

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

PRINTED: 08/20/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G045	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/09/2018
NAME OF PROVIDER OR SUPPLIER IMAGINE THE POSSIBILITIES, INC - PRAIRIE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 201 NORTH OLIVE STREET MAQUOKETA, IA 52060		
(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 149	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1)</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to ensure staff correctly and consistently implemented the abuse policy/procedure. This affected 1 of 3 sample clients (Client #12) and potentially affected all clients in the home (Client #1, #2, #3, #4, #5, #6, #7, #8, #9, #10 and #11). Findings follow:</p> <p>Record review on 8/7/18 revealed Client #12's Personal Outcome Plan (POP) Supports list, updated on 7/10/18. The document included the need to support Client #12 when he made an allegation of staff hurting him. The support noted Client #12 had a history of making false allegations about staff when he got upset .</p> <p>When interviewed on 8/7/18 at 3:45 p.m., the Qualified Intellectual Disability Professional (QIDP) confirmed Client #12 reported Direct Support Professional (DSP) A verbally threatened him on 7/9/18.</p> <p>Record review on 8/7/18 revealed the facility policy and procedure prohibiting dependent adult and child abuse. The abuse reporting procedure directed staff who witnessed or received information of potential abuse to immediately separate the alleged abuser from the individual served, notify the shift supervisor on duty or on-call supervisor, complete an agency incident report and notify the Intermediate Care Facility for</p>	W 149	<p>W149 On 8/8/2018, HR Associate Director sent out Imagine the Possibilities Dependent Adult and Child Abuse Policy and Procedure state wide to all ICF/ID locations for retraining of all ICF/ID staff state wide.</p> <p>Between 8/8/2018-8/14/18, ICF/ID QIDP retrained all staff at Prairie House on Imagine the Possibilities Dependent Adult and Child Abuse Policy and Procedure.</p> <p>On 8/13/18, a mandatory all staff meeting was held, at this meeting the ICF/ID QIDP re-trained all staff at Prairie House on incident reporting for abuse allegations. During this training, emphasis was placed on ensuring incident reports are completed immediately when there is suspicion or allegations of abuse.</p> <p>On 8/8/2018, the Regional Executive Director re-trained the ICF/ID Associate Director on the Dependent Adult and Child Abuse Policy and Procedure and incident reporting for abuse allegations.</p> <p>On 8/8/2018, the Regional Executive Director re-trained the ICF/ID QIDP on the Dependent Adult and Child Abuse Policy and Procedure and incident reporting for abuse allegations.</p> <p>Between 8/8/18-8/9/18, ICF/ID Supervisor and Team Lead were retrained on the Dependent Adult and Child Abuse Policy and Procedure and incident reporting for abuse allegations to ensure they provide direction to DSP staff to ensure all abuse allegations are reported to the ICF/ID QIDP and/or ICF/ID Director and an edoc incident report is completed.</p> <p>On 8/9/2018, the Regional Executive Director re-trained the ICF/ID Director on the Dependent Adult and Child Abuse Policy and Procedure and incident reporting for abuse allegations.</p> <p>On 8/10/2018, the Regional Executive Director re-trained the ICF/ID Operations Manager on the Dependent Adult and Child Abuse Policy and Procedure and incident reporting for abuse allegations.</p> <p>On 8/13/2018, the ICF/ID Director trained the</p>		

POC
8/29/18

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		<p>ICF/ID QIDP, ICF/ID Associate Director and ICF/ID Operations Manager on all monthly staff meetings ("program training meetings") going forward will have a standing agenda to review the Abuse Policy and Incident report procedure. The ICF/ID Director added these topics to the ICF/ID program training agenda template as standing items to be reviewed with all staff.</p> <p>A printed copy of the Dependent Adult and Child Abuse policy is available to all staff in the ICF/ID edoc room. An electronic copy of the Dependent Adult and Child Abuse policy is available to all staff on the employee portal.</p> <p>The ICF/ID QIDP and Human Resources are responsible for assuring Dependent Adult and Child Abuse Training is complete every 5 years.</p> <p>The ICF/ID QIDP is responsible for assuring that all Supervisors and DSP's follow the Dependent Adult and Child Abuse policy, that all incidents of abuse are investigated, an incident report is completed and the ICF/ID Director is notified immediately.</p> <p>The ICF/ID Director is responsible for assuring plan of correction is consistently implemented.</p> <p>Corrective action completed on 8/13/18 and ongoing.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 149	Continued From page 1 Individuals with Intellectual Disabilities (ICF/ID) Director. When interviewed on 8/7/18 at 4:00 p.m., the QIDP confirmed she reported the allegation made by Client #12 to the ICF/ID Director on 7/10/18. She produced a typed summary of her conversation with Client #12 and with DSP A on 7/10/18. According to the summary, DSP A denied making any threat to Client #12 on 7/9/18. He told the QIDP that Client #12 got upset and started to aggress towards him so the supervisor on-duty switched the group he worked with for the remainder of the night. On 8/8/18 at 8:35 a.m., the QIDP confirmed she failed to complete an incident report regarding the allegation. When interviewed on 8/8/18 at 9:05 a.m., the Associate Director (AD) confirmed staff are expected to follow the abuse policy/procedure.	W 149			
W 153	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2) The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to ensure staff reported potential abuse to State officials according to facility policy. This affected 1 of 3 sample clients (Client #12)	W 153	<p>W153 On 8/8/2018, HR Associate Director sent out Imagine the Possibilities Dependent Adult and Child Abuse Policy and Procedure state wide to all ICF/ID locations for retraining of all ICF/ID staff state wide.</p> <p>Between 8/8/2018-8/14/18, ICF/ID QIDP retrained all staff at Prairie House on Imagine the Possibilities Dependent Adult and Child Abuse Policy and Procedure.</p> <p>On 8/13/18, a mandatory all staff meeting was held, at this meeting the ICF/ID QIDP re-trained all staff at Prairie House on incident reporting for abuse allegations. During this training, emphasis was placed on ensuring incident reports are completed immediately when there is suspicion or allegations of abuse.</p> <p>On 8/8/2018, the Regional Executive Director re-trained the ICF/ID Associate Director on the Dependent Adult and Child Abuse Policy and Procedure and incident reporting for abuse allegations.</p> <p>On 8/8/2018, the Regional Executive Director re-trained the ICF/ID QIDP on the Dependent Adult and Child Abuse Policy and Procedure and incident reporting for abuse allegations.</p>		

	<p>Between 8/8/18-8/9/18, ICF/ID Supervisor and Team Lead were retrained on the Dependent Adult and Child Abuse Policy and Procedure and incident reporting for abuse allegations to ensure they provide direction to DSP staff to ensure all abuse allegations are reported to the ICF/ID QIDP and/or ICF/ID Director and an edoc incident report is completed.</p> <p>On 8/9/2018, the Regional Executive Director re-trained the ICF/ID Director on the Dependent Adult and Child Abuse Policy and Procedure and incident reporting for abuse allegations.</p> <p>On 8/10/2018, the Regional Executive Director re-trained the ICF/ID Operations Manager on the Dependent Adult and Child Abuse Policy and Procedure and incident reporting for abuse allegations.</p> <p>On 8/13/2018, the ICF/ID Director trained the ICF/ID QIDP, ICF/ID Associate Director and ICF/ID Operations Manager on all monthly staff meetings ("program training meetings") going forward will have a standing agenda to review the Abuse Policy and Incident report procedure. The ICF/ID Director added these topics to the ICF/ID program training agenda template as standing items to be reviewed with staff.</p> <p>A printed copy of the Dependent Adult and Child Abuse policy is available to all staff in the ICF/ID edoc room. An electronic copy of the Dependent Adult and Child Abuse policy is available to all staff on the employee portal.</p> <p>The ICF/ID QIDP and Human Resources are responsible for assuring Dependent Adult and Child Abuse Training is complete every 5 years.</p> <p>The ICF/ID QIDP is responsible for assuring that all Supervisors and DSP's follow the Dependent Adult and Child Abuse policy, that all incidents of abuse are investigated, an incident report is completed and the ICF/ID Director is notified immediately.</p> <p>The ICF/ID Director is responsible for assuring plan of correction is consistently implemented.</p> <p>On 8/20/18, the ICF/ID QIDP will re-train staff</p>
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		<p>at Program Training meeting on the ICF/ID Procedure: Conduct Between Staff and Individuals Served and ICF/ID Active Treatment Policy and Procedure with emphasis on providing opportunities for growth and independence.</p> <p>On 8/27/18, the ICF/ID Director added the ICF/ID Procedure: Conduct Between Staff and Individuals Served and the ICF/ID Active Treatment Procedure as part of the ICF/ID orientation paperwork for all new hires to be trained on within their first 10 days of orientation.</p> <p>On 8/28/18, the ICF/ID Director trained the ICF/ID QIDP and ICF/ID Supervisors on assuring all new hires are trained on the ICF/ID Procedure: Conduct Between Staff and Individuals Served and the ICF/ID Active Treatment Procedure within the first 10 days of orientation.</p> <p>The ICF/ID Supervisors are responsible for assuring that all new hires have reviewed and have been trained on ICF/ID Procedure: Conduct Between Staff and Individuals Served and the ICF/ID Active Treatment Procedure within their first 10 days of orientation.</p> <p>The ICF/ID QIDP is responsible for reviewing all new hire orientation packets upon completion of orientation to assure that the ICF/ID Procedure: Conduct Between Staff and Individuals Served procedure and the ICF/ID Active Treatment procedure has been signed off on.</p> <p>The ICF/ID Director is responsible for assuring that all corrective action is consistently implemented.</p> <p>Completion date: 8/28/18 and on-going</p>	
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W 153	<p>Continued From page 2</p> <p>and potentially affected all clients in the home (Client #1, Client #2, Client #3, Client #4, Client #5, Client #6, Client #7, Client #8, Client #9, Client #10 and Client #11). Findings follow:</p> <p>Record review on 8/7/18 revealed Client #12's Personal Outcome Plan (POP) Supports list reviewed on 7/10/18. The list included information regarding Client #12's history of false accusations. The support plan noted the facility would investigate all allegations made by Client #12.</p> <p>When interviewed on 8/7/18 at 3:45 p.m., the Qualified Intellectual Disability Professional (QIDP) confirmed Client #12 made a report of staff mistreatment on 7/10/18. She recalled Client #12 approached her when she came into work on 7/10/18 and said he wanted to report a staff complaint. She said Client #12 told her Direct Support Professional (DSP) A threatened to "pop" him in the mouth and in the eye on 7/9/18. The QIDP recalled she reported the accusation to her supervisor and another facility employee investigated the accusation.</p> <p>Further record review revealed the facility Dependent Adult and Child Abuse Policy and Procedure. The policy noted the facility prohibition of mistreatment, abuse or any action considered inappropriate employee conduct toward individuals served. The reporting procedures included direction to the supervisor to notify the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) Director, who would notify the Department of Inspections and Appeals within 24 hours.</p> <p>When interviewed on 8/7/18 at 3:50 p.m., the</p>	W 153			

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W 153	Continued From page 3 QIDP confirmed the facility failed to report the incident to the Department.	W 153			
W 249	When interviewed on 8/7/18 at 4:28 p.m., the Associate Director (AD) confirmed the ICF/ID Director should have reported the incident to the Department. At the time of the survey, the ICF/ID Director was unavailable for an interview. 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 review, the facility failed to ensure staff consistently and correctly implemented client individual program plans and supports. This affected 3 of 3 sample clients (Client #3, Client #4 and Client #12). Findings follow: 1. Observation on 8/6/17 at 12:10 p.m. revealed Client #4 entered the dining room and sat at the table. Staff prompted her to get her dishes off a cart. Staff failed to prompt her to sanitize her place at the table. At 1:10 p.m., Client #4 carried her dishes to the kitchen and handed them to staff. Staff failed to prompt her to return to the dining room and sanitize her place at the table.	W 249	<p>W249 On 8/27/18, the ICF/ID Active Treatment Policy was revised to add emphasis on providing meaningful activities that promote opportunities for growth and development to individuals served.</p> <p>On 8/28/18, the ICF/ID Director implemented an ICF/ID Active Treatment Procedure to give additional guidance to all ICF staff on active treatment throughout the individual's day.</p> <p>On 8/28/18, the ICF/ID Director trained Supervisors and QIDP on the revised Active Treatment Policy and Procedure, to assist with improving observations skills as well as placing emphasis on assuring staff are providing opportunities to individuals for growth and development.</p> <p>On 8/28/18, the ICF/ID Director revised the Supervisors program observations to include 3 Active Treatment observations to be completed monthly for each supervisor.</p> <p>On 8/28/18, the ICF/ID Director revised the QIDP program observations to include 4 Active Treatment observations to be completed monthly for consistency of program implementation.</p>		

		<p>On 8/29/18, the ICF/ID QIDP will re-train staff at Program Training meeting on the ICF/ID Procedure: Conduct Between Staff and Individuals Served and ICF/ID Active Treatment Policy and Procedure with emphasis on providing opportunities for growth and independence.</p> <p>On 8/27/18, the ICF/ID Director added level of supervisor to the ICF/ID Orientation packet to assure all staff are trained on ensuring no individuals are left unattended in the dining room during meals and snacks.</p> <p>ICF/ID Supervisors and QIDP are responsible for conducting program observations each month to ensure programs and supports are ran correctly and consistently using the program observation forms.</p> <p>The ICF/ID QIDP will review all program observations each month to evaluate trends and patterns in program implementation. After review, the QIDP will send all program observations to the ICF/ID Director to review.</p> <p>The ICF/ID Director is responsible for assuring plan of correction is consistently implemented.</p> <p>Completion date: 8/29/18 and on-going</p>	
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W 249	<p>Continued From page 4</p> <p>Further observations during supper revealed staff prompted Client #4 to sanitize her place before the meal, but failed to prompt her to sanitize the table when she finished eating.</p> <p>Observations on 8/7/18 from 8:15 a.m. - 8:30 a.m. revealed staff failed to prompt Client #4 to sanitize her place at the table before and after she ate breakfast.</p> <p>Record review on 8/7/18 revealed Client #4's Personal Outcome Plan (POP) Staff Interventions/Supports list. The document noted Client #4 would work on setting and sanitizing her spot at the table before and after meals. Staff were to offer her step-by-step instructions after informing her to come to the dining area to sanitize and set the table.</p> <p>When interviewed on 8/7/18 at 2:25 p.m., the Qualified Intellectual Disability Professional (QIDP) confirmed staff should prompt Client #4 to set and sanitize her spot at the table at every meal.</p> <p>2. Observations on 8/6/18 from 11:50 a.m. - 6:50 p.m. revealed Client #3 wore no eyeglasses. Staff failed to prompt him to wear them throughout the observations.</p> <p>Observation on 8/7/18 at 7:28 a.m. revealed Client #3 wore eyeglasses. At 8:35 a.m., he took them off and laid them on the dining room table while he drank a glass of milk. He returned to the table at 8:45 a.m., wearing his glasses. He continued to wear his eyeglasses throughout the morning.</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>Record review on 8/7/18 revealed Client #3's POP Supports document identified a need for staff to check and wipe his eyeglasses as needed. The support included staff encouragement to wear his eyeglasses each day.</p> <p>When interviewed on 8/6/18 at 5:15 p.m., the QIDP said staff should encourage Client #3 to wear his glasses every day.</p> <p>3. Observation on 8/6/18 at 1:10 p.m. revealed Client #4 handed her cups to staff when she entered the kitchen. Staff failed to prompt her to wash her dishes.</p> <p>Observation on 8/7/18 at 8:30 a.m. revealed Client #4 dropped her dishes in the sink and left the kitchen. No staff prompted her to wash the dishes.</p> <p>Record review on 8/7/18 revealed her POP support to wash dishes. Staff were to prompt Client #4 to take her dishes to the kitchen to wash them and prompt her through the task.</p> <p>When interviewed on 8/7/18 at 2:30 p.m., the QIDP confirmed Client #4 should be prompted to wash her dishes after every meal.</p> <p>4. Observations on 8/6/18 at 12:10 p.m. revealed staff assisted Client #3 to serve food onto his plate. Staff failed to prompt him to sanitize his place at the table. When he finished eating, DSP B pushed him to the laundry room to launder his shirt protector. She failed to prompt him to sanitize his spot at the table.</p> <p>Further observations at 6:00 p.m. revealed staff assisted Client #3 to set his dishes on the table</p>	W 249			

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W 249	<p>Continued From page 6</p> <p>for supper. Staff failed to prompt him to sanitize the table prior to placing items on the table.</p> <p>Observations on 8/7/18 prior to breakfast revealed staff failed to prompt Client #3 to sanitize his place at the table.</p> <p>Record review on 8/7/18 revealed Client #3's POP support to set and clean his spot at the table. According to the support, staff should prompt Client #3 to sanitize his spot at the table before and after eating meals.</p> <p>When interviewed on 8/7/18 at 1:26 p.m., the QIDP said staff should prompt Client #3 to sanitize his spot at the table at every meal and snack times.</p> <p>5. Observations throughout the survey while Client #3 ate included the following:</p> <p>On 8/6/18 at 4:30 p.m., he sat at the dining table and repeatedly ate bite size cookies. No staff supervised him while he ate the cookies and drank milk from an adapted cup</p> <p>During supper, a package of adult wipes lay on the table near Client #3. At 6:15 p.m., he reached over and picked up the package. No staff prompted or assisted Client #3 to use a wipe during the meal.</p> <p>At 6:10 p.m., he sat at the table and ate with staff in the room but without direct supervision. From 6:25 p.m. - 6:30 p.m., he took bites of bread without staff supervision. Then he ate a piece of fish with his fingers. Supervisor B asked if staff offered him an adapted spoon. DSP D stated she did not think he would use it. She went to the</p>			W 249			

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W 249	<p>Continued From page 7</p> <p>kitchen, returned with an adapted spoon and at 6:35 p.m., Client #3 ate a bite of fish with the spoon. He returned to using his fingers and DSP D failed to prompt him to use the spoon.</p> <p>On 8/7/18 at 8:50 a.m., Client #3 ate sausage with his fingers while an adapted spoon lay on the table to his right. DSP F stated, "Good job" and failed to prompt him to use the spoon.</p> <p>Review of Client #3's POP mealtime support revealed staff should: encourage Client #3 to use utensils at each meal; provide wet wipes and encourage him to wipe his face as needed; and remind him to take small bites and eat at a slow pace.</p> <p>When interviewed on 8/7/18 at 1:00 p.m., the QIDP confirmed Client #3 needed supports during meal times. She said staff should have supervised him while he ate and drank, offered him wipes as needed and encouraged him to use a spoon rather than his fingers to eat non-finger foods.</p> <p>6. Observation on 8/6/18 at 6:05 p.m. revealed Client #3 reached over and touched DSP D on her buttocks. She directed him to keep his hands to himself and be appropriate. At 6:10 p.m., Client #3 again touched DSP D. She told him he was being "very inappropriate" and then commented, "He's attacking my bum!" At 6:25 p.m., he touched DSP D's shoulder and she asked him what he needed. At 6:30 p.m., he touched her leg and she again instructed him to keep his hands to himself. DSP D failed to move away from Client #3 when he exhibited the behavior.</p>	W 249			

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G045	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/09/2018
NAME OF PROVIDER OR SUPPLIER IMAGINE THE POSSIBILITIES, INC - PRAIRIE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 201 NORTH OLIVE STREET MAQUOKETA, IA 52060		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 249	<p>Continued From page 8</p> <p>Observation on 8/7/18 at 7:40 a.m. revealed Client #3 yelled in the house near the rear entrance. DSP B asked if she should move him to his room. Client #3 quieted. At 7:45 a.m., Client #3 again yelled and DSP B again asked if he needed to go to his room to calm because he was upsetting others. Client #3 quieted. At 8:00 a.m., Client #3 yelled and DSP B prompted him to stop and asked if he needed to go to his room. He quieted then yelled again. DSP B failed to use a firm tone and failed to use Client #3's communication cards.</p> <p>Record review on 8/7/18 revealed Client #3's POP Behavior goal to decrease inappropriate touch, aggression and disruptive behavior. The definition of inappropriate touch included touching people in inappropriate areas on their bodies and rubbing against people. Disruptive behaviors included screaming, bucking in his chair and throwing objects.</p> <p>The POP intervention for inappropriate touch directed staff to verbally prompt Client #3 to stop the behavior if he inappropriately touched someone. If the behavior continued staff, should block and redirect his behavior while explaining he needed to keep his hands to himself. The procedure noted at that point, staff should remove themselves from his eyesight.</p> <p>The disruptive behavior intervention involved one request to stop the behavior in a firm voice. If the behavior continued, staff should explain he would be moved to a quiet place away from others and explain when he stopped yelling they would talk about what was bothering him. Staff were to walk out of Client #3's line of sight. Once calm, staff would ask Client #3 to indicate what he wanted</p>	W 249			

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W 249	Continued From page 9 using communication cards on the back of his wheelchair. When interviewed on 8/7/18 at 1:20 p.m., the QIDP confirmed staff should tell Client #3 to stop and remove themselves when he exhibits inappropriate touching to avoid negative attention. She said staff should also be firm with Client #3 when he exhibits disruptive behavior and use his cards after he calmed down.	W 249			
W 268	CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)(i) These policies and procedures must promote the growth, development and independence of the client. This STANDARD is not met as evidenced by: Based on observations, interview and record review, the facility failed to consistently provide opportunities for growth and independence. This affected 3 of 3 sample clients (Client #3, Client #4 and Client #12) and 6 clients added to the sample (Client #1, Client #2, Client #5, Client #8, Client #9 and Client #11). Findings follow: Observations throughout the survey revealed staff failed to encourage clients to participate in daily living tasks and meaningful activities. Examples included but were not limited to the following: 1. On 8/6/18: At 11:50 a.m., Direct Support Professional (DSP) B put napkins on a cart while Client #2, Client #8 and Client #11 sat and watched. She pushed the cart to the dining room without encouraging any	W 268	<p>W 268 On 8/27/18, the ICF/ID Active Treatment Policy was revised to add emphasis on providing meaningful activities that promote opportunities for growth and development to individuals served.</p> <p>On 8/28/18, the ICF/ID Director implemented an ICF/ID Active Treatment Procedure to give additional guidance to all ICF staff on active treatment throughout the individuals' day.</p> <p>On 8/28/18, the ICF/ID Director trained Supervisors and QIDP on the revised Active Treatment Policy and ICF/ID Active Treatment Procedure, to assist with improving observations skills as well as placing emphasis on assuring staff are providing opportunities to individuals for growth and development.</p> <p>On 8/28/18, the ICF/ID Director revised the Supervisors program observations to include 3 Active Treatment observations to be completed monthly for each supervisor.</p> <p>On 8/28/18, the ICF/ID Director revised the QIDP program observations to include 4 Active Treatment observations to be completed monthly for consistency of program implementation.</p> <p>On 8/29/18, the ICF/ID QIDP will re-train staff at Program Training meeting on the ICF/ID Procedure: Conduct Between Staff and Individuals Served and ICF/ID Active Treatment Policy and Procedure with emphasis on providing opportunities for growth and</p>		

		<p>independence.</p> <p>ICF/ID Supervisors and QIDP are responsible for conducting program observations each month to ensure programs and supports are ran correctly and consistently using the program observation forms.</p> <p>The ICF/ID QIDP will review all program observations each month to evaluate trends and patterns in program implementation. After review, the QIDP will send all program observations to the ICF/ID Director to review.</p> <p>The ICF/ID Director is responsible for assuring plan of correction is consistently implemented.</p> <p>Completion date: 8/29/18 and on-going</p>	
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W 268	<p>Continued From page 10 client to help.</p> <p>At 11:55 a.m., DSP C rinsed dishes and placed them in the dishwasher rack while Client #11 stood by a sink across the room unengaged.</p> <p>At 12:00 p.m., DSP C operated a food processor to puree Client #2's food. Client #2 sat in the kitchen in his wheelchair without being involved.</p> <p>At 4:30 p.m., the surveyor noted Client #3's bowl and glass absent from in front of him as he sat at the table. DSP D stated she took them to the kitchen for him.</p> <p>From 6:35 p.m. - 6:50 p.m., Supervisor A rinsed dishes and placed them in the dishwasher rack without engaging any clients. Client #4, Client #1 and Client #5 sat in the living room with the television on although none of them watched the program. Client #9 put wooden blocks on a toy in the adjacent living room.</p> <p>2. Observations on 8/7/18 revealed:</p> <p>At 8:55 a.m., DSP E wiped the dining room table. She failed to involve any clients to complete the task.</p> <p>At 8:10 a.m., Client #12 ate large bites of oatmeal casserole and large bites of sausage. Staff were present in the area, but failed to prompt Client #12 to take smaller bites to encourage safe dining skills.</p> <p>Record review on 8/7/18 revealed the facility Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) Conduct Between Staff and Individuals Served policy. The policy</p>	W 268			

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W 268	<p>Continued From page 11</p> <p>indicated staff would promote the growth, development and independence of individuals served. In addition, the procedure noted staff are trained to involve individuals in daily living activities in areas such as cooking, cleaning, laundry, personal hygiene, etc.</p> <p>When interviewed on 8/7/18 at 4:25 p.m., the Qualified Intellectual Disability Professional (QIDP) said she expected staff to engage clients in meaningful activities to build their independence throughout the day.</p>	W 268			

