| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G088 | A. BUILDING _____ B. WING _____ | C 05/08/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| IMAGINE THE POSSIBILITIES, INC - DIAMOND PLACE | 1208 SOUTH 11TH STREET OSKALOOSA, IA 52577 |

| (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<br><br>A deficiency was cited at W153 as the result of the investigation of complaint #82606-C.<br><br>Deficiencies W231 and W249 were cited as the result of the annual health facility survey. | W 000 | | |
| W 153 | STAFF TREATMENT OF CLIENTS<br>CFR(s): 483.420(d)(2)<br><br>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.<br><br>This STANDARD is not met as evidenced by:<br>Based on interviews and record review, the facility failed to immediately report all allegations of abuse to the appropriate state agency, the Department of Inspections and Appeals (DIA). This affected 1 sample client identified during the investigation of #82606-C (Client #9). Finding follows:<br><br>When interviewed on 5/02/19 at 1:35 p.m. the Complainant said he/she had seen pictures and video of Client #9 posted on Facebook and Snapchat by Direct Support Professional (DSP) A. The Complainant said this occurred in January and/or February of this year. The Complainant said he/she reported the concern to the Department of Human Services (DHS), but later got a call from a representative from DIA asking about the incident. The Complainant said he/she did not take screen shots or have the posted pictures or videos at this time. The | W 153 | The following information will 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.<br><br>A standing agenda topic will be added to our monthly leadership Synergy meeting as well as our monthly staff meeting to discuss/inform all employees on the different forms of abuse allegations and responsibilities. A question will also be added to our competency test/games at our monthly staff meetings. Compliance to this standard will be monitored on a monthly basis by review of the agenda topics and results of the competency test/games.<br><br>Person(s) responsible for ensuring compliance to the standard are the QIDP and Program Director. | 05/28/2019 |

POC 5/28/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Program Director 5-29-19

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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G088 | A. BUILDING _____ B. WING _____ | C 05/08/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| IMAGINE THE POSSIBILITIES, INC - DIAMOND PLACE | 1208 SOUTH 11TH STREET OSKALOOSA, IA 52577 |

| (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 153 | Continued From page 1 | W 153 | | |

Complainant said he/she showed the Facebook post to facility Supervisor A. The Complainant stated DSP A was also mean to Client #9 by making him go to his room for long periods of time and calling him names, such as "moron" and "retard." The Complainant said this mistreatment occurred from approximately November 2018 through early February 2019. He/she said he/she reported it to facility management staff.

During a follow up interview on 5/07/19 at 12:35 p.m., the Complainant said the pictures and videos posted of Client #9 showed the client being loud and yelling as DSP A "egged on" the client. The complainant said DSP A posted these types of videos many times; over 20 times. The Complainant said DSP A's co-workers might deny knowing of the videos because they were all her friends. The Complainant said she showed one of the posted videos to Supervisor A. It was a video of Client #9 riding an exercise bike.

Record review on 5/07/19 revealed Client #9 is 48 years old, with a diagnosis including Moderate Intellectual Disability, Prader Willi Syndrome, Bipolar Disorder and Explosive Personality. Client #9 had functional communication skills. He had behavior programs in place to address target behaviors of yelling, arguing, aggression and elopement.

When interviewed on 5/02/19 at 8:50 a.m. the Regional Associate Director (RAD) said she didn't know of any concerns/reports of DSP A mistreating Client #9. She recalled the facility had done an internal investigation in February or March of a report that DSP A posted things on social media, but the facility was unable to substantiate the concerns. The RAD stated there

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G088 | A. BUILDING _____ B. WING _____ | C 05/08/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| IMAGINE THE POSSIBILITIES, INC - DIAMOND PLACE | 1208 SOUTH 11TH STREET OSKALOOSA, IA 52577 |

| (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 153 | Continued From page 2<br>had been personnel conflicts between DSP A and a former employee, who had complained about DSP A. The RAD said the former RAD had done the facility investigation and the current RAD said she would try to locate the investigation. The facility separated DSP A from Client #9 as of 5/02/19, when they learned of the allegation of mistreatment from the surveyor.<br><br>On 5/06/19, the RAD provided the surveyor with copies of emails sent back and forth between the current RAD and the Director of Human Resources (HR Director) dated 3/18/19, referring to an Exit Survey completed by former staff, DSP B, on 3/05/19. The Exit Survey had a question asking if the employee had every witnessed any conduct by an employee that that could be considered illegal or unethical. DSP B wrote, "People taking pics and videos of (Client #9) making fun of them." DSP B also indicated she felt unsafe and threatened at work due to another employee. In an email dated 3/18/19, the HR Director questioned the RAD about DSP B's responses on the Exit Survey. Regarding the allegation of videos, the RAD wrote the incident had happened "several months ago" and the facility had investigated. According to the email written by the RAD, the former RAD and the local HR Coordinator met with DSP A, looked through her phone for videos and found no evidence of anything regarding facility clients. The facility also questioned other staff and no one else reported seeing the pictures or videos. The RAD also addressed a couple other personnel issues involving DSP B. The HR Director responded by email and wrote, "HR does have the investigation notes on file for the mentioned concerns. No further follow up needed for HR." | W 153 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G088 | A. BUILDING _____ B. WING _____ | C 05/08/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| IMAGINE THE POSSIBILITIES, INC - DIAMOND PLACE | 1208 SOUTH 11TH STREET OSKALOOSA, IA 52577 |

| (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 153 | Continued From page 3 | W 153 | | |

The facility also provided an agency HIPAA (Health Insurance Portability and Accountability Act) and Compliance Log, which listed an entry for 2/22/19. According to the 2/22/19 entry, there had been a "Snap chat complaint- phone usage during shift." The outcome had been staff discussion and staff retraining. The entry indicated no investigation was needed.

During the DIA investigation of the allegation of client mistreatment, all staff questioned denied seeing any pictures or videos of Client #9 on any social media site. This included Supervisor A. Client #9 said he had no knowledge of DSP A ever taking any pictures or video of him. Co-workers and Client #9 also denied abuse or mistreatment by DSP A, other than sometimes raising her voice at Client #9.

When interviewed on 5/06/19 at 2:20 p.m. the RAD again stated the facility completed an investigation regarding former staff DSP B's complaints regarding DSP A. She said the former RAD conducted the facility investigation and the facility was unable to locate the investigation. The RAD stated DSP B's complaints were initially personal complaints that DSP A mistreated her. DSP B later reported DSP A posted pictures and/or videos of clients on Snapchat. The facility conducted an investigation and found no evidence of the pictures or videos on DSP A's phone. Other staff also denied seeing such pictures or videos.

When interviewed on 5/07/19 at 3:40 p.m. the HR Coordinator recalled assisting the former RAD with the facility investigation regarding Snapchat, but she did not recall when the investigation occurred. The HR Coordinator said she thought

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G088 | A. BUILDING _____ B. WING _____ | C 05/08/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| IMAGINE THE POSSIBILITIES, INC - DIAMOND PLACE | 1208 SOUTH 11TH STREET OSKALOOSA, IA 52577 |

| (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 153 | Continued From page 4<br>DSP B's complaints were all related to mistreatment toward her, and not toward any clients. The HR Coordinator recalled DSP B complained DSP A said derogatory things about her on Snapchat. The current RAD joined the interview and she acknowledged the facility had been aware of the allegation made by DSP B that DSP A had put pictures and/or video of Client #9 on social media, but DSP B had not made allegations of other mistreatment. When asked why the facility didn't report the allegation of video of a client on social media to DIA, the RAD said the facility investigation did not substantiate the allegation, so she thought the facility didn't need to report the allegation to DIA. The surveyor informed the RAD that all allegations of abuse must be immediately reported. The RAD said she was not aware of this, but acknowledged the posting of client pictures and videos on staff social media sites could be considered Personal Degradation as defined in the Dependent Adult Abuse code and the agency policy<br><br>Although it is not clear exactly when DSP B told the facility of the allegations that DSP A had posted pictures and/or videos of Client #9 on her social media site(s), it is clear from the emails dated 3/18/19 the facility was aware of the allegation at that time and according to the emails the allegation had been already been investigated by the facility. The facility failed to report the allegation to DIA.<br><br>Review of the facility abuse policy revealed Personal Degradation was included as a type of Dependent Adult Abuse. According to the agency policy, Personal Degradation includes taking, transmission or displaying of an electronic image of a dependent adult by a caretaker , where the | W 153 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G088 | A. BUILDING _____ B. WING _____ | C 05/08/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| IMAGINE THE POSSIBILITIES, INC - DIAMOND PLACE | 1208 SOUTH 11TH STREET OSKALOOSA, IA 52577 |

| (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 153 | Continued From page 5<br>caretaker's actions constitute a willful act or statement intended to shame, degrade, humiliate or otherwise harm the personal dignity of the dependent adult. | W 153 | | |
| W 231 | INDIVIDUAL PROGRAM PLAN<br>CFR(s): 483.440(c)(4)(iii)<br><br>The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance.<br><br>This STANDARD is not met as evidenced by:<br>Based on interview and record review, the facility failed to consistently develop program objectives to reflect a clear indication of the client's performance and progress. This affected 2 of 3 sample clients (Client #9 and Client #10). Findings follow:<br><br>1. Record review on 5/07/19 revealed Client #9 had two Behavior Support Programs (BSP), as follows:<br><br>a. Client #9 had a BSP with a goal to, "Make safe choices during interactions with others." The target behavior being addressed was elopement. The objective was for Client #9 to tell staff when he's getting upset. Staff were to chart if Client #9 told staff he was getting upset, but there was no tracking of elopements. The objective didn't measure whether the target behavior was increasing or decreasing.<br><br>When interviewed on 5/08/19 at 9:00 a.m. the Qualified Intellectual Disability Professional (QIDP) confirmed the objective failed to measure the frequency of the target behavior. She | W 231 | The following information ensures the objective of the individual program plan must be expressed in behavioral terms that provide measureable indicies of performance.<br><br>The Program Guide used by the QIDP when writing programs has been revised to include further guidance on ensuring the objective provides measureable data. An example has been added to better address the clarification of the objective. An update also was made to our Quarterly Quality Assurance Audit Form to ensure the objective is being checked for measureable data. Compliance to this standard will be monitored by the QIDP by using the Program Guide as programs are written. In addition quarterly the Quality Assurance Form will be completed by the QIDP and/or Program Director.<br><br>Person(s) for ensuring compliance to this are the QIDP and Program Director. | 05/28/2019 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G088 | A. BUILDING _____ B. WING _____ | C 05/08/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| IMAGINE THE POSSIBILITIES, INC - DIAMOND PLACE | 1208 SOUTH 11TH STREET OSKALOOSA, IA 52577 |

| (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 231 | Continued From page 6<br>acknowledged that if Client #9 told staff he was upset and then eloped, he would have still met the objective.<br><br>b. Client #9 had a BSP with a goal to "work on reducing the number of maladaptive behaviors to better his quality of life". The target behaviors being addressed were yelling, arguing and aggression toward others. The objective was for Client #9 to "appropriately express his frustration by saying 'no' less than 15 times per month."<br><br>When interviewed on 5/08/19 at 9:00 a.m. the QIDP acknowledged the problems with the objective, when brought to her attention. According to the objective, Client #9 had to use the word "no" when expressing his frustration, in order to successfully meet the objective. The objective also indicated the desirable outcome was for Client #9 to decrease appropriately expressing his frustration, with criteria of "less than" 15 times per month. The objective failed to measure the frequency of the target behaviors. The QIDP agreed the objective was not providing data regarding the target behaviors. She said she planned to revise the behavior programs for Client #9.<br><br>2. Record review on 5/07/19 revealed Client #10 had a program with the objective of communicating he needed his adult incontinence brief (AIB) changed, during his scheduled toilet times, with times listed. The program directed staff to prompt Client #10 to use his communication device to indicate it was "toilet time." According to the program, staff should remind Client #10 the importance of communicating to others the importance of using | W 231 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G088 | A. BUILDING _____ B. WING _____ | C 05/08/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| IMAGINE THE POSSIBILITIES, INC - DIAMOND PLACE | 1208 SOUTH 11TH STREET OSKALOOSA, IA 52577 |

| (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 231 | Continued From page 7<br>the restroom. However, Client #10 did not use the restroom or a toilet; staff just changed his AIB.<br><br>When interviewed on 5/08/19 at 9:00 a.m. the QIDP confirmed Client #10 did not use a toilet and was just changed by staff. She also acknowledged the program could be confusing to the staff and provide inaccurate data. If staff asked Client #10 at a scheduled time if he needed changed and if the client indicated he did not need to be changed at that time, it might not be clear whether staff would document if the objective was met or not met. | W 231 | | |
| W 249 | PROGRAM IMPLEMENTATION<br>CFR(s): 483.440(d)(1)<br><br>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.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations, interviews and record review, the facility failed to ensure client programs were consistently implemented. This affected 2 of 3 sample clients (Client #10 and Client #11). Findings follow:<br><br>1. Intermittent observations on 5/02/18, 5/06/18 and 5/07/18, revealed Client #10 was positioned either in his wheelchair, bed, or a papasan chair. | W 249 | The following information ensures as soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive 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.<br><br>To ensure active treatment is being done we have added specific questions to our weekly Quality Assurance Period Check, bi-monthly Program Observation and Active Treatment Check, Orientation Checklist and added a standing agenda topic to our monthly staff meetings as well as questions on our competency games/tests. Compliance to this standard will be monitored by the QIDP and Shift Supervisors as the forms are completed. In addition the QIDP and Program Director will monitor agenda topics and results of the competency games/tests and audit results.<br><br>Person(s) responsible in ensuring compliance to this standard are Shift Supervisors, QIDP and Program Director. | 05/28/19 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G088 | A. BUILDING _____ B. WING _____ | C 05/08/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| IMAGINE THE POSSIBILITIES, INC - DIAMOND PLACE | 1208 SOUTH 11TH STREET OSKALOOSA, IA 52577 |

| (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 | Continued From page 8<br>At no time was staff observed doing range of motion exercises with Client #10, who had Cerebral Palsy and Quadriplegia.<br><br>Record review on 5/07/19 revealed Client #10 had a staff procedure for range of motion exercises. The procedure included directions and pictures for exercises for the hips, knees, ankles, shoulders, elbows and wrists. While the upper body exercises could be done in a seated position, the exercises for the lower body and hips were shown in the pictures with the client lying down in a supine position.<br><br>When interviewed on 5/6/19 at 12:30 p.m. Direct Support Professional (DSP) C stated she did Client #10's range of motion exercises throughout the day as the client was in his wheelchair. She said she moved his limbs around off and on throughout the shift.<br><br>When interviewed on 5/08/19 at 1:25 p.m. the Qualified Intellectual Disability Professional (QIDP) confirmed Client #1 would need to be out of his wheelchair for staff to thoroughly complete all of his range of motion exercises.<br><br>2. Observation on 5/06/19 revealed Client #11 laid in bed from approximately 2:30 p.m. to 4:05 p.m. There was no television, music or any type of activity to engage or entertain Client #11. During intermittent observations, Client #11 laid in bed awake. Client #11 did not have the physical ability to get in and out of bed on his own. The staff had placed him in bed around 2:30 p.m. and got him up around 4:10 p.m.<br><br>Record review of Client #11's Active Treatment | W 249 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G088 | A. BUILDING _____ B. WING _____ | C 05/08/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| IMAGINE THE POSSIBILITIES, INC - DIAMOND PLACE | 1208 SOUTH 11TH STREET OSKALOOSA, IA 52577 |

| (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 | Continued From page 9<br>Schedule revealed from the time period of 1:30 p.m. to 5:00 p.m. Client #11 should participate in Adult Day Services and/or activities. Activities included Range of Motion or group/individual activities. The Active Treatment Schedule also noted Client #11 should be repositioned if he seemed uncomfortable at any time.<br><br>When interviewed on 5/08/19 at 1:45 p.m. the QIDP stated Client #11 was asleep at least one time when she checked him on the afternoon of 5/06/19. She said if Client #11 was tired and napping, then a period of 1 1/2 hours in bed might be acceptable.<br><br>3. Observation on 5/06/19 from approximately 12:35 p.m. - 12:50 p.m. revealed staff assisted Client #11 with eating lunch. Staff scooped the pureed food onto a spoon and assisted Client #1 to grasp the spoon and bring it to his mouth. The spoon was a disposable plastic spoon. Client #11 ate multiple bites of food before the staff person offered him a drink. Client #11 had eaten over 15 bites of food when the surveyor asked the staff person if there was a reason Client #1 wasn't offered drinks as he ate. The staff person then held the cup of thickened drink and offered it to Client #11, who had some difficulty drinking due to a tongue thrust. The staff person said Client #11 did not hold his own cup.<br><br>Observation on 5/06/19 at approximately 5:00 p.m. revealed staff brought a cup of thickened liquid to the table for Client #11. Client #11 reached toward the cup. The QIDP handed the cup to Client #11, who held the cup and drank from it. Additional observations from approximately 5:10 p.m. to 5:40 p.m. revealed | W 249 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G088 | A. BUILDING _____ B. WING _____ | C 05/08/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| IMAGINE THE POSSIBILITIES, INC - DIAMOND PLACE | 1208 SOUTH 11TH STREET OSKALOOSA, IA 52577 |

| (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 | Continued From page 10<br>staff assisted Client #11 with eating supper. Staff scooped the pureed food onto a regular metal spoon and assisted Client #1 to grasp the spoon and take it to his mouth. Client #11 ate multiple bites of food before the staff person offered him a drink. After more than 20 bites of food, the staff person held the cup of thickened liquid to Client #11's mouth for him to drink. The QIDP came by and reminded the staff person to prompt Client #11 to hold his own drink. The staff person held the cup out to Client #1, but didn't attempt to put it into his hand. The meal continued and the QIDP left the area. The staff person continued to offer Client #11 multiple bites of food, without offering a drink. When the staff person did finally offer a drink, she held the cup and put it to Client #11's mouth.<br><br>Record review on 5/07/19 revealed Client #11 had a mealtime program to independently drink from his cup. The program directed staff to assist Client #11 with getting a grip on the cup. The program also noted Client #11 should drink every few bites to help him swallow better. Client #11's Speech evaluation dated 12/17/18 noted Client #11 was at risk for aspiration. He received pureed food and honey thick liquids. The evaluation noted, "Staff is encouraged to alternate bits of food and liquid to increase intake of liquids." A review of Client #11's Personal Assessment and Life Plan and Comprehensive Functional Assessment dated 1/09/19 noted Client #1 used built up utensils when eating.<br><br>When interviewed on 5/08/19 at 9:00 a.m.,the QIDP confirmed staff should prompt Client #11 to hold his cup to drink. She also acknowledge staff should encourage Client #11 to take a drink after a few bites. The QIDP said staff had been trying | W 249 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16G088 | A. BUILDING _____ B. WING _____ | C 05/08/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| IMAGINE THE POSSIBILITIES, INC - DIAMOND PLACE | 1208 SOUTH 11TH STREET OSKALOOSA, IA 52577 |

| (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 | Continued From page 11<br>different spoons to see what worked best for Client #11, and agreed a consultation with the Occupational Therapist might be beneficial.<br><br>4. Intermittent observations on 5/02/19, 5/06/19 and 5/07/19 revealed staff did not use any kind of communication device with Client #11. No communication device was seen anywhere near Client #11 during observations.<br><br>Record review on 5/07/19 revealed Client #11 had a program to select activities with his communication device. According to the program, Client #11 should use choice cards to select an activity. The program directed staff to place two choice cards in the top two corners of Client #11's Choice Board. The Choice Board should be approximately 12 inches from eye level. Client #11 should then be prompted to use eye gaze to choose an activity.<br><br>When interviewed on 5/07/19 at 7:55 a.m. DSP C and DSP D said they weren't aware of Client #11 having any kind of communication device.<br><br>When interviewed on 5/08/19 at 9:00 a.m. the QIDP stated Client #11 had a Communication Board in his room and staff should use it, per the program. | W 249 | | |