

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

✓ 11/17/17

OK
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PRINTED: 11/03/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G096	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2017
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NAME OF PROVIDER OR SUPPLIER IMAGINE THE POSSIBILITIES - JACKSON	STREET ADDRESS, CITY, STATE, ZIP CODE 307 WEST CHESTNUT GARNAVILLO, IA 52049
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(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
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W 249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review the facility failed to ensure staff consistently implemented individual program plans (IPPs) as determined by the interdisciplinary team (IDT). This effected 2 of 3 sample clients (Client #1 and Client #3). Findings follow:</p> <p>1. Observations on 10/23/17 during supper revealed the following: from 5:30 p.m. - 5:35 p.m., Living Support Staff (LSS) B assisted Client #3 to cut a sandwich into bite size pieces. She then scraped the pieces into a high-sided deep dish with a plate guard and Client #3 carried the plate to the table. LSS C approached the client and cut potato chips in the dish. Client #3 ate with a spork, at times taking large bites. No staff sat with him until LSS D sat to the client's left at approximately 5:40 p.m. LSS D intermittently prompted Client #3 to drink and he drank lemonade from a glass. No straw was available in the glass. Staff failed to provide a separate plate for foods Client #3 could eat with his fingers. Staff further failed to ensure Client #3 drank from a straw.</p>	W 249	<p>See attached</p> <p>POC 12/23/17</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 249	<p>Continued From page 1</p> <p>Further observations on 10/24/17 from 7:50 a.m. - 8:00 a.m. revealed LSS D blocked Client #3's attempt to take a large bite of food to his/her mouth. LSS C approached and cut a piece of toast into bite-sized pieces and put it into a high-sided deep dish containing cereal and fruit. LSS D asked LSS C to sit next to Client #3 to ensure he/she took appropriate size bites. LSS C stood to Client #3 is right and prompted him/her to drink. Client #3 removed a straw out of the glass and drank approximately 4 ounces (oz.) of milk. LSS C prompted the client to drink juice and Client #3 initially drank from a straw. Client #3 then took the straw out of the glass and drank approximately 1 oz. of juice.</p> <p>Observations at lunch revealed LSS E assisted Client #3 to cut a ham sandwich into bite size pieces, and then added the pieces to a high-sided deep dish containing green beans. She sliced a banana into the dish and Client #3 ate the food with a spork. The client drank milk from a glass without using a straw.</p> <p>Record review on 10/24/17 revealed Client #3's Staff Service to work on improving table manners. The service noted client #3 might over fill his spoon and shove food into his mouth without swallowing. The service directed staff to scrape some food off the spork with another utensil to decrease a risk of choking. The staff service contained no directive for staff to physically block Client #3's attempt to eat a large bite. The staff service also directed staff to put finger food into a separate dish or plate so Client #3 could eat with his/her fingers.</p> <p>Further record review revealed Client #3's dining information card. The card noted staff should sit</p>	W 249		

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W 249	<p>Continued From page 2</p> <p>with Client #3 during meals to ensure proper bite size, place finger foods on a separate plate and to use a cup/glass with a straw for drinking to decrease gulping drinks.</p> <p>When interviewed on 10/25/17 at 10:15 a.m. the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff failed to implement the service plan. She confirmed the information on the dining card included recommendations made by the IDT. She confirmed staff failed to follow the guidance on the dining card.</p> <p>2. Observations on 10/23/17 from 5:40 p.m. - 5:50 p.m. revealed LSS B sat to the left of Client #1 and physically blocked him/her from taking a spoon to his/her mouth when he/she tried to take large bites.</p> <p>Observations on 10/24/17 from 8:30 a.m. - 8:45 a.m. revealed LSS C assisted Client #1 to pour milk out of a container onto cereal in a divided plate. She failed to thicken the milk prior to pouring it on the cereal. Client #1 sat and fed himself/herself occasionally taking large bites. At 8:40 a.m., LSS C physically blocked Client #1 from taking a bite and pointed to a glass.</p> <p>Record review on 10/25/17 revealed Client #1's Staff Service to consume food safely. The service directed staff to knock food off a spoon if Client #1 loaded too much food onto the spoon and verbally remind him to take small bites. The service contained no directive to physically block Client #1's attempts to eat.</p> <p>Further record review revealed Client #1's dining information card. The card specifically directed staff to "use thickened milk on cereal to soften."</p>	W 249		

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W 249	Continued From page 3 When interviewed on 10/25/17 at 12:20 the QIDP confirmed staff should use verbal prompts to discourage Client #1 from taking large bites. She further confirmed staff should use thickened milk on Client #1's cereal per his/her dietary needs.	W 249			

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAG0023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2017
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C 203	<p>50.9(3) Background checks</p> <p>481-50.9(135C) Criminal, dependent adult abuse, and child abuse record checks.</p> <p>50.9(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a facility, the facility shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state.</p> <p>This REQUIREMENT is not met as evidenced by: Based on employee personnel records and interview, the facility failed to consistently comply with state regulations (Iowa Administrative Code 481- 50.9(3) and 481-64.34 (135C) for screening employees prior to employment. The facility failed to timely obtain criminal and abuse background checks prior to hire for Staff LSS A. This potentially affected 6 of 6 clients living in the home (Client #1, Client #2, Client #3, Client #4, Client #5 and Client #6). Findings follow:</p> <p>Record review on 10/23/17 revealed a facility letter of hire addressed to and signed by Living Support Staff (LSS) A on 5/8/17. The letter indicated LSS A's employment began on 5/8/17.</p> <p>Further record review revealed a Single Contact License and Background Check (SING) had been completed for Staff LSS A. The SING identified LSS A criminal and abuse background checks were completed on 5/12/17.</p>	C 203		
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DIVISION OF HEALTH FACILITIES - STATE OF IOWA LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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DEPARTMENT OF INSPECTIONS AND APPEALS

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C 203	Continued From page 1 When interviewed on 10/23/17 at 2:10 p.m. the Human Resources Coordinator confirmed LSS A began her employment on 5/8/17. She confirmed LSS A worked at the facility prior to the facility's receipt of the completed SING.	C 203		

OK 11/17/17

Department of Inspections and Appeals (DIA)

ID PREFIX TAG	Provider's Plan of Correction	Completion Date
C203	<p>50.9(3) BACKGROUND CHECKS 481-50.9(135C) CRIMINAL, DEPENDENT ADULT ABUSE AND CHILD ABUSE RECORD CHECKS</p>	
	<p>The Imagine the Possibilities- Northeast Region Human Resources Coordinator will verify all background checks for new hire Direct Support Professionals with the use of HR new hire checklist to note when the background checks are completed (SING, OIG, EPLS and SAM, sex offender registry, nationwide criminal). Before the new hire Direct Support Professionals is scheduled for his/her TB test, the Human Resources Coordinator will verify that all background checks are completed and the new hire Direct Support Professionals is approved to work at Imagine the Possibilities, Inc. This verification will be documented on the HR new hire checklist.</p> <p>The Imagine the Possibilities Northeast Region Staff Development Administrator (Trainer) will verify all dates of background checks (SING, OIG, EPLS and SAM, sex offender registry, nationwide criminal), and assure that all checks have been completed and all new hire Direct Support Professionals have been approved to work at Imagine the Possibilities, Inc (health care field) prior to the start of any form of training. This verification will occur on the new hire checklists, and will be verified prior to the 1st day of new hire Direct Support Professionals training. If the background checks have not been completed/approved through the appropriate entities for criminal and dependent adult/child abuse/fraud, then the new hire Direct Support Professionals will not begin training until the background checks have been completed and verified through Human Resources and the Staff Development Administrator.</p> <p>A member of the Imagine the Possibilities Corporate Human Resources Department will also verify all dates of background checks (SING, OIG, EPLS and SAM), and assure that all checks have been completed and all new hire Direct Support Professionals have been approved to work at Imagine the Possibilities, Inc (health care field) prior to the start of any form of training. If the background checks have not been completed/approved through the appropriate entities for criminal and dependent adult/child abuse/fraud, then the new hire Direct Support Professionals will not begin training until the background checks have been completed and verified through Human Resources, the Northeast Region Staff Development Administrator, and a member of Imagine the Possibilities Corporate Human Resources Department.</p>	<p>Beginning 11/10/17 and ongoing</p> <p>Beginning 11/10/17 and ongoing</p> <p>Beginning 11/10/17 and ongoing</p>
W249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p>	
	<p>Jackson Facility Manager/QIDP will train all Jackson Direct Support Professionals on Client #3's Staff Service for dining. Specifically, the Jackson Facility Manager/QIDP training the Jackson Direct Support</p>	<p>Completed by 11/22/17</p>

Imagine the Possibilities, Inc.-Jackson
307 West Chestnut, Garnavillo, IA 52049

Provider ID #: IAG0023

	Active Treatment Checks until the score is above 80%.	
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Submitted by Jill Grawe, ICF/ID Director- Northeast Region
Cc: Patrick Greener, Northeast Region Executive Director
Todd Seifert- Executive Director
Hope Sprague, Jackson Facility Manager/QIDP

Survey Date: 10/23/17-10/26/17
Surveyor: [REDACTED]