

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6868		Date: October 18, 2018		
Facility Name: Imagine the Possibilities-Andrew Jackson		Survey Dates: September 12 – 20, 2018		
Facility Address/City/State/Zip 18720 250 th Ave. Bellevue, IA 52031	LK	77783-A, 78147-A, 78545-I		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

57.32(4)	<p>481—57.32(135C) Resident abuse prohibited. Each resident shall receive kind and considerate care at all times and shall be free from mental, physical, sexual, and verbal abuse, exploitation, neglect, and physical injury. (I, II)</p> <p>481—57.32(4) (135C) Allegations of dependent adult abuse. Allegations of dependent adult abuse shall be reported and investigated pursuant to Iowa Code chapter 235E and 481-Chapter 52 (1, II, III).</p> <p>DESCRIPTION:</p> <p>Based on interview the facility failed to comply with requirements regarding notification of potential dependent adult abuse found in Iowa Administrative Code chapter 235E and 481 - chapter 52 regarding 1 of 4 residents reviewed(Resident #1). Findings follow:</p>	II	\$500	Upon Receipt
----------	--	----	-------	--------------

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: 6868		Date: October 18, 2018		
Facility Name: Imagine the Possibilities-Andrew Jackson		Survey Dates: September 12 – 20, 2018		
Facility Address/City/State/Zip 18720 250 th Ave. Bellevue, IA 52031		LK	77783-A, 78147-A, 78545-I	
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
52.2(2)a.	<p>Interviews with five staff members revealed they believed Resident #1 was being physically abused at the facility. Four staff members reported this to their supervisor. No reports of these allegations were made to the Department as required by Iowa Administrative Code Rule 481-52.2(2)a.</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>Based on interview and record review the facility failed to report suspected dependent adult abuse to the Department regarding 1 of 4 residents reviewed (Resident #1). Findings follow:</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: 6868		Date: October 18, 2018		
Facility Name: Imagine the Possibilities-Andrew Jackson		Survey Dates: September 12 – 20, 2018		
Facility Address/City/State/Zip 18720 250 th Ave. Bellevue, IA 52031		LK	77783-A, 78147-A, 78545-I	
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	<p>Record review on 9/13/18 revealed Resident #1 was seen by a local physician's clinic on 3/23/18 and 5/25/18 due to an injury to her left big toe. The note from the visit on 3/23/18 identified, "on exam it looks like it's been bumped and bruised and got a subungual hematoma." The note continued, "She was advised that I think she must have injured it and am not sure it's related to the prior surgery or procedure." (Resident #1 had surgery on this toe a year or two prior). A follow-up note from the clinic dated 5/25/18 noted, "At some point she apparently had an injury with a subungual hematoma." A review of the Medication Administration Record (MARS) from 3/1/18 through 8/21/18 revealed Resident #1 asked for medication for toe/foot pain on the following dates: 4/10/18, 4/13/18, 4/18/18 (x2), 5/10/18 and 8/18/18. Resident #1 was discharged from the facility on 8/22/18.</p> <p>Interviews conducted from September 12 - 20, 2018 revealed the following:</p> <ul style="list-style-type: none"> - Staff B witnessed Staff A step on Resident 			

Page 3 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: 6868		Date: October 18, 2018		
Facility Name: Imagine the Possibilities-Andrew Jackson		Survey Dates: September 12 – 20, 2018		
Facility Address/City/State/Zip 18720 250 th Ave. Bellevue, IA 52031		LK	77783-A, 78147-A, 78545-I	
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	<p>#1's foot once. Staff B also heard Staff A swear at Resident #1 and threaten to step on Resident #1's foot. Staff B stated she reported this to the Associate Administrator.</p> <p>- Staff C reported concerns Staff A and Staff F were stepping on Resident #1's toes. Staff C reported Staff A, Staff F and Staff J had threatened to step on Resident #1's toes. Staff C reported these concerns to the Associate Administrator. Staff C reported she witnessed the Associate Administrator shove Resident #1 into the wall and swear at her on 8/21/18.</p> <p>- Staff D saw Staff F pull Resident #1 from a standing position to the floor by her hair. Staff D also saw Staff A and Staff E purposely step on the injured toe of Resident #1 when Resident #1 wouldn't do what they wanted her to do. Staff D saw Staff J step on Resident #1's foot once. Staff D reported these concerns to the Associate Administrator, but was told Resident #1 was a liar. Staff D said there was a message on the facility computer which said, "if you see something, say something." Staff D said she did this and nothing was done.</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: 6868		Date: October 18, 2018		
Facility Name: Imagine the Possibilities-Andrew Jackson		Survey Dates: September 12 – 20, 2018		
Facility Address/City/State/Zip 18720 250 th Ave. Bellevue, IA 52031		LK	77783-A, 78147-A, 78545-I	
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	<p>- Staff E reported she saw a staff person "body slam" Resident #1 on 8/11/18 when Resident #1 was preventing Staff E from exiting the building. Staff E did not report these concerns to the Administrator until 9/19/18. Staff E reported she knew legally she should have made this report but said morally, she did not know if it was the right thing to do.</p> <p>- Staff H saw Staff A purposely step on the injured toe of Resident #1. Staff H also heard Staff A threaten to step on the toe of Resident #1 twice. Staff H did not report this to administration as she believed they would not do anything about the abuse.</p> <p>No reports were made to the made to the Department with these concerns. On 9/18/18 at 12:40 p.m. the Associate Director stated no one had reported any allegations of abuse to her regarding Resident #1.</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: 6868		Date: October 18, 2018		
Facility Name: Imagine the Possibilities-Andrew Jackson		Survey Dates: September 12 – 20, 2018		
Facility Address/City/State/Zip 18720 250 th Ave. Bellevue, IA 52031		LK	77783-A, 78147-A, 78545-I	
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

Page 6 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).