

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

PRINTED: 09/21/2018  
FORM APPROVED  
OMB NO. 0938-0391

✓ 10/1/18  
OK 9/27/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  16G089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/06/2018
NAME OF PROVIDER OR SUPPLIER  IMAGINE THE POSSIBILITIES - WESTSIDE			STREET ADDRESS, CITY, STATE, ZIP CODE 103 NORTH RUTLAND GARNAVILLO, IA 52049	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS	W 000		
W 153	<p>At the time of investigations and 77614-I and 77615-I a deficiency was cited at W153.</p> <p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: 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>	W 153	<p>See attached</p> <p>POC 9/27/18</p>	

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

TITLE

(X6) DATE

*[Signature]*

EXECUTIVE DIRECTOR

9-26-18

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 153	<p>Continued From page 1</p> <p>When interviewed on 9/4/18 at 4:00 p.m. DSP A 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 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</p>	W 153			

*Richard A. Greene*

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W 153	Continued From page 2 individual served and notify the shift supervisor or on-call supervisor.  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.	W 153			

*Richard S. Greener*

