

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/29/2021
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NAME OF PROVIDER OR SUPPLIER MOSAIC-EAST 42ND STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 3114 E 42ND ST DES MOINES, IA 50317
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W 000	<p>INITIAL COMMENTS</p> <p>The investigation of 98362-I was completed from 7/7/21 - 7/29/21 with the following results:</p> <p>The investigation of #98362-I resulted in determination of Immediate Jeopardy (IJ) at W 189. On 7/8/21 at 2:10 p.m. Immediate Jeopardy (IJ) was determined based on the facilities failure to ensure staff were adequately trained to take appropriate actions to keep clients safe during medical emergencies. The facility was notified on 7/8/21 at 5:10 p.m. The facility developed a plan to remove the IJ, which included retraining staff on policies/procedures including notifications of medical emergencies. Additional concerns were identified which resulted in continued IJ at W 192 and W 331. On 7/20/21 at 2:30 p.m. IJ was determined based on the facilities failure to ensure staff were adequately trained to communicate and ensure appropriate follow up concerning changes in client medical conditions. The facility was notified on 7/20/21 at 2:30 p.m. The facility developed a plan to remove the IJ, which included retraining staff on policies/procedures including notifications of medical emergencies. The IJ was removed on 7/22/21 at 3:37 p.m.</p> <p>As a result of the investigation, the facility was found to be out of compliance with the Conditions of Participation (COP) Facility Staffing and Health Care Services. Deficiencies were cited at W189, W192 and W331.</p> <p>The annual recertification survey was also completed from 7/22/21 to 7/29/21. As a result of the survey Standard level deficiencies were cited at W192, W 207, W 249,</p>	W 000	<p>POC</p> <p>9/29/21</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Brandi Bretthauer <small>Digitally signed by Brandi Bretthauer DN: cn=Brandi Bretthauer, o, ou, email=brandi.bretthauer@mosaicinfo.org, c=US Date: 2021.09.13 12:55:11 -0500</small>	TITLE Executive Director	(X6) DATE 9/13/21
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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 000	Continued From page 1 W 259, W 371, W 445, W 474, W 478 and W 486. A focused infection control survey was also completed at this time. No concerns were identified.	W 000		
W 158	<p>FACILITY STAFFING CFR(s): 483.430</p> <p>The facility must ensure that specific facility staffing requirements are met.</p> <p>This CONDITION is not met as evidenced by: Based on interviews and record review, the facility failed to comply with the Condition of Participation (COP) Facility Staffing. The facility failed to ensure staff were adequately trained on agency policies and procedures to competently and consistently respond to client medical situations and communicate client needs to appropriate medical personnel.</p> <p>Cross reference W189: Based on interviews and record reviews, the facility failed to consistently ensure staff were adequately trained to perform the essential functions of their job at a level which promoted the best possible outcomes for the individuals served.</p> <p>Cross reference W192: Based on interviews and</p>	W 158	<p>W158 FACILITY STAFFING The facility will ensure that specific facility staffing requirements are met. The facility will ensure all staff are trained on agency policies and procedures to competently and consistently respond to client medical situations and communicate client needs to appropriate medical personnel. Specifically, all staff will be trained on Change of Condition policy, including change of condition identification, response, and notifications. All staff will be trained on Incidents and Injuries policy, including when to contact when there is a medical concern. This will be monitored by direct support supervisors through routine monthly observations and by program manager through GER reviews.</p> <p>Person(s) Responsible: Program Manager</p>	07/22/21

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W 158	Continued From page 2 record reviews, the facility failed to consistently ensure staff were adequately trained to ensure important medical information was communicated to appropriate medical personnel. On 7/8/21 at 2:10 p.m. Immediate Jeopardy (IJ) was determined based on the facilities failure to ensure staff were adequately trained to take appropriate actions to keep clients safe during medical emergencies. The facility was notified on 7/8/21 at 5:10 p.m. The facility developed a plan to remove the IJ, which included retraining staff on policies/procedures including notifications of medical emergencies. On 7/20/21 continued IJ was determined (at W 192) based on the facilities failure to ensure staff were adequately trained to communicate important medical information to the appropriate medical personnel. The facility was notified on 7/20/21 at 2:30 p.m. The facility developed a plan to remove the IJ, which included retraining staff on policies/procedures related to responsibilities to communicate vital medical information. The IJ was removed on 7/22/21 at 3:37 p.m.	W 158			
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on interviews and record reviews, the facility failed to consistently ensure staff were adequately trained to perform the essential	W 189	W189 STAFF TRAINING PROGRAM Please see next page.		

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W 189	<p>Continued From page 3</p> <p>functions of their job at a level which promoted the best possible outcomes for the individuals served. This affected 1 of 1 individuals involved in 98362-I (Client #1).</p> <p>Findings follow:</p> <p>Record review revealed a facility investigation dated 7/1/21. The investigation indicated shortly after 5:00 a.m. on 6/25/21 Direct Support Associate (DSA) A and DSA B found Client #1 in bed unresponsive. The report indicated staff attempted to call their supervisor who did not answer the phone. Staff then called 911 where they were instructed to initiate CPR and use the AED machine in an attempt to revive the client. DSA A performed CPR on Client #1 while he laid in his bed. Shortly after arrival the paramedics informed staff Client #1 passed away. The investigation further revealed DSA A and DSA B failed to follow "Change of Condition" protocol when they called their supervisor before 911. The investigation also indicated staff failed to move the client to the floor to perform CPR, but rather attempted it while the client remained on his bed.</p> <p>Record review revealed Client #1 was 42 years old and diagnosed with mild intellectual disabilities. Some additional diagnoses included, but were not limited to: spastic quadriplegic, cerebral palsy, GERD, disease of the stomach and duodenum, intestinal obstruction, constipation, tachycardia, dysphagia, severe sepsis without septic shock, hypoglycemia and colostomy.</p> <p>Record review revealed a Death Certificate, dated 7/8/21, listed aspiration/probable small bowel obstruction as the cause of death.</p>	W 189	<p>W189 STAFF TRAINING PROGRAM</p> <p>The facility will provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. All staff will be trained to perform the essential functions of their job at a level which promotes the best possible outcomes for individuals served. Specifically, all staff will be trained on the Safety and Protection policy and ISP plans specific to general and overnight supervision for each individual. All staff will be trained on Change of Condition policy specific to first calling 911 in a medical emergency and then initiating CPR, if necessary. All staff will be trained that CPR best practice is to be performed on a hard surface when deemed safe. This will be monitored by direct support supervisors through routine monthly observations and program manager through GER reviews.</p> <p>Person(s) Responsible: Program Manager</p>	07/22/21
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W 189	<p>Continued From page 4</p> <p>1. Record review revealed a policy for "Safety and Protection," last revised 2/22/21. The policy indicated in an ICF/ID setting overnight employees would check on each person at least hourly. The policy further indicated ISP's would designate additional supports as needed. Review of Client #1's ISP Plan, dated 8/31/20, revealed the client needed to be checked every 30 minutes for safety and supervision.</p> <p>When interviewed on 7/7/21 at 11:30 p.m. DSA A confirmed she worked the NOC (overnight shift) on the night of 6/24/21 to 6/25/21. The DSA reported when she came on duty around 11:00 p.m. on 6/24/21 she was informed by staff on the previous shift the client had a few episodes of emesis. The DSA stated she checked on the client every hour as she was supposed to that night. The DSA confirmed her supervisor told her to keep a "close eye," but did not explain he needed to be monitored more than once per hour. The DSA revealed Client #1's bedroom was in the back of the house and indicated she and DSA B sat in the front of the home all night in the living room area. When she checked the client at 5:00 a.m. she found him warm and unresponsive. DSA A stated she tried to wake the client up, but did not check his pulse. The DSA confirmed she called her supervisor right away and when he did not answer she called 911 where she was told to perform CPR and use the AED machine. The DSA confirmed she performed CPR and used the AED with the client on his bed for several minutes until the EMT's arrived who moved the client to the floor and attempted CPR. The DSA stated shortly after this the EMT's informed her the client had passed away.</p>	W 189		
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W 189	Continued From page 5 When interviewed on 7/8/21 at 12:02 a.m. DSA B also confirmed he worked the same shift with DSA A. DSA B confirmed he was made aware Client #1 was sick and they were to keep an eye on him. The DSA stated they completed the usual check of once per hour. The DSA was not aware checks needed to be completed more often than every hour. When interviewed on 7/8/21 at 12:12 a.m. the NOC Direct Support Supervisor (DSS) confirmed he worked the overnight shift on 6/24/21 with DSA A and DSA B. The DSS indicated he visited the house but was responsible for several houses and visited each one. The DSA confirmed when he came on shift he was informed Client #1 vomited three times during the previous shift and was told to have his staff keep a close eye on the client by the DSS. The NOC DSS stated regular checks on Client #1 were at hourly intervals, but when he told staff to keep a close eye on the client that meant more often than hourly. When asked how often that would be he said maybe more like 30 minutes, but confirmed he never told staff every 30 minutes. The NOC DSS confirmed he believed regular checks on the client were 60 minutes and did not know his ISP indicated checked needed to be done every 30 minutes under regular circumstances. When interviewed on 7/19/21 at 2:34 p.m. the Qualified Intellectual Disabilities Professional (QIDP) confirmed Client #1's supervision at the time of his death was every 30 minutes for safety and supervision. The QIDP confirmed he did not know why the client needed 30 minute checks when the majority of the clients in the home were on 60 minute checks. The QIDP guessed it was	W 189			

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W 189	<p>Continued From page 6</p> <p>some previous health concern from before he took over two years ago. The QIDP indicated the supervision level should have been updated and accurate in the ISP, but confirmed at the time of his death he should have been checked on every 30 minutes when healthy and more often when sick.</p> <p>When interviewed on 7/8/21 at 10:00 a.m. RNA confirmed she was informed Client #1 vomited around 4:15 p.m. on 6/24/21. The RN stated she visited with the client in his bedroom and did an assessment of the client around 4:30 p.m. The RN admitted she did not document the assessment and confirmed she should have. When asked why Client #1 had 30 minute supervision the RN stated she was not sure why he needed it. She stated when she left she passed care of the client to the on-call nurse and instructed them to isolate the client due to possible Covid and monitor him. When asked what "monitor him" meant she indicated it meant check on him more often than every 30 minutes.</p> <p>2. Record review revealed a policy for "Change of Condition" (COC), last revised 3/2/20. The policy indicated "Mosaic will ensure that all person working with people served, as well as supervisors, are trained and empowered to seek medical attention immediately if the situation deemed it so." The document further revealed "In the case of a medical emergency Mosaic employees and contractors will not hesitate to call 911 immediately." The policy further directs staff to call 911 and initiate CPR if a client is unconscious. The policy stated staff will be trained on the policy during initial orientation and "at least annually thereafter."</p>	W 189			

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W 189	<p>Continued From page 7</p> <p>When interviewed on 7/8/21 the Associate Director (AD) revealed DSA A last received COC training on 11/1/19 and DSA B last received training on 1/16/20. The AD confirmed the policy stated staff would be trained on COC at least annually and both staff were overdue.</p> <p>When interviewed on 7/8/21 at 10:00 a.m. RN A confirmed staff should have checked Client #1's pulse and called 911 before they called their supervisor.</p> <p>3. Record review revealed a facility investigation dated 7/1/21. The investigation indicated staff (DSA A and DSA B) failed to move the client to the floor to perform CPR, but instead attempted CPR while the client remained on his bed.</p> <p>When interviewed on 7/7/21 at 11:30 p.m. DSA A confirmed she performed CPR on Client #1 on the morning of 6/25/21 around 5:00 a.m. while he remained in his bed. The DSA stated when the EMT's arrived they moved the client to the floor to perform CPR.</p> <p>When interviewed on 7/8/21 at 10:00 a.m. RN A confirmed staff should have done the CPR on the floor if they were physically able.</p> <p>When interviewed on 7/8/21 at 3:30 p.m. the Senior Staff Development Specialist (SD) revealed nowhere in the CPR/First Aid training they used from the Red Cross indicated CPR should be done on a solid surface rather than a soft surface such as a mattress. The SD further noted he recently attended training with the Red Cross and when the question was asked about soft surface and hard surface the Red Cross instructor confirmed the solid surface is preferred</p>	W 189			

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W 189	Continued From page 8	W 189			
W 192	because it's the best practice. STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2) For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. This STANDARD is not met as evidenced by: Based on interviews and record reviews, the facility failed to consistently ensure staff were adequately trained to ensure important medical information was communicated to appropriate medical personnel. This affected 1 of 1 individuals involved in 98362-I (Client #1) and one additional client from the annual survey (Client #5). Findings follow: 1. Record review revealed a facility investigation dated 7/1/21. The facility investigation revealed Client #1 had an emesis in his bedroom at 3:55 p.m. when staff attempted to help him out of bed. The client was seen shortly after by his regular nurse RN A. Around an hour later at dinner time the client again had an emesis and staff notified the on-call nurse (Registered Nurse (RN) B). Around 8:30 p.m. or 9:00 p.m. Direct Support Associate (DSA) C heard the client gagging in his room. Shortly after DSA C reported the emesis to her co-worker DSA D (also a CMA) who passed on the information to the Direct Support Supervisor (DSS) just before 10:00 p.m. The DSS texted and called the RN B (the on-call nurse) around 10:00 p.m., but did not receive a response to the call or the text message. The	W 192	W192 STAFF TRAINING PROGRAM For employees who work with clients, training will focus on skills and competencies directed toward clients' health needs. Staff will be trained to ensure important medical information is communicated to appropriate medical personnel. Specifically, all staff will be trained on Mosaic's Incident and Injury policy, including when to contact when there is a medical concern. This will be monitored by direct support supervisor through routine monthly observations and GER reviews. Person(s) Responsible: Program Manager	07/22/21	

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W 192	Continued From page 9 Investigation further revealed the next morning shortly after 5:00 a.m. on 6/25/21 DSA A and DSA B found Client #1 in bed unresponsive. Staff called their supervisor who did not answer before they called 911. EMT's arrived shortly after and pronounced Client #1 dead. Record review revealed Client #1 was 42 years old and diagnosed with mild intellectual disabilities. Some additional diagnosis (although not all inclusive) include Spastic quadriplegic, cerebral palsy, GERD, disease of the stomach and duodenum, intestinal obstruction, constipation, Tachycardia, Dysphagia, Severe Sepsis without septic shock, hypoglycemia and colostomy. Record review revealed a Death Certificate dated 7/8/21 listed aspiration/probable small bowel obstruction as the cause of death. Record review of Client #1's ISP Plan dated 8/31/20 revealed the client communicated "very effectively" through facial expressions, vocalizations and eye gaze. The ISP further stated Client #1 would look at your right hand if he wanted to answer you with a yes, your left hand if he meant no, and would look down if he didn't know the answer. The report further indicated the client does not like admitting when he's sick or hurting because he is afraid he might miss a fun activity. Additionally, staff needed to monitor him for signs of illness/injury such as fever, discoloration, lethargy, bruising, lack of output, vomiting and loss of appetite. The ISP also indicated Client #1 made many of his own choices such as, but not limited to: when to wake up and go to bed, when to shower, what to wear, what radio station to listen to or television program to watch, who and when to call someone, what activities to participate in and	W 192			

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W 192	<p>Continued From page 10</p> <p>when to be repositioned. Client #1 also had a girlfriend with whom staff assisted him to plan dates with.</p> <p>Record review revealed a policy for Injuries and Incidents dated 11/17/20 which outlined the process for notification of medical personnel in the event of a medical concern. The policy indicated in an ICF/ID if staff identified a medical concern with a client they "must" call a nurse. If they did not receive a return call from the nurse they needed to call again in 5 minutes. If still no response from a nurse they needed to call a supervisor or designated on-call personnel until they reached someone. If a medical emergency staff are instructed to call 911 first and then call a supervisor.</p> <p>When interviewed on 7/8/21 at 10:00 a.m. RN A (Client #1's regular nurse) confirmed she completed an assessment of the client around 4:00 p.m. after being told he had an emesis and didn't feel well despite being busy with 2 other client problems. The RN stated she completed an assessment of the client and asked him how he felt. She reported the client stated he felt okay and she asked him if he would be okay if she went home as it was the end of her day. She noted the client said yes it was okay if she went home. The RN confirmed the client was a reliable communicator. She then turned his care over to RN B who was the on-call nurse for the night. The RN admitted she failed to document her assessment of the client and stated she should have. When she left she told staff to isolate him due to potential Covid-19 and monitor him. When asked what "monitor him" meant she indicated it meant check on him at least every 30 minutes or less and report any further problems.</p>	W 192		
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W 192	<p>Continued From page 11</p> <p>When interviewed on 7/19/21 at 6:20 p.m. DSA C confirmed she was aware Client #1 had thrown up earlier in the shift while getting dressed. DSA C stated she didn't actually see Client #1 until after dinner as she had been in the front of the house working and he was isolated to his bedroom in the rear. DSA C stated around 8:45 p.m. (give or take 15 minutes) she was doing paperwork in the back of the home outside Client #1's bedroom when she heard him gagging. She entered the room and noticed he was very sweaty and asked him if he would like his blankets off and he said yes. She said she had never seen him that sweaty before that night. Shortly after she heard him gagging he had 2 more small emesis. She stated he did not look like he felt well, so she stayed in the bedroom with him for the remainder of her shift at 11:00 p.m. During her time in the room with Client #1 she asked him if he needed to go to the hospital 3 or 4 times. The client answered yes he felt he needed to go each time. She stated this was very unlike him as he never admitted being sick for fear of missing fun activities and hated going to the hospital. DSA C told DSA D about the client's self-assessment of needing hospitalization, then they both told the DSS on duty over the phone. DSA C reported the DSS indicated she didn't feel the client was really that sick and did not plan to send him to the hospital. DSA C stated she had only worked in the field 4 or 5 months and decided to defer to her supervisor who probably knew better than she did.</p> <p>When interviewed on 7/20/21 at 9:40 a.m. DSA D confirmed he worked the evening shift with DSA C on 6/24/21. He confirmed he was the Certified Medication Aide (CMA) in the house and was</p>	W 192		
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W 192	<p>Continued From page 12</p> <p>aware Client #1 had vomited three times during the shift. After the first emesis at 3:55 p.m. DSA D stated he took the clients vitals which were normal and RN (RN A) did an assessment of the client. He remembered the RN said keep checking on him and take his vitals. DSA D stated DSA C told him Client #1 reported he needed to go the hospital, so they called the DSS and told her over the phone. He stated he did not feel the client needed to go to the hospital in his opinion because his vitals were okay and he didn't seem that sick. He told the overnight shift who took over at 11:00 p.m. about the client's illness and to keep a close eye on him.</p> <p>When interviewed on 7/20/21 at 10:35 a.m. the DSS confirmed and emphasized Client #1 was "very reliable" when asked questions and made clear distinctions between yes and no. The DSS stated she was aware of Client #1's emesis at 3:55 p.m. and at dinner time. She stated she was informed just before 10:00 p.m. by DSA C and DSA D of the client gagging and additional emesis around 9:00 p.m. The DSS stated she did not remember being told by staff that Client #1 stated he needed to go to the hospital. The DSS agreed that would be very important information to tell the on-call nurse as the client was very reliable and often tried to cover up illness from staff so he wouldn't miss any fun activities. In another interview on 7/8/21 at 12:03 p.m. the DSS revealed she texted the on-call nurse (RN B) at 9:59 p.m. that the client had an additional small emesis and a temperature of 97.3. She stated RN B did not respond to the text message, so she called her at 10:01 p.m. and she did not answer. She confirmed the 10:01 p.m. phone call was her last attempt to communicate with RN B for the night and the only</p>	W 192			

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W 192	<p>Continued From page 13</p> <p>information she passed was the additional emesis and the client temperature in her text message.</p> <p>When interviewed again on 7/21/21 at 1:20 p.m. RN A confirmed Client #1 was very competent and could answer questions accurately and reliably. She confirmed she has had many conversations with the client about health and sickness and admitted sometimes he tries to hide illness from her in hopes of not missing out on something fun. She further stated if Client #1 stated he was sick he was likely sick and his word could be counted on, he knew what he was talking about. The RN stated it should be considered a medical concern if the client said he needed to go to the hospital. She stated at that point nursing should have been notified in this case when the client reported his need for hospitalization. She further stated she believed if either one of her PM Supervisors would have been notified the client said he needed to go to the hospital they would have sent him. She questioned whether the information was passed onto a supervisor.</p> <p>2. Record review on 7/27/21 of a facility incident report dated 9/16/20 for Client #5 revealed she was taken to the hospital after a possible choking incident and emesis during dinner. The report revealed further hospital test indicated the client was anemic with a hemoglobin count of 5.3 and in need of several units of blood and an antibiotic for potential pneumonia. Further test revealed larger amounts of stool, a distended bladder and eventually test found a GI bleed. Further review of the document revealed the DSS was with the client at the hospital on 9/16/20. The DSS informed RN B about the anemia. The RN then</p>	W 192		
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W 192	<p>Continued From page 14</p> <p>asked whether Client #2 had any recent black stools. The DSS informed the RN she called out to the house and staff confirmed recent black stools for Client #2. Record review of an elimination report from 9/1/20 to 9/16/20 for Client #2 revealed no blood in her stool.</p> <p>When interviewed on 7/28/21 at 10:50 a.m. the DSS confirmed she was at the hospital with Client #2 on 9/16/20. She stated while there she talked with RN B and told her about the diagnosis of anemia. She stated the RN immediately asked about black stools. The DSS stated she then called Client #2's house and talked with staff who confirmed the client had black stools recently on the overnight shift. The DSS informed the staff black stools indicated blood and it should have been reported right away. The DSS stated the staff indicated she did not know black stools were likely blood and would report and document any changes in stool the next time it occurred.</p> <p>When interviewed on 7/28/21 at 9:40 a.m. RN B confirmed she was the nurse on-call on 9/16/20 when Client #2 went to the hospital. She confirmed she asked the DSS about black stools when she found out about the anemia. The RN confirmed staff should have documented black stools when they were observed and notified a nurse immediately who would have started a T-Log. The RN reviewed the record on 7/28/21 and confirmed there was no T-Log completed and the elimination record showed no presence of blood in stools for the client for at least 2 weeks before 9/16/20. The RN stated she was concerned staff failed to document the black stools and make a nurse aware. RN B stated if she knew a client had black stools she would either send them to the Emergency Room (ER) if</p>	W 192			

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W 192	Continued From page 15 it was large or schedule an appointment for the next day if it was small amount. The RN indicated a hemoglobin of 5.3 is extremely low and stated the client must have lost a lot of blood before this incident on 9/16/20. She stated staff needed to be trained to recognize and report any changes in stool immediately to nursing. She confirmed this information was crucial and was concerned staff did not know. When interviewed on 7/28/21 at 3:15 p.m. RN A confirmed she was the nurse regularly assigned to Client #2. She confirmed she was aware of Client #2's hospitalization 9/16/20 to 9/24/20. When asked if Mosaic identified the problem with staff not reporting the black stools and performed any additional training as a result she stated she was not aware of any trainings. RN A stated she did not know staff had failed to report any black stools until she was asked about it during her interview on 7/28/21. The RN stated staff needed to be trained to report any changes in stools with any clients to keep individuals safe.	W 192			
W 207	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(2) Appropriate facility staff must participate in interdisciplinary team meetings. This STANDARD is not met as evidenced by: Based on interviews and record reviews, the facility failed to consistently ensure at least one direct care staff attended each client's annual staffing. This affected 2 of 3 sample clients (Client #3 and Client #4). Findings follow: Record review revealed an annual staffing report	W 207	W207 INDIVIDUAL PROGRAM PLAN Appropriate facility staff will participate in interdisciplinary team meetings. Mosaic will ensure that at least one direct care staff is in attendance at client ISP meetings. All QIDPs will be trained on the Individual Support Planning policy. This will be monitored by program manager through ISP meeting attendance. Person(s) Responsible: Program Manager	09/29/21	

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W 207	Continued From page 16 for Client #3 dated 2/17/21. The report listed several individuals who attended the meeting, however none of those in attendance were direct care workers. A review of Client #4's annual staffing report dated 10/21/20 revealed the same. When interviewed on 7/28/21 at 2:30 p.m. the Qualified Intellectual Disabilities Professional (QIDP) confirmed none of the names listed on Client #3 and Client #4's annual staffings were direct care staff. The QIDP stated he felt a DSA may have stopped in briefly or for part of Client #3's meeting, but it wasn't documented and he wouldn't know who it was.	W 207		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to consistently ensure each client was provided with opportunities for active treatment as outlined in their treatment program. This affected 3 of 3 sample clients (Client #2, Client #3 and Client #4).	W 249	W249 PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client will 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 individualized treatment plan. Mosaic will ensure that each client is provided with opportunities for active treatment as outlined in their treatment program. Specifically, all staff will be trained on Mosaic's Individual Support Planning policy and trained on implementing individuals' programs, health supports and personal schedules. This will be monitored by direct support supervisors through routine, at minimum, monthly active treatment observations. Person(s) Responsible: Program Manager	09/29/21

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W 249	<p>Continued From page 17</p> <p>Findings follow:</p> <p>1. Observations on 7/22/21 at 2:45 p.m. revealed all the clients in their bedrooms except Client #6. Observations at 3:15 p.m. revealed Client #2, Client #3 and Client #4 awake in their bedrooms. Client #2 and Client #4 were in their beds and Client #3 was laying on a special mattress on the floor of his room. Continuous observations at 3:41 p.m. revealed staff escorted Client #3 out of his bedroom and to the restroom and at 3:46 p.m. the client was seated in his wheelchair in the living room. Additional observations revealed Client #2 was brought out of her bedroom at 4:04 p.m. and Client #4 came out of his bedroom at 4:08 p.m.</p> <p>Record review revealed a daily active treatment schedule for Client #2. The schedule listed many activities the should should be involved in from 1:00 p.m. to 5:00 p.m. The schedule included taking a nap between somewhere between 1:00 p.m. and 3:00 p.m. as well as many activities the client could/would be engaged in between 3:00 p.m. and 5:00 p.m.</p> <p>Record review revealed an active treatment daily schedule for Client #3. The schedule indicated the client would take a one hour rest in his bean bag between 1:00 p.m. and 4:30 p.m. The schedule listed many other activities the client would be engaged in during the timeframe such as follow planned activity schedule, leisure activity, community activity and Range-of-Motion (ROM).</p> <p>Record review revealed an active treatment daily schedule for Client #4. The schedule indicated many activities the client may engage in, but</p>	W 249			

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W 249	<p>Continued From page 18</p> <p>resting was not listed between 1:00 p.m. and 5:00 p.m.</p> <p>When interviewed on 7/22/21 at 2:55 p.m. Direct Support Associate (DSA) F stated the clients are laid down in bed every day at 1:30 p.m. and staff got them back up at 4:00 p.m. daily. Additional interview at 3:25 p.m. with DSA G confirmed the clients laid down at 1:30 p.m. and stated they would start getting some up at 3:40 p.m. with a plan to get all clients out of their bedrooms about 4:00 p.m. He confirmed this was the daily routine which involved the clients being in their bedrooms from 1:30 p.m. to 4:00 p.m.</p> <p>When interviewed on 7/28/21 the Qualified Intellectual Disabilities Professional (QIDP) stated laying down for 2.5 hours daily is more than is scheduled for any client in the house and not part of an active treatment routine. The QIDP confirmed most clients don't need that much rest during the day. He further noted staff developed some bad habits over the last couple years with since Covid-19 and had stretched the client nap/break to a longer period of time than it was supposed to be. He stated most clients might need an hour nap and some possibly 1.5 hours, but 2.5 hours was too much. He noted if there was a client who needed that much rest it needed to be spelled out in their individualized daily schedule. The QIDP added he talked with staff about this problem previously and noted it could have a negative effect on clients ability to sleep at night. He also confirmed active treatment schedules needed to be updated to match the actual daily routine.</p> <p>2. Observations were completed in the home on</p>	W 249		

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W 249	<p>Continued From page 19</p> <p>7/22/21 from approximately 9:00 a.m. to 1:00 p.m., on 7/26/21 from approximately 2:45 p.m. to 6:00 p.m. and on 7/27/21 from 7:55 a.m. to 9:45 a.m. During all the observations Client #3 was observed strapped into his wheelchair anytime he was out of his bedroom.</p> <p>Record review revealed a physical therapy evaluation dated 2/9/21 which indicated Client #3 should be encouraged to walk or crawl throughout the house. The report stated the wheelchair was used primarily for community mobility. Further record review revealed an ISP Plan, dated 2/17/21, stated Client #3's wheelchair was used for community outings and positioning for 45 minutes after meals due to concerns related to GERD. The ISP further stated staff needed to have the client in sight when he was out of his wheelchair due to concerns with PICA and falling. The client also needed to have a Posey belt on when he walked and he would hold hands with staff as he walked for better balance. The plan also stated the client will be within arm's length of staff when he walked in the home.</p> <p>When interviewed on 7/28/21 at 3:46 p.m. the QIDP confirmed the client should not be in the wheelchair all day long as observed. He stated he was very disappointed to hear the client was in the wheelchair during the observations as staff were trained not to overuse the wheelchair. He stated staff have mentioned the client was difficult to keep up with when out of his wheelchair, but he confirmed staff convenience is not an excuse to keep him in the chair.</p> <p>3. Observations were completed in the home on 7/22/21 from approximately 9:00 a.m. to 1:00</p>	W 249		
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W 249	<p>Continued From page 20</p> <p>p.m., on 7/26/21 from approximately 2:45 p.m. to 6:00 p.m. and on 7/27/21 from 7:55 a.m. to 9:45 a.m. On 7/26/21 at 4:35 p.m. Client #3 was in his wheelchair seated at the kitchen table. As DSA H placed the clothing protectors on the table she tried to get Client #3 to help hand-over-hand, but he declined. DSA H moved on and failed to follow-up with additional prompts. During all the observations this was the only attempt to get Client #3 involved in any activity as the client sat parked in his wheelchair with an occasional acknowledgement of his presence from staff. Observations also failed to find Client #3 being prompted to point at what he wanted or encouraged to use sign language. Additionally, neither Client #3 or Client #4 was prompted to drink any liquids outside of meals.</p> <p>Record review revealed an ISP Plan for Client #3, dated 2/17/21, which indicated the client was a social person who liked to be told he's doing a good job. The plan stated the client enjoyed helping with chores around the house and should be offered sensory activities throughout the day. The plan stated the client needed to be encouraged to communicate by pointing at what he wanted and staff should provide options for the client throughout the day. The ISP plan contained a goal of signing the word "please" with 3 model prompts from staff and 3 verbal prompts. The program further stated the client liked to be active and engaged in activities throughout his day which to reduce target behaviors. Client #3's health support program indicated he needed encouragement to drink plenty of fluids throughout the day.</p> <p>Record review revealed a nutritional assessment for Client #4, dated 7/7/21, which indicted staff</p>	W 249		
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W 249	<p>Continued From page 21</p> <p>needed to offer the client water/fluids frequently throughout the day. The health supports program further indicated the client would get confused and may have tremors if he did not get enough fluids and should be offered 8 oz. of fluids every hour he was awake.</p> <p>When interviewed on 7/28/21 at 3:46 p.m. the QIDP confirmed Client #3 needed to be prompted to engage in activities consistently throughout the day. He also confirmed the program for signing please needed to be run as written and staff should have encouraged the client to communicate by pointing as written in his ISP Plan. The QIDP also confirmed health supports for Client #3 and Client #4 related to drinking liquids should be follow and documented on each shift. He stated Client #4 was known to get confused and shaky if not adequately hydrated.</p>	W 249		
W 259	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2)</p> <p>At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed.</p> <p>This STANDARD is not met as evidenced by: Based on interviews and record reviews, the facility failed to consistently ensure each client's Comprehensive Functional Assessment (CFA) was reviewed at least annually. This affected 1 of 1 sample clients residing at the facility longer than a year (Client #2). Findings follow:</p> <p>Record review revealed a CFA for Client #2 dated 6/29/20.</p>	W 259	<p>W259 PROGRAM MONITORING AND CHANGE</p> <p>At least annually, the comprehensive functional assessment of each client will be reviewed by the interdisciplinary team for relevancy and will be updated as needed. Mosaic will consistently ensure each client's comprehensive functional assessment is reviewed at least annually. Specifically, the QIDP will be trained on the Individual Support Planning policy and will be trained to ensure comprehensive functional assessments are reviewed and updated at least annually. This will be monitored by Quality Assurance Manager through quality review procedures.</p> <p>Person(s) Responsible: Program Manager</p>	09/29/21

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W 259	Continued From page 22 When interviewed on 7/27/21 at 1:30 p.m. the Qualified Intellectual Disabilities Professional (QIDP) confirmed he planned to review the CFA for Client #2 in the near future. He acknowledged it was over a year since the last review.	W 259		
W 318	HEALTH CARE SERVICES CFR(s): 483.460 The facility must ensure that specific health care services requirements are met. This CONDITION is not met as evidenced by: Based on interviews and record review, the facility failed to comply with the Condition of Participation (COP) Health Care Services. Facility nursing staff failed to consistently document medical assessments and be available to respond to reports of change in medical conditions for clients assigned to their care. Cross reference W331: Based on interviews and record reviews, the facility nursing staff failed to consistently document medical assessments and be available to respond to reports of change in medical conditions for clients assigned to their care. On 7/20/21 Immediate Jeopardy (IJ) was determined based on facility nurses failure to document medical assessments and be available to assess medical situations when assigned to specific clients ensuring they received timely and adequate care. The facility was notified on 7/20/21 at 2:30 p.m. The facility developed a plan to remove the IJ, which included retraining staff on policies/procedures related to responsibilities	W 318	W318 HEALTH CARE SERVICES The facility will ensure that specific health care services requirements are met. Mosaic will ensure nursing staff document medical assessments and are available to respond to reports of change in medical conditions for clients assigned to their care. All nursing staff will be trained on Mosaic's Nursing Role and Duties policy to ensure documentation of medical assessments is completed consistently and that they will be available to respond to reports of change of condition for clients. This will be monitored by the program manager through routine observations and GER reviews. Person(s) Responsible: Program Manager	07/22/21

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W 318	Continued From page 23 to communicate vital medical information and be available when on duty. The IJ was removed on 7/22/21 at 3:37 p.m.	W 318		
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on interviews and record reviews, the facility nursing staff failed to competently perform designated job duties, including consistent documentation of medical assessments and availability of nursing staff to respond to reports of change in medical conditions for clients assigned to their care. This affected 1 of 1 clients involved in 98362-I (Client #1). Record review revealed a facility investigation, dated 7/1/21, revealed Client #1 had an emesis in his bedroom at 3:55 p.m. when staff attempted to help him out of bed. The client was seen shortly after by his regular nurse (Registered Nurse) RN A. Around an hour later at dinner time the client again had an emesis and staff notified the on-call nurse (RN B). Between 8:30 p.m. and 9:00 p.m. Direct Support Associate (DSA) C heard the client gagging in his room. Shortly after this DSA C reported the emesis to her co-worker DSA D (also a CMA) who passed on the information to the Direct Support Supervisor (DSS) just before 10:00 p.m. The DSS then texted and called RN B (the on-call nurse) around 10:00 p.m., but did not receive a response to the call or the text message. The investigation further revealed shortly after 5:00 a.m. on 6/25/21 DSA A and DSA	W 331	W331 NURSING SERVICES The facility will provide clients with nursing services in accordance with their needs. The facility will ensure that all nursing staff are competent in their duties, consistently document medical assessments and are available to respond to reports of change in medical conditions for clients assigned to their care. All nursing staff will be trained on Mosaic's Nurse Roles and Duties policy, to be available by phone when holding on-call responsibilities, to complete assessments virtually or on site as dictated by the health needs of the people supported and to ensure documentation of medical assessments is completed. This will be monitored by program manager through routine observations and GER review procedures. Person(s) Responsible: Program Manager	07/22/21

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W 331	<p>Continued From page 24</p> <p>B found Client #1 in bed unresponsive. Staff called their supervisor who did not answer and then called 911 and EMT's arrived shortly after and pronounced Client #1 dead.</p> <p>Record review revealed Client #1 was 42 years old had diagnoses including mild intellectual disability, spastic quadriplegic, cerebral palsy, GERD, disease of the stomach and duodenum, intestinal obstruction, constipation, tachycardia, dysphagia, severe sepsis without septic shock, hypoglycemia and colostomy. Record review revealed a death certificate dated 7/8/21 listed aspiration/probable small bowel obstruction as the cause of death.</p> <p>Record review revealed a policy for Injuries and Incidents, dated 11/17/20, which outlined the process for notification of medical personnel in the event of a medical concern. The policy indicated in an ICF/ID if staff identified a medical concern with a client they "must" call a nurse. If they did not receive a return call from the nurse they needed to call again in 5 minutes. If still no response from a nurse they needed to call a supervisor or designated on-call personnel until they reached someone. If a medical emergency staff were instructed to call 911 first and then call a supervisor.</p> <p>Continued record review revealed a Mosaic Policy for Nursing Roles and Duties, last updated 11/17/20, indicated nursing staff participate in an on-call rotation and must be available "by phone, virtually or be on site as dictated by the health needs of the people supported." The policy further revealed nursing staff are to "stay informed" of any change in condition or of the health needs for people served in ICF/ID homes.</p>	W 331		
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W 331	Continued From page 25 When interviewed on 7/8/21 at 10:00 a.m. RN A (Client #1's regular nurse) confirmed she completed an assessment of the client around 4:00 p.m. after being told he had an emesis and didn't feel well. The RN stated she did an assessment of the client and asked how he felt. She reported the client stated he felt okay and she asked him if he would be okay if she went home as it was the end of her day. She noted the client said yes it was okay if she went home. RN A confirmed he was a reliable communicator and could clearly communicate yes and no. She then turned his care over to RN B who was the on-call nurse for the night. The RN admitted she failed to document her assessment of the client and stated she should have documented it. When she left she told staff to isolate him due to potential Covid-19 and monitor him. When asked what "monitor him" meant she indicated it meant check on him at least every 30 minutes or less and report any further problems. When interviewed on 7/8/21 at 12:03 p.m. the DSS confirmed she was aware of Client #1's emesis at 3:55 p.m. and at dinner time an hour later. She stated she was informed just before 10:00 p.m. by Direct Support Associate (DA) C and DSA D of the client gagging and additional emesis around 9:00 p.m. The DSS revealed she texted the on-call nurse (RN B) at 9:59 p.m. that the client had a 3rd emesis, that it was small, and his temperature was 97.3. She stated RN B did not respond to the text message, so she called her at 10:01 p.m. and she did not answer. She confirmed the 10:01 phone call was her last attempt to communicate with RN B for the night and the only information she passed on was the additional emesis and the client's temperature by	W 331			

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W 331	<p>Continued From page 26 text message.</p> <p>When interviewed on 7/8/21 at 11:00 a.m. RN B confirmed she was on call from 4:00 p.m. on 6/24/21 to 8:00 a.m. on 6/25/21 assigned to several homes which included Client #1's home. She stated she received a call from the DSS around 4:30 p.m. about Client #1's first emesis. She then received another call from DSS B at 5:23 p.m. in regard to the second emesis for the client. She received a text message from DSS around 8:30 p.m. which stated the client had no more emesis and was acting like his usual self. RN B stated she received another text message from the DSS at 9:59 p.m. on 6/24/21 which indicated the client had another small emesis (3rd one) but his temperature was fine. The RN admitted she is not sure she ever saw that text until the next morning (6/25/21). She stated she turned off her text message notifications or she would never get any sleep. When asked if she received a call at 10:01 p.m. as the DSS reported, she said her phone did not show a missed call at that time. She stated she was likely sleeping by that time and may have missed it had the call come in. The RN admitted if she saw the 9:59 p.m. text message she likely would have called and asked some additional questions.</p> <p>When interviewed on 7/8/21 at 3:24 p.m. the Associate Director (AD) confirmed RN B should have been available for contact during her 16 hour on-call shift from 6/24/21 to 6/25/21 and should have seen the text message and/or answered the phone call. She confirmed it is not an acceptable practice not to be available when you are a nurse on call. She also provided a copy of the policy outlining nursing duties. She also confirmed RN A should have documented</p>	W 331		

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W 331 W 371	<p>Continued From page 27 her assessment of Client #1 which happened around 4:00 p.m. on 6/24/21.</p> <p>DRUG ADMINISTRATION CFR(s): 483.460(k)(4)</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to consistently ensure each client was provided with opportunities to participate in administration of their medications. This affected 1 of 2 sample clients (Client #2) observed during medication administration.</p> <p>Findings follow:</p> <p>Observations on 7/27/21 at 8:21 a.m. revealed Direct Support Associate (DSA) E inside the medication room as he prepared Client #2's medications. DSA E mixed and crushed the medications for the client as she waited in the living room. Once the medications were ready DSA E moved the client to just outside the medication room door and fed her medications to her. The client was not asked to participate.</p> <p>Record review revealed for Client #2 revealed a document which listed health supports dated 1/1/21. The document indicated the client would grab onto the spoon with hand-over-hand (HOH) assistance to bring the medications to her mouth.</p>	W 331 W 371	<p>W371 DRUG ADMINISTRATION The system for drug administration will assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medication is an appropriate objective, and if the physician does not specify otherwise. Mosaic will ensure each client is provided with opportunities to participate in administration of their medications. Specifically, all Certified Medication Aides will be trained on the Medication Support policy and will assist people to gain skills to their greatest extent based on abilities and desire to be involved with self-administration of medications. This will be monitored by direct support supervisors through routine, at minimum, monthly med pass observations.</p> <p>Person(s) Responsible: Program Manager</p>	09/29/21

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W 371	Continued From page 28	W 371		
W 445	<p>EVACUATION DRILLS CFR(s): 483.470(i)(2)(i)</p> <p>The facility must actually evacuate clients during at least one drill each year on each shift.</p> <p>This STANDARD is not met as evidenced by: Based on interviews and record reviews, the facility failed to consistently ensure clients were evacuated from the building at least once on each shift per year. This 9 of 9 clients living in the home (Client #2-Client #10). Findings follow:</p> <p>Record review revealed the facility completed fire drills once per quarter on each shift since their last recertification survey in 2019. A review of each drill revealed none of the drills were full evacuations of the clients from the home.</p> <p>When interviewed on 7/29/21 at 12:07 p.m. the Associate Director confirmed the agency knew the regulation, but made the decision not to run full evacuations because they believed it in the best interest of the clients during the pandemic.</p>	W 445	<p>W445 EVACUATION DRILLS The facility will actually evaluate the clients during at least one drill each year on each shift. Mosaic will ensure that clients are evacuated from the building at least once on each shift per year. Specifically, full evacuation drills will be completed once during each quarter of the year. This will be monitored monthly by direct support supervisor during fire drills.</p> <p>Person(s) Responsible: Program Manager</p>	09/29/21
W 454	<p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p>	W 454	<p>W454 INFECTION CONTROL Please see next page</p>	

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W 454	<p>Continued From page 29</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to consistently provide a clean and sanitary environment for each client in the home. This potentially affected 9 of 9 clients in the home (Client #2, Client #3, Client #4, Client #5, Client #6, Client #7, Client #8, Client #9 and Client #10). Findings follow:</p> <p>Observations on 7/22/21 at 9:15 a.m. and 9:59 a.m. revealed a tube-feeding pole in the living room. The pole was covered in old food drippings which were stuck to the pole and covered the majority of the base and some of the pole itself. Further observations revealed many of the kitchen cabinets were covered in sugar, crumbs and other small pieces of food. Continued observations revealed a large vent in the wall in the kitchen which separated the living room was completely covered in dust only a couple feet from the kitchen table. Additional observations on 7/27/21 at 8:37 a.m. revealed Direct Support Associate (DSA) E placed Client #7's medication cup with leftover applesauce on the window ledge in the living room when he attempted to give her additional medications. During the observation old applesauce and other stains were noted already on the ledge of the window likely from prior medication administrations.</p> <p>When interviewed on 7/28/21 at 3:15 p.m. the Registered Nurse (RN) stated food dripped onto feeding tube rods needed to be cleaned up right away otherwise it would stick to the pole and become difficult to remove. She also confirmed any food should have cleaned it up right away.</p>	W 454	<p>W454 INFECTION CONTROL The facility will provide a sanitary environment to avoid sources and transmission of infections. The facility will provide a clean and sanitary environment for each client in the home. All staff will be trained on the Sanitation policy and Environmental and Facility guidelines. Specifically, all staff will ensure daily upkeep of the homes, that surfaces are clean and disinfected. This includes cleaning and disinfecting surfaces of shared items daily. This will be monitored by direct support supervisors through routine monthly observations and cleaning checklists.</p> <p>Person(s) Responsible: Program Manager</p>	09/29/21
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W 454	Continued From page 30 When interviewed on 7/28/21 the Qualified Intellectual Disabilities Professional (QIDP) confirmed the areas of concern noted needed to be clean and sanitary at all times. He indicated they "definitely want to address this" and stated they were working on a cleaning checklist and indicated they planned for overnight shift staff to do more deep cleaning.	W 454			
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to consistently ensure each client was provided food and drink in a form consistent with their dietary plans. This affected 3 of 3 sample clients (Client #2, Client #3 and Client #4). Findings follow: 1. Observations on 7/22/21 at 12:33 p.m. revealed Client #2 in the living room in her wheelchair. The client pushed the "Go Talk" button that said she would like a drink several times. The Program Manager (PM) heard the request and told the client she would get her a drink. The PM went into the kitchen and brought out a glass with water for the client. She then asked the client if she would like to take a drink. The surveyor then stepped in and asked the PM if the water was thickened as Client #2 required liquids to be thickened to nectar consistency.	W 474	W474 MEAL SERVICES Food will be served in a form consistent with the developmental level of the client. Mosaic will ensure each client is provided food and drink in a form consistent with their dietary plans. All staff will be trained on Meals and Diet Supports policy and Health Supports policy. Additionally, all staff will be trained on the individual support plans which designate specific dietary needs to ensure food is served according to the individual's diet order. This will be monitored by direct meal support supervisors through routine meal observations. Person(s) Responsible: Program Manager	09/29/21	

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W 474	<p>Continued From page 31</p> <p>The PM indicated it was not thickened and she proceeded to ask staff to help her thicken a drink for the client.</p> <p>Record review revealed a physicians order for Client #2 for July 2021. The order indicated the client needed all food pureed and liquids needed to be thickened to nectar consistency before being served to the client.</p> <p>2. Observations on 7/27/21 at 9:00 a.m. revealed Client #4 in the dining room for breakfast. The client was provided two whole waffles with syrup. The client attempted to tear/cut the waffles with a spoon when Direct Support Associate (DSA) F noticed and asked him to use a fork and knife. The client put down the spoon and finished eating both waffles whole, by hand, and without further instruction from staff.</p> <p>Record review revealed a current physicians order for Client #4. The order indicated the client required a mechanical soft diet with bite sized pieces. The order further indicated the client needed prompts to slow down, chew thoroughly and encourage small sips of liquid. The order also indicated the client was diagnosed with Dysphagia. Review of documentation from a Story County Medical Center visit for Client #4 on 6/10/20 revealed a choking episode.</p> <p>3. Observations on 7/27/21 at 8:54 a.m. revealed DSA E placed two waffles within arms-length of Client #3. The client immediately grabbed them and consumed them with his hands. The client continued to eat the crumbs of the waffles off the table and his pants until Direct Support</p>	W 474		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/29/2021
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NAME OF PROVIDER OR SUPPLIER MOSAIC-EAST 42ND STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 3114 E 42ND ST DES MOINES, IA 50317
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W 474	<p>Continued From page 32</p> <p>Supervisor (DSS) C placed another waffle within his reach at 9:02 a.m. The client took the waffle and again ate it whole. DSA F then told DSS C he should not place food within Client #3's arm reach or he will eat it. At 9:09 a.m. DSS C placed another waffle right in front of the client and stated they were going to cut the waffle. The client quickly grabbed the waffle covered in syrup and ate it whole with his hands.</p> <p>Record review revealed a health supports document for Client #3 which indicated the client required a mechanical soft diet with food cut into bite sized pieces. The document further revealed the client needed prompts to alternate food and drink, prompts to slow down and finish chewing before eating the next bite.</p> <p>When interviewed on 7/27/21 at 2:15 p.m. the Qualified Intellectual Disabilities Professional (QIDP) confirmed all client diet orders should be followed at every meal, snack and anytime they are provided food. He also confirmed staff should not provide clients with food or drinks unless they know the dietary orders.</p>	W 474		
W 478	<p>MENUS</p> <p>CFR(s): 483.480(c)(1)(ii)</p> <p>Menus must provide a variety of foods at each meal.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to consistently ensure clients were provided with a variety of foods at each meal. This affected 2 of 3 sample clients (Client #2 and Client #3).</p>	W 478	<p>W478 MENUS</p> <p>Menus will provide a variety of food at each meal. The facility will ensure clients are provided with a variety of foods at each meal. All staff will be trained on the Meals and Diet Supports policy and will follow the menu to ensure all individuals are offered all menu items. This will be monitored by direct support supervisors through routine monthly meal observations.</p> <p>Person(s) Responsible: Program Manager</p>	09/29/21

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W 478	<p>Continued From page 33</p> <p>Findings follow:</p> <p>Observations on 7/27/21 at 8:54 a.m. revealed Client #2 and Client #3 at the table for breakfast. Observations revealed the clients were both provided two waffles with syrup for breakfast and a glass of orange flavored water.</p> <p>Record review revealed a menu for breakfast on 7/27/21. The menu revealed the Client #2 should have received waffles, jam, margarine, whole milk and apple juice. The menu was the same for Client #3 without the milk.</p> <p>When interviewed 7/28/21 at 3:15 Registered Nurse (RN) A stated usually they would not just have waffles. She stated this did not seem very nutritious and the menu may need to be assessed to ensure a variety of nutritious foods.</p> <p>When interviewed on 7/28/21 at 3:35 p.m. the Direct Support Supervisor (DSS) stated it seemed very strange they would only get waffles with no fruit or meat. She also confirmed if the menu said apple juice from concentrate then that's what the clients should have received. She also confirmed orange flavored water would not likely be an equal substitute for apple juice from concentrate based on nutritional value.</p> <p>When interviewed on 7/28/21 at 2:30 p.m. the Qualified Intellectual Disabilities Professional (QIDP) indicated he was surprised they were only provided waffles, syrup or jam and orange flavored water for breakfast. He stated he heard sometimes other shifts ate the food scheduled for another meal and he wondered if they were short some food at breakfast, but felt they should have</p>	W 478		

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W 478	Continued From page 34 provided something else with the meal. When told the regulations called for a variety of foods from different food groups, he confirmed this meal would not meet the regulation.	W 478			
W 486	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4) The facility must direct self-help dining procedures. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to consistently ensure each client was provided with the supports necessary to learn appropriate dining skills aimed at independence during meals. This affected 2 of 3 sample clients (Client #4 and Client #4). Findings follow: 1. Observations on 7/27/21 at 9:00 a.m. revealed Client #4 in the dining room for breakfast. The client was provided whole waffles with syrup. The client attempted to tear/cut the waffles with a spoon when Direct Support Associate (DSA) F noticed and asked him to use a fork and knife. The client put down the spoon and finished eating both waffles whole, by hand, and without further instruction from staff. Record review revealed a current physicians order for Client #4. The order indicated the client had a mechanical soft diet with bite sized pieces. The order further indicated the client needed prompts to slow down, chew thoroughly and encourage small sips of liquid. The order further revealed the client was diagnosed with	W 486	W486 DINING AREAS AND SERVICE The facility will direct self-help dining procedures. The facility will ensure each client is provided with the support necessary to learn appropriate dining skills aimed at independence during meals. All staff will be trained on Meals and Diet Supports policy and Health Supports policy. Additionally, all staff will be trained on the individual support plans on how to support individuals during meals. This will be monitored by direct support supervisors through routine monthly meal observations. Person(s) Responsible: Program Manager	09/29/21	

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W 486	<p>Continued From page 35</p> <p>Dysphagia.</p> <p>2. Observations on 7/27/21 at 8:54 a.m. revealed DSA E placed a place with 2 waffles within arms length of Client #3. The client immediately grabbed them and consumed them. The client continued to eat the crumbs of the waffles off the table and his pants until Direct Support Supervisor (DSS) C placed another waffle within his reach at 9:02 a.m. The client took the waffle and again ate it whole with his hands. DSA F then told DSS C he should not place food within Client #3's reach or he would eat it. At 9:09 a.m. DSS C placed another whole waffle covered in syrup in front of the client and stated they were going to cut the waffle. The client grabbed the waffle covered in syrup and ate it with his hands.</p> <p>Record review revealed a health supports document for Client #3 which indicated the client had a mechanical soft diet with food cut into bite sized pieces. The document further revealed the client needed prompts to alternate food and drink, prompts to slow down and finish chewing before eating the next bite.</p> <p>When interviewed on 7/27/21 at 2:15 p.m. the Qualified Intellectual Disabilities Professional (QIDP) confirmed all client diet orders should be followed at every meal, snack and anytime they are provided food. The QIDP further confirmed staff needed to pay close attention to clients and provide cues and prompts as required to teach safe dining skills. The QIDP confirmed dining was an opportunity for active treatment and staff needed to be teaching appropriate dining skills during all meals.</p>	W 486		