA E stated she was a regular full-time staff person at the Maple Ave home. She noted the two staff present at the time of the incident on 9/10/17 were not as familiar with Client #1 as the regular staff. DSA E reported Client #1 had been more active since a reduction in seizure medication. She estimated Client #1 would open an exit door and try to go outside about 2-3 times per shift. Staff closely monitored the client. The exit door in the bedroom wing was next to Client #1's bedroom and the client had gone out that door in the past. The regular staff knew that a staff person should stay in the front area to monitor. DSA E said she was not aware of any other time Client #1 had actually eloped from the Maple Ave home, but was aware the client had a history of elopements from his/her prior living site. DSA E said Client #1 usually went to bed between 7:45 p.m. and 9:00 p.m. He/She usually stayed in bed, but not always. DSA E said after Client #1 went to bed, staff should check him/her every hour, but should check more often on the video monitor. DSA E noted that Client #1 could move quickly.<br><br>Observation on 9/19/17 revealed door chimes on the four exit doors of the home, which sounded | W 159 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 159 | Continued From page 9 | W 159 | | |

each time the doors were opened. The door chimes made a musical sound of eight notes and then stopped. The chime did not continue if the door remained open. The door chime worked only if the door had been completely shut and then opened. The exit doors were located at the front of the house (south), which opened to the living room; the back of the house, off of the dining room and leading to a patio and backyard (north), a side door off of a sensory room that led to the parking lot (east) and a bedroom wing door that also led to the patio area (northwest). Client #1's bedroom was located at the end of the bedroom hallway, next to the bedroom wing exit door. The main common area of the house was an open area that included the living room, dining room and kitchen.

During observations on 9/19/17 from approximately 3:45 p.m. to 4:00 p.m. Client #1 spent most of his/her time pacing/walking around, with staff closely monitoring. The back door that led to the patio and backyard was wide open. At one point, Client #1 went outside the open door, with staff following. Client #1 wore a gait belt, but appeared steady while walking. The Direct Support Supervisor (DSS) said the back patio door was often left open during nice weather.

When interviewed on 9/19/17 at 4:00 p.m. the Direct Support Supervisor (DSS) reported Client #1 had a history of elopement from his/her previous placement. She said she was not aware of any elopements Client #1 had from the Maple Ave home prior to 9/10/17. It was common for Client #1 to open one of the exit doors and go outside on his/her own, but staff always saw the client and followed him/her. The DSS noted Client #1 had been more active since a decrease in

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 159 | Continued From page 10 | W 159 | | |

seizure medication. She said the patio door was sometimes left open, but only if staff were present. The doors should all be closed when clients went to bed. The DSS reported she thought the two staff present at the time of the incident had been trained on the clients residing in the home, but did not recall training them. She said the facility had been short staffed and used Mosaic staff from the Des Moines area. The DSS said Client #1 typically went to bed around 8:00 p.m. Since the elopement incident, the DSS reported she trained staff there must be one staff person in the front common area at all times. Staff could more easily monitor all the exit doors from the common area. The DSS said even prior to the incident staff had been told to keep one staff in the common area.

Additional record review revealed an email from Direct Support Associate (DSA) D dated 4/16/17, sent to the QIDP, Associate Director, facility nurse and Habilitative Manager. In the email DSA D expressed concern regarding an incident on the evening of 4/16/17 when Client #1 left the home out of the bedroom wing door while other staff were busy. The door chimes sounded and staff began looking around for Client #1. DSA E came in and said Client #1 was out the door and down the sidewalk before she could reach the client. DSA D asked in the email about getting a different type of alarm for the bedroom wing door.

Additional record review revealed there no General Event Report (GER) dated on or around 4/16/17 noting this incident. There was no response noted on the copy of the email in Client #1's chart. When interviewed on 9/20/17 around 3:10 p.m. the QIDP acknowledged she had not responded to the email and she had no

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 159 | Continued From page 11<br>knowledge of anyone responding to it. She said if Client #1 left the facility and was out of staff sight, then a GER should have been written. If staff had Client #1 in their sight the entire time, then a GER was not required. The QIDP did not know the details of the incident. When interviewed on 9/21/17 at 10:30 a.m. DSA D said she did not recall the incident. During an interview on 9/22/17 at 11:00 a.m. DSA E said she recalled the incident. She heard the door alarm, looked outside and saw Client #1's shadow (on the patio, just leaving the bedroom wing door) and she immediately went outside, keeping the client in sight before she got to him/her.<br><br>A team meeting consisting of two managers, the facility nurse, the Program Coordinator (at that time) and the QIDP was held on 4/19/17 to discuss concerns regarding Client #1's frequent falls. According to notes written by the QIDP, the team also discussed Client #1 having gone out the bedroom wing door without staff acknowledgement. The notes indicated the team discussed the possibility of "sirens" on the exit door, fencing in the backyard and having staff do a head count every time the door chimes sounded. When interviewed on 9/20/17 at 3:10 p.m. regarding follow up on any of these suggestions, the QIDP said she thought staff were told to do a headcount whenever they heard a door chime sound. She was unable to find documentation of this training.<br><br>Record review revealed Client #1's 30-day Lifestyle Plan meeting held on 4/20/17 and attended by the QIDP, Client #1's guardian, the facility nurse, Program Coordinator and other staff. Documentation failed to reveal any indication of discussion regarding Client #1's | W 159 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 159 | Continued From page 12<br>elopement attempts or discussion of a plan to address the maladaptive behavior. The Lifestyle Plan did note the door chimes on the exit doors. The QIDP hand wrote a note on the working copy of the Lifestyle Plan that read, "possible different door alarm on back door," but this was not on the final plan. The QIDP hand wrote a note on the working copy of the Lifestyle Plan under the BSP (Behavior Support Plan) section that read, "Do not need." The facility did not develop a plan to address the elopement attempts or identify it as a need. The facility did identify communication as a priority need and developed a program for Client #1 to communicate his wants/needs by using a communication book with pictures. The program did not specifically address teaching Client #1 to request to go outside. Staff were supposed to ask Client #1 to indicate what he/she wanted to do by using the pictures in the communication book. According to the Lifestyle Plan, Client #1 had a general level of supervision and read, "Staff provide hourly visual observation during overnight hours to ensure I am sleeping well and do not require further supports. I often like to spend time alone in my room throughout the day. Staff will check in with me every 20-30 minutes to ensure that I am engaged in an activity and do not require further supports. In the summer I like to spend much of my time outside. I like to go for walks but need staff assistance outside of the home." The Lifestyle Plan also noted, "I am a social person and do not understand the difference between a stranger and a friend. I need assistance to maintain appropriate relationships with others." and "I need physical and verbal assistance to access my community safely." | W 159 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 159 | Continued From page 13<br>When interviewed on 9/21/17 at 8:55 a.m. DSA F reported she was a regular full-time staff at the Maple Ave home. When asked about Client #1's communication book, DSA F said the client didn't like to use it. When asked where it was located, DSA F said she didn't know, but she thought it might be at the facility office.<br><br>When interviewed on 9/19/17 at 3:00 p.m. the QIDP reported Client #1 had not previously eloped from this facility. She said Client #1 had a history of elopement from his/her prior placement. Client #1 also had a history of trying to go out the exit doors at this facility without staff accompanying him/her, but staff had seen the client and either redirected him/her or gone outside with the client. The incidents of attempts to leave the house without staff were not being tracked/documented. The QIDP said since the elopement incident on 9/10/17 she worked on developing a behavior program to address the elopement, but had not completed it yet. The two staff present at the time of the incident on 9/10/17 were not regular staff for the Maple Ave home. The staff were fill-in staff from Des Moines and worked at the house for the past month or so. The regular staff person working that shift left to go pass medications at another house. When questioned what Client #1's level of supervision should have been if he/she went to bed around 7:45 p.m., the QIDP said since it was not the overnight shift, the staff should have checked on Client #1 approximately every 20-30 minutes. The QIDP noted a video monitor in the living room that showed Client #1's bed, due to the client's seizure disorder, so the staff could have checked the monitor. The exit doors had door chimes when opened, which should have alerted the staff. Since the elopement incident on 9/10/17, | W 159 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 159 | Continued From page 14<br>the QIDP said the management team held a meeting on 9/18/17 to discuss the incident and possible solutions. She said staff were being reminded/retrained to have one staff stay in the front common area of the home at all times, which ensured better monitoring of the exit doors. The QIDP was unable to produce documentation of the staff training at the time of the interview.<br><br>On 9/20/19 around 9:00 a.m., the QIDP produced an email from the HM stated she trained DSA A and DSA B by phone on 9/11/17 to ensure client safety and make sure to have one staff person monitoring the front area. In the email the HM said she also trained DSA C and DSA D by phone on 9/1/17. The QIDP also provided a training sheet written by the DSS with dates ranging from 9/12/17 to 9/19/17 documenting training of various staff to remind staff that at one staff needed to be in the central common area at all times. The QIDP provided the minutes from the management meeting held on 9/18/17 to discuss the elopement. The team determined a Wander Guard type of system would be the best option. No timeline for implementation was noted. The HM also sent an email to the QIDP on Friday, 9/15/17 at 7:32 p.m. that read, "All staff are going to have to be trained regarding (Client #1's) elopement. Responding to door chimes, knowing client whereabouts, and ensuring there is one person up front." When interviewed on 9/20/17 at 9:00 a.m. the QIDP said she had not seen the 9/15/17 email from the HM until Monday morning, 9/18/17.<br><br>During a follow up interview on 9/20/17 at 3:10 p.m. the QIDP confirmed she was aware Client #1 had a history of elopement at his/her prior placement, a waiver site. She was also aware | W 159 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 159 | Continued From page 15<br>Client #1's CFA indicated elopement was a concern. She attended the team meeting on 4/20/17, which was held to discuss Client #1's falls, but also included discussion of the client going out the exit door. The QIDP said she wrote the notes at that meeting, including the suggestions on how to manage the elopement behavior. Regarding any follow up to those suggestions, the QIDP said she thought staff had been told to do a head count when they heard the door chimes sound.<br>The QIDP also confirmed she received the email from DSA D dated 4/16/17 to express concern regarding Client #1 going out the exit door while other staff were busy. The QIDP acknowledged she did not respond to the email. When asked why the elopement attempts were not discussed at Client #1's 30-day team meeting on 4/20/17, the QIDP said they were more focused on the client's falls. Client #1 had fallen a lot around that time. She acknowledged she wrote a note indicating no BSP was needed. The QIDP said she realized now this was an error. At the time she thought BSPs were only needed if the client took behavior modifying medication. At the time of the interview on 9/20/17, the QIDP confirmed Client #1 did not yet have a BSP in place for elopement because the QIDP struggled with writing it. Since the elopement incident on 9/10/17, when Client #1 was found in the street by a neighbor, the facility had not implemented a BSP for elopement, had not increased the level of supervision for the client, and had just recently started training staff to keep at least one staff person in the front area of the home to monitor the general area and the exit doors. The QIDP also acknowledged the level of supervision noted in Client #1's 30-day Lifestyle Plan was not clear on how often to check the client when in bed but | W 159 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 159 | Continued From page 16<br>it was not during the overnight shift.<br><br>When interviewed on 9/21/17 at approximately 10:30 a.m. regarding initial training on Client #1 for DSA A and DSA B, the QIDP stated they should have documented they read Client #1's ISP and program plans. The QIDP said staff were also supposed to receive "site training" to familiarize them with the home and the clients, but that type of training had not been not documented until very recently, so the QIDP did not know if DSA A or DSA B had received the site training. The QIDP was able to locate documentation that DSA A had signed off on acknowledging Client #1's ISP on 8/10/17. There was no documentation for DSA B regarding Client #1's ISP. DSA A acknowledged reading Client #1's communication program on 9/11/17, the day after the incident. DSA B acknowledged reading Client #1's communication program on 7/18/17. However, there was no information in the ISP or any of Client #1's programs regarding elopement. | W 159 | | |
| W 194 | 483.430(e)(4) STAFF TRAINING PROGRAM<br><br>Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations, interviews and record review, the facility failed to provide adequate staff training to ensure staff competency with correct and consistent implementation of individual program plans. This affected 1 of 1 client involved in investigation 70935-I (Client #1). Finding follows: | W 194 | W194 STAFF TRAINING PROGRAM<br>Staff will be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible. The facility will provide adequate staff training to ensure staff competency with correct and consistent implementation of individual program plans. Specifically, staff will be retrained on client programs. This will be monitored through monthly Therap audits and monthly observations and coaching with each employee to ensure competency.<br><br>Person(s) Responsible:<br>Program Manager | 10/12/17 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 194 | Continued From page 17<br><br>See W 159 for additional information regarding the incident.<br><br>Record review of facility records on 9/19/17 revealed Client #1 left the facility without staff knowledge on the evening of 9/10/17. Staff failed to realize Client #1 was missing until a neighbor woman came to the door around 8:25 p.m. to let them know she had found Client #1 about two blocks from the facility. Direct Support Associate (DSA) A estimated she assisted Client #1 to bed between 7:30 p.m. and 8:00 p.m. and had not checked on the client since then. Client #1 returned to the facility with staff. Additional interviews and record reviews revealed the facility had knowledge of Client #1's history of elopements from a prior facility and of Client #1's repeated attempts to go outside without staff at the current facility, but had developed no program to address the behavior. There were two staff present with seven clients at the Maple Avenue facility at time of the incident.<br><br>According to the General Event Report (GER) written by DSA A on 9/10/17, she had put Client #1 to bed and had gone to assist other clients. DSA B was also assisting another client. She said Client #1 left the house without staff knowledge. A neighbor came to the facility and told them she had found one of their clients. A facility nurse assessed Client #1 the next morning and found no physical injuries.<br><br>Client #1 was 30 years old with a diagnosis including Severe Intellectual Disability, Lennox-Gausaut Syndrome/Seizure Disorder and Spina Bifida. Client #1 was non-verbal without functional communication. He/She ambulated | W 194 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 194 | Continued From page 18<br>independently, but wore a posey belt due to occasional unsteadiness and a history of falls. Client #1 was admitted to the facility on 3/23/17, from another agency. Due to an uncontrolled seizure disorder, Client #1 had a visual monitor that relayed a video of the client's bed to a small monitor in the living room. Staff could then monitor Client #1 when in bed.<br><br>Observation on 9/19/17 revealed door chimes on the four exit doors of the home, which sounded whenever the doors were opened. The door chimes made a musical sound of eight notes and then stopped. The chime did not continue if the door remained open. The door chime worked only if the door had been completely shut and then opened. The exit doors were located at the front of the house (south), which opened to the living room; the back of the house, off of the dining room and leading to a patio and backyard (north), a side door off of a sensory room that led to the parking lot (east) and a bedroom wing door that also led to the patio area (northwest). Client #1's bedroom was located at the end of the bedroom hallway, next to the bedroom wing exit door. The main common area of the house was an open area that included the living room, dining room and kitchen.<br><br>During observations on 9/19/17 from approximately 3:45 p.m. to 4:00 p.m. Client #1 spent most of his/her time pacing/walking around, with staff closely monitoring. The back door that led to the patio and backyard was wide open, so Client #1 went outside at one point, with staff following. Client #1 wore a gait belt, but appeared steady while walking. The Direct Support Supervisor (DSS) said the back patio door was often left open during nice weather. | W 194 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 194 | Continued From page 19<br><br>Record review on 9/20/19 revealed Client #1's Comprehensive Functional Assessment (CFA), dated 4/14/17. A section of the CFA addressed behavior issues. Under the category of "Leaves without notifying others/elopes," the box for "Total" was checked. The box for "Total" was also checked for uses sidewalks, uses crosswalks, uses traffic lights, and cautious with strangers. When asked on 9/20/17 at 1:20 p.m. to explain the meaning of "Total," the Qualified Intellectual Disability Professional (QIDP) said Client #1 would need total staff assistance not to elope. The client would try to elope if not for total staff assistance. She said Client #1 would also need total staff assistance to use sidewalks, crosswalks and traffic lights and to be cautious with strangers.<br><br>A team meeting consisting of two managers, the facility nurse, the Program Coordinator (at that time) and the QIDP was held on 4/19/17 to discuss concerns regarding Client #1's frequent falls. According to notes written by the QIDP, the team also discussed Client #1 having gone out the bedroom wing door without staff acknowledgement. The notes indicated the team discussed the possibility of "sirens" on the exit door, fencing in the backyard and having staff do a head count every time the door chimes sounded. When interviewed on 9/20/17 at 3:10 p.m. regarding follow up on any of these suggestions, the QIDP said she thought staff were told to do a headcount whenever they heard a door chime sound. She was unable to find documentation of this training.<br><br>The 30-day Lifestyle Plan meeting was held on 4/20/17 attended by the QIDP, Client #1's | W 194 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 194 | Continued From page 20<br>guardian, the facility nurse, Program Coordinator and other staff. The Lifestyle Plan noted door chimes on the exit doors. The facility did identify communication as a priority need and developed a program for Client #1 to communicate his wants/needs by using a communication book with pictures. The program did not specifically address teaching Client #1 to request to go outside. Staff were supposed to ask Client #1 to indicate what he/she wanted to do by using the pictures in the communication book. According to the Lifestyle Plan, Client #1 required general level of supervision and directed, "Staff provide hourly visual observation during overnight hours to ensure I am sleeping well and do not require further supports. I often like to spend time alone in my room throughout the day. Staff will check in with me every 20-30 minutes to ensure that I am engaged in an activity and do not require further supports. In the summer I like to spend much of my time outside. I like to go for walks but need staff assistance outside of the home." The Lifestyle Plan also noted, "I am a social person and do not understand the difference between a stranger and a friend. I need assistance to maintain appropriate relationships with others." and "I need physical and verbal assistance to access my community safely."<br><br>Client #1 had a Personal Schedule dated 03/2017. According to the schedule, Client #1 typically went to bed around 10:00 p.m. and staff should provide hourly checks from 10:00 p.m. to 6:00 a.m.<br><br>When interviewed on 9/19/17 at 4:00 p.m. the Direct Support Supervisor (DSS) reported Client #1 had a history of elopement from his/her previous placement. She said the patio door was | W 194 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 194 | Continued From page 21 | W 194 | | |

sometimes left open if staff were present, but should all be closed when clients went to bed. The DSS said she thought the two staff present at the time of the incident had been trained on the Maple Ave clients, but she did not recall training them. She said the facility had been short staffed and had been using Mosaic staff from the Des Moines area. The DSS said Client #1 typically went to bed around 8:00 p.m. She said since the elopement incident, she had been training staff there must be one staff person in the front ' common area at all times. Staff could more easily monitor all the exit doors from the common area. The DSS said even prior to the incident staff had been told to keep one staff in the common area.

When interviewed on 9/20/17 at 9:55 a.m. DSA A reported she worked for the Mosaic agency for about one year, in the Des Moines area. She filled in at the Maple Ave home for about one month approximately 3-4 times as of 9/10/17. DSA A said she prior to the incident she had not been told/trained that one staff person needed to stay in the front area of the house, but she noticed one staff usually stayed in the front area. When asked if she had been trained/told since the incident to make sure a staff person stayed in the front area of the house, DSA A said she had not. She recalled a phone conversation with the Habilitation Manager (HM) within a day or two of the incident to discuss the elopement incident, but said the HM did not tell her a staff person needed to be in the front area. DSA A said she did not know Client #1 had a history of elopement, but observed the client would go outside on his/her own. Staff then brought the client back inside. DSA A said she did not recall what time she had assisted Client #1 to bed, but

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 194 | Continued From page 22<br>estimated maybe around 7:30 p.m. (she had estimated between 7:40 p.m. to 8:00 p.m. when questioned by the facility within a day of the incident). When asked how often she should have checked on Client #1 after he/she went to bed, DSA A said she should have checked the client about every 2 hours. She knew of the video monitor in the living room, but said she had not looked at it prior to the neighbor woman coming to the door.<br><br>During a follow up interview on 4/20/17 at 1:50 p.m. DSA A said she didn't know of Client #1 having a communication book. When asked if there was any way for Client #1 to communicate he/she wanted to go outside, DSA A said she didn't know of anything.<br><br>When interviewed on 9/20/17 at 10:45 a.m. DSA B reported he worked PM shift on 9/10/17, along with DSA A and DSA C. DSA B said no staff person was assigned to Client #1, the staff shared responsibility for the clients. DSA B said he filled in at the Maple Ave home since late July and estimated he worked there 10-15 times. DSA B said he did not know Client #1 had a history of elopement, but he was aware the client would try to go outside without staff. DSA B said he thought Client #1 was in bed at the time of the incident. He said once Client #1 was in bed, staff should check on him/her every 1-2 hours. DSA B knew of the video monitor for Client #1, but had been busy with Client #2 and had not looked at it. DSA B said he had not been told prior to the incident that one staff person needed to stay in the front common area. When asked if he had been told/trained since the incident, DSA B said no. He recalled a phone conversation with the HM. when they talked about the incident, but she didn't tell | W 194 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 194 | Continued From page 23 | W 194 | | |

him that one staff person needed to stay in the common area. DSA B said the last time he saw Client #1 prior to the elopement was probably around the time DSA C left, but he was busy passing medication and did not recall with certainty.

During a follow-up interview on 4/20/17 at 2:00 p.m. DSA B said he was not aware of Client #1 having a communication book. He said there was a switch by at least one of the exit doors to activate a verbal request to go outside. DSA B said the switch didn't always work properly and Client #1 never used it.

When interviewed on 9/19/17 at 4:35 p.m. DSA C confirmed she worked PM shift at the Maple Ave home, with DSA A and DSA B on 9/10/17. She was a full time staff at the home and worked there for about five years. She was aware Client #1 had a history of eloping at his/her prior agency. At the Maple Ave home, Client #1 would often open an exit door and try to go outside. Staff were always present and followed him/her. The regular Maple Ave staff knew to monitor Client #1 very closely. They also made sure one staff person stayed in the front common area at all times, to monitor the area and the exit doors. DSA C said Client #1 typically went to bed between 8:30 p.m. 9:00 p.m. Once in bed, Client #1 usually stayed in bed. Sometimes he/she got back up after an hour or so, but it was not typical for Client #1 to get right back up after going to bed. DSA C said she left the Maple Avenue home around 7:30 p.m. to go pass medication at another house. Client #1 was sitting at the kitchen table having a snack when she left. She returned to the house around 9:30 p.m. and learned of the elopement incident. DSA C said after Client #1

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 194 | Continued From page 24<br>went to bed staff should check on him/her every 2 hours and staff should check the video monitor every hour.<br><br>When interviewed on 9/19/17 at 4:15 p.m. DSA E stated she was a regular full-time staff person at the Maple Ave home. She noted the two staff present at the time of the incident on 9/10/17 were not as familiar with Client #1 as the regular staff. DSA E said Client #1 had been more active since a reduction in seizure medication. She estimated Client #1 would open an exit door and try to go outside about 2-3 times per shift. Staff closely monitored the client. The exit door in the bedroom wing was next to Client #1's bedroom and the client had gone out that door in the past. The regular staff knew that a staff person should stay in the front area to monitor. DSA E said she was not aware of any other time Client #1 had actually eloped from the Maple Ave home, but she aware the client had a history of elopements from his/her prior living site. DSA E said Client #1 usually went to bed between 7:45 p.m. and 9:00 p.m. He/She usually stayed in bed, but not always. DSA E said after Client #1 went to bed, staff should check him/her every hour, but should check more often on the video monitor. DSA E noted that Client #1 could move quickly.<br><br>When interviewed on 9/21/17 at 8:55 a.m. DSA F said she was a regular full-time staff at the Maple Ave home. When asked about Client #1's communication book, DSA F said the client didn't like to use it. When asked where it was located, DSA F said she didn't know, but she thought it might be at the facility office.<br><br>When interviewed on 9/19/17 at 3:00 p.m. the QIDP said Client #1 had not previously eloped | W 194 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 194 | Continued From page 25 | W 194 | | |

from this facility. She said Client #1 had a history of elopement from his/her prior placement. Client #1 also had a history of trying to go out the exit doors at this facility without staff accompanying him/her, but staff had seen the client and either redirected him/her or gone outside with the client. The incidents of attempts to leave the house without staff were not being tracked/documented. The QIDP said since the elopement incident on 9/10/17 she was working on a behavior program to address the elopement, but had not completed it yet. The two staff present at the time of the incident on 9/10/17 were not regular staff for the Maple Ave home. The staff were fill-in staff from Des Moines and had worked at the house for the past month or so. The regular staff person working that shift had left to go pass medications at another house. When questioned what Client #1's level of supervision should have been if he/she went to bed around 7:45 p.m., the QIDP said since it was not the overnight shift, the staff should have been checking on Client #1 approximately every 20-30 minutes. The QIDP noted there was a video monitor in the living room that showed Client #1's bed, due to the client's seizure disorder, so the staff could have checked the monitor. The exit doors had door chimes when opened, which should have alerted the staff. Since the elopement incident on 9/10/17, the QIDP said the management team had held a meeting on 9/18/17 to discuss the incident and possible solutions. She said staff were being reminded/retrained to have one staff stay in the front common area of the home at all times, which ensured better monitoring of the exit doors. The QIDP was unable to produce documentation of the staff training at the time of the interview.

On 9/20/19 around 9:00 a.m., the QIDP produced

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 194 | Continued From page 26<br>an email from the HM that stated she trained DSA A and DSA B by phone on 9/11/17 to ensure client safety and make sure to have one staff person monitoring the front area. In the email the HM said she also trained DSA C and DSA D by phone on 9/1/17. The QIDP also provided a training sheet written by the DSS with dates ranging from 9/12/17 to 9/19/17 documenting training of various staff to remind staff that at one staff needed to be in the central common area at all times. The QIDP also had the minutes from the management meeting held on 9/18/17 to discuss the elopement. The team determined a Wander Guard type of system would be the best option. No timeline for implementation was noted. The HM also sent an email to the QIDP on Friday, 9/15/17 at 7:32 p.m. that read, "All staff are going to have to be trained regarding (Client #1's) elopement. Responding to door chimes, knowing client whereabouts, and ensuring there is one person up front." When interviewed on 9/20/17 at 9:00 a.m. the QIDP said she had not seen the 9/15/17 email from the HM until Monday morning, 9/18/17.<br><br>When interviewed on 9/21/17 at approximately 10:30 a.m. regarding initial training on Client #1 for DSA A and DSA B, the QIDP stated they should have documented they had read Client #1's ISP and program plans. The QIDP said staff were also supposed to receive "site training" to familiarize them with the home and the clients; but that type of training had not been not documented until very recently, so the QIDP did not know if DSA A or DSA B had received the site training. The QIDP was able to locate documentation DSA A signed off on acknowledging Client #1's ISP on 8/10/17. There was no documentation for DSA B regarding Client | W 194 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G113 | A. BUILDING _____ B. WING _____ | C 09/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOSAIC-217 MAPLE AVENUE | 217 MAPLE AVENUE NEVADA, IA 50201 |

| (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 194 | Continued From page 27<br>#1's ISP. DSA A acknowledged reading Client #1's communication program on 9/11/17, the day after the incident. DSA B acknowledged reading Client #1's communication program on 7/18/17. However, there was no information in the ISP or any of Client #1's programs regarding elopement. | W 194 | | |