

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

✓ 2/15/18  
OK 2/15/18

PRINTED: 02/08/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>16G088</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/25/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>IMAGINE THE POSSIBILITIES, INC - DIAMOND PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1208 SOUTH 11TH STREET OSKALOOSA, IA 52577</b>
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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 000	INITIAL COMMENTS	W 000		
W 153	<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 interview and record review the facility failed to ensure staff immediately reported allegations of potential abuse in accordance to facility policy. The facility failed to timely report allegations of possible abuse to the Department of Inspections and Appeals and failed to notify the person in charge as directed by facility policy. This affected 3 of 4 clients (Client #1, Client #2 and Client #3) involved in investigation 73464-I and 73583-C. Finding follows:</p> <p>Record review on 1/22/18 revealed a Compliance Hotline Intake Form dated 1/5/2018. The form documented a suspected violation of a small group of employees bullying clients and staff. The report also documented staff would swear at clients and had a goal to make a client cry every day. There was also a suspicion of possible sexual abuse by employees. The complaint was</p>	W 153	<p>See attached Plan of Correction.</p> <p><i>POC 2/18/18</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <b>Terri Morris</b>	TITLE <b>ICF/ID Director</b>	(X6) DATE <b>02/13/2018</b>
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Digitally signed by Terri Morris  
DN: cn=Terri Morris, o=Imagine the Possibilities, Inc., ou=ICF/ID Director,  
email=tmorris@imgmets.org, c=US  
Date: 2018.02.13 15:58:45 -0600

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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NAME OF PROVIDER OR SUPPLIER  <b>IMAGINE THE POSSIBILITIES, INC - DIAMOND PLACE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1208 SOUTH 11TH STREET</b> <b>OSKALOOSA, IA 52577</b>	
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W 153	<p>Continued From page 1</p> <p>made by Direct Support Professional (DSP A) on 1/5/18 at 2:00 p.m..</p> <p>The agency Compliance Officer received the report on 1/8/18, [ DSP A made the report on 1/5/18 at 2 p.m.] and contacted DSP A for additional information. DSP A alleged staff mocked clients, called them names, would swear at clients and said things to their faces. She stated Client #1 and Client #2 were the targets of the verbal and emotional abuse and identified DSP B, DSP C and DSP D as the staff involved in the allegations. When asked about the sexual abuse concern, DSP A stated Client #3 had been showing his/her private parts and masturbating in public areas and had asked another client to remove his/her clothing. The facility immediately suspended DSP B, DSP C and DSP D while completing the investigation and reported the information to Department of Inspections and Appeals (DIA) on 1/9/18 at 9:08 a.m.. The internal investigation concluded there was no evidence regarding the allegation of sexual abuse. In addition, the inappropriate behavior toward clients on the part of staff reflected insensitivity to specific client behaviors and not maintaining dignity and respect at all times towards the clients.</p> <p>Record review of Dependent Adult and Child Abuse Policy, last approved 7/7/17, revealed the following protocol for reporting: Any person who witnessed a possible abuse should immediately separate the alleged abuser from the individual served, notify the shift supervisor on duty or contact the on-call supervisor. The reporter should also make an oral report to an appropriate law enforcement agency if immediate protection of the individual was needed. The shift supervisor would then notify the ICF/ID Director</p>	W 153		

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W 153	Continued From page 2 who would then notify DIA.  Review of staff training records revealed DSP A had been trained on Mandatory Reporter Training on 10/16/17 and completed a review of the agency policy on 12/24/17.  When interviewed on 1/22/18 at 10:15 a.m. the ICF/ID Director confirmed staff failed to follow the facility policy for reporting allegations of abuse. She stated staff chose to contact the agency compliance hotline number versus contacting the facility supervisor which did not comply with their policy and delayed the investigation process.	W 153			

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IAG0051</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/25/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>IMAGINE THE POSSIBILITIES, INC - DIAMOND PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1208 SOUTH 11TH STREET OSKALOOSA, IA 52577</b>
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G 284	<p>64.33(235B) Separation of accused abuser and victim</p> <p>481-64.33(235B) Separation of accused abuser and victim. Upon a claim of dependent adult abuse of a resident being reported, the administrator of the facility shall separate the victim and accused abuser immediately and maintain the separation until the abuse investigation is completed.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to consistently maintain separation between the alleged victims and the accused after an allegation of abuse was made until the completion of the Iowa Department of Inspections and Appeals' (DIA) investigation. This affected 3 of 4 clients (Client #1, Client #2 and Client #3) involved in investigation 73464-I and 73583-C. Finding follows:</p> <p>Record review on 1/22/18 revealed a compliance hotline intake form dated 1/5/2018. The form documented a suspected violation of a small group of employees bullying clients and staff. The report also documented staff would swear at clients and had a goal to make a client cry every day. There was also a suspicion of possible sexual abuse by employees. The complaint was made by Direct Support Professional (DSP) A. The agency Compliance Officer received the report on 1/8/18 and contacted DSP A for additional information. DSP A alleged staff mocked clients, called them names, would swear at clients and said things to their faces. She stated Client #1 and Client #2 were targets of the verbal and emotional abuse and identified DSP B, DSP C and DSP D as staff involved in the</p>	G 284	See attached Plan of Correction	
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DIVISION OF HEALTH FACILITIES - STATE OF IOWA  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Terri Morris

Digitally signed by Terri Morris  
DN: cn=Terri Morris, o=Imagine the Possibilities, Inc., ou=ICF/ID Director,  
email=terrimorris@imagineia.org, c=US  
Date: 2018.02.13 16:02:54 -0600

TITLE

ICF/ID Director

(X6) DATE

02/13/2018

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IAG0051</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/25/2018</b>
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G 284	<p>Continued From page 1</p> <p>allegations. When asked about the sexual abuse concern, DSP A stated Client #3 had been showing his/her private parts and masturbating in public areas and asked another client to remove his/her clothing. The facility immediately suspended DSP B, DSP C and DSP D while completing the investigation and reported the information to DIA. The internal investigation concluded there was no evidence regarding the allegation of sexual abuse. In addition, the inappropriate behavior toward clients on the part of staff reflected insensitivity to specific client behaviors and not maintaining dignity and respect at all times towards the clients. Each staff received disciplinary action and were required to complete retraining on the Code of Ethics, Code of Conduct, Approved Restrictive Techniques and Interventions Policy, Behavior Plan Training, Abuse Reporting Process Training and Grievance Reporting Procedure. The involved employees returned to work on 1/17/18. DIA began investigation into the allegations on 1/22/18 after staff returned to work. The facility failed to maintain separation until the completion of DIA's investigation.</p> <p>When interviewed on 1/23/18 at 4:00 p.m. the ICF/ID Director confirmed staff were allowed to return to work [and had contact with the 3 clients] following the internal investigation due to the determination the allegations were unfounded. She stated she received guidance from the agency Human Resources department in having the staff return to work. The ICF/ID Director stated she would remove staff from direct client contact until further direction by DIA.</p>	G 284		

✓ 2/15/18 OLC 2/15/18

**ICF/ID | Diamond Place**  
**Plan of Correction**

*Pursuant to the Health Survey Completed on 01-25-18*

**W153**

**Corrective Action**

In addressing this deficiency at a systemic level, the following will be implemented:

- Prior to newly hired employees working at the ICFID, the ICFID Director/QIDP or designee will directly train them on the proper reporting procedure for suspected Dependent Adult Abuse.
- The procedure for reporting Dependent Adult Abuse will continue to be posted on the wall at the ICFID location as well as a copy including the policy and procedure will continue to remain in a book labeled Dependent Adult Abuse in the staff office area.
- All staff will continue to complete the mandatory state approved 2 hour training curriculum for Dependent Adult Abuse upon hire prior to working in the ICFID (unless documentation of current training is produced) and once every 5 years thereafter.
- For all related policy updates staff will be required to acknowledge receipt of the updates and the ICFID Director/QIDP or designee will train all staff on any changes to the reporting procedure.
- Re-training of all staff for Imagine's internal procedure of reporting suspected Dependent Adult Abuse will occur annually.

**Maintenance & Monitoring**

The ICFID Director/QIDP will monitor for the following via monthly QA check:

1. All newly hired staff are trained on proper abuse reporting procedures prior to working at the ICFID.
2. The proper procedure for reporting suspected Dependent Adult Abuse is posted on the wall and a copy of the current policy & procedure remains in a notebook labeled Dependent Adult Abuse in the staff office.
3. All staff have acknowledged receipt of any policy updates to Dependent Adult Abuse Reporting and the ICFID Director/QIDP or designee have trained all staff on any changes to the reporting procedure.
4. Annual retraining of Imagine's internal reporting procedures for suspected dependent adult abuse has occurred.

The Human Resources Department will monitor for the following:

1. All staff have completed the state-required Dependent Adult Abuse Reporting Training prior to working at the ICFID.
2. All staff complete the state-required Dependent Adult Abuse Reporter Training every 5 years.

**Date of anticipated correction**

February 8, 2018 and ongoing

**ICF/ID | Diamond Place  
Plan of Correction**

*Pursuant to the Health Survey Completed on 01-25-18*

**G284**

**Corrective Action**

In addressing this deficiency at a systemic level, the following will be implemented and added to Imagine's policy on abuse reporting:

- "Per IAC 481-52.6 and IAC 481-64.33, upon a claim of dependent adult abuse of a resident being reported, the administrator of the facility shall separate the victim and accused abuser immediately and maintain the separation until the department's abuse investigation is completed and an abuse determination is made."

**Maintenance & Monitoring**

The ICFID Director/QIDP will monitor for the following daily between the time of suspension or separation and the declaration from DIA that the suspected abuse is unfounded:

- Employees identified of suspected abuses are not in contact with identified clients and are either on suspension or working at a location away from the identified clients until completion of the Department of Inspections and Appeals investigation.
- Employees identified of suspected abuse remain on suspension or separated from the identified clients until the case is considered unfounded by DIA.
- Employees have returned only after the case is considered unfounded by the Department of Inspections & Appeals.

**Date of anticipated correction**

February 8, 2018 and ongoing