

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6852		Date: September 21, 2018		
Facility Name: Imagine the Possibilities Westside		Survey Dates: September 4, 5, 6, 2018		
Facility Address/City/State/Zip 103 North Rutland Garnavillo, IA 52049		LK 77614-I & 77615-I		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

64.60	<p>481-64.60(135C) Federal regulations adopted - conditions of participation. Regulations in 42 CFR Part 483, Subpart D, and Sections 410 to 480 effective October 3, 1988, are adopted by reference and incorporated as part of these rules. A copy of these regulations is available on request from the Health Facilities Division, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319.</p> <p>Classification of violations is I, II, and III, determined by the division using the provision in 481-Chapter 56, "Fining and Citations," to enforce a fine to cite a facility.</p> <p>This rule is intended to implement Iowa Code Section 135C.2(3).</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p>	II	\$500.00	Upon Receipt
W153				
58.43(9)	<p>481—58.43(135C) Resident abuse prohibited.</p> <p>58.43(9) Allegations of dependent adult abuse.</p>			

Page 1 of 6

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6852		Date: September 21, 2018		
Facility Name: Imagine the Possibilities Westside		Survey Dates: September 4, 5, 6, 2018		
Facility Address/City/State/Zip 103 North Rutland Garnavillo, IA 52049		LK	77614-I & 77615-I	
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
52.2(a)	<p>Allegations of dependent adult abuse shall be reported and investigated pursuant to Iowa Code chapter 235E and 481—Chapter 52. (I, II, III)</p> <p>481—52.2(235E) Persons who must report dependent adult abuse and the reporting procedure for those persons.</p> <p>52.2(2) Reporting suspected dependent adult abuse in facilities or programs.</p> <p>a. If a staff member or employee is required to make a report pursuant to this rule, the staff member or employee shall immediately notify the person in charge or the person's designated agent who shall then notify the department within 24 hours of such notification or the next business day.</p> <p>Iowa Code section 235E.2(3)(a)</p> <p>3. a. If a staff member or employee is required to make a report pursuant to this section, the staff member or employee shall immediately notify the person in charge or the person's designated agent who shall then notify the department within twenty-four hours of such notification. If the person in charge is the alleged dependent adult abuser, the staff member shall directly report the abuse to the department within twenty-four hours.</p>			

Page 2 of 6

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6852		Date: September 21, 2018		
Facility Name: Imagine the Possibilities Westside		Survey Dates: September 4, 5, 6, 2018		
Facility Address/City/State/Zip 103 North Rutland Garnavillo, IA 52049	LK	77614-I & 77615-I		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>DESCRIPTION:</p> <p>Based on interviews and record reviews the facility failed to ensure allegations of abuse were immediately reported to the administrator according to facility policy/procedure. This affected 5 of 5 clients (Client #1, Client #2, Client #3 Client #4 and Client #5) identified in investigations 77614-I and 77615-I. Findings follows</p> <p>1. Record review on 9/4/18 revealed a self-reported incident dated 7/18/18. According to the report, Direct Support Professional (DSP) A alleged DSP B lifted Client #1's helmet and pulled her hair. She stated the incident occurred because Client #1 wanted to be around the family of another client returning from a home visit. DSP A could not recall the exact date of the incident. The facility began an investigation and determined by the staff's description of the incident including staff present in the facility and the dates of Client #5's home visits, the incident possibly occurred on 4/29/18.</p> <p>When interviewed on 9/4/18 at 4:00 p.m. DSP A</p>			
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6852		Date: September 21, 2018		
Facility Name: Imagine the Possibilities Westside		Survey Dates: September 4, 5, 6, 2018		
Facility Address/City/State/Zip 103 North Rutland Garnavillo, IA 52049		LK 77614-I & 77615-I		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>stated she reported an allegation of abuse during a conversation with her supervisors (on 7/17/18). She could not recall the date of the incident and relayed the circumstances of her concern to her supervisor. DSP A stated she knew she should have reported the incident right away but did not notify her supervisor.</p> <p>2. Record review on 9/4/18 revealed a self-reported incident dated 7/30/18. According to the report, DSP C alleged clients were subjected to verbal abuse (swearing) throughout the day on 7/28/18 and 7/29/18 by DSP D. Staff reported the swearing occurred throughout first shift on 7/28/18 and 7/29/18 and at times was directed to Client #1, Client #2, Client #3 and Client #4. DSP C informed the agency's management staff on 7/30/18.</p> <p>When interviewed on 9/4/18 at 11:40 a.m. DSP C stated she made an allegation of verbal abuse on 7/30/18 to her supervisor. She stated on 7/28/18 and 7/29/18 DSP D used inappropriate language around and towards some of the clients at the facility. She felt the staff's verbal interactions were inappropriate and upset the clients. DSP C stated she had been trained on when and how to</p>			
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--

Page 4 of 6

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6852		Date: September 21, 2018		
Facility Name: Imagine the Possibilities Westside		Survey Dates: September 4, 5, 6, 2018		
Facility Address/City/State/Zip 103 North Rutland Garnavillo, IA 52049	LK	77614-I & 77615-I		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>report abuse and thought about calling the Department of Inspections and Appeals hotline but then decided to talk to her supervisor on 7/30/18. She stated she knew she should have reported the situation immediately.</p> <p>Further record review revealed the facility's Abuse Reporting procedure last approved on 2/20/18. According to the document staff should immediately separate the alleged abuser from the individual served and notify the shift supervisor or on-call supervisor.</p> <p>When interviewed on 9/4/18 at 4:20 p.m. the ICF/ID Director confirmed staff failed to follow the policy to report suspicions of abuse immediately in both situations. She further stated staff were responsible to ensure the clients were safe first and then contact a supervisor immediately.</p> <p>FACILITY RESPONSE:</p>			
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--

Page 5 of 6

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6852		Date: September 21, 2018		
Facility Name: Imagine the Possibilities Westside		Survey Dates: September 4, 5, 6, 2018		
Facility Address/City/State/Zip 103 North Rutland Garnavillo, IA 52049	LK	77614-I & 77615-I		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).