

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

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9/23/21

PRINTED: 09/03/2021
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G088	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2021
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NAME OF PROVIDER OR SUPPLIER IMAGINE THE POSSIBILITIES, INC - DIAMOND PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1208 SOUTH 11TH STREET OSKALOOSA, IA 52577
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W 000	INITIAL COMMENTS An annual survey, completed on 6/30/21 to 7/21/21, resulted in the determination of Immediate Jeopardy (IJ) on 7/08/21 at 10:07 a.m. based the lack of adequate supervision of clients at mealtime to meet their identified needs and the lack of appropriate food textures as prescribed for the clients. The facility developed and implemented a plan of removal to train all Direct Support Professionals on diet textures/mealtime supervision, implement dietary cards at the table and on the cupboard, and monitor for diet textures and supervision levels for clients at all meals. The IJ was removed on 7/13/21 at approximately 10:22 a.m.	W 000	<p>See Attached</p> <p>POC</p> <p>10/17/21</p>	
W 149	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on observations, interview and record review the facility failed to implement written policies and procedures regarding incident reports. This affected 1 of 3 sample clients (Client #9) and 1 non-sample client (Client #12). Findings follow: Observation on 6/30/21 at 1:45 p.m. revealed Client #9 had two circular dime sized light purple/green bruises on her inner upper arm.	W 149		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Director tit	(X6) DATE 9-17-21
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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 149	<p>Continued From page 1</p> <p>Direct Support Professional (DSP) C acknowledged the bruises and explained Client #9 pinches herself.</p> <p>Observation on 7/01/21 at 8:43 a.m. revealed Client #9 and Client #12 sat next to each other on a bench outside. Client #9 pinched Client #12 three times in the upper right shoulder area.</p> <p>Record review on 7/06/21 revealed Client #9's record of incident reports from April 2021 through June 2021 included one incident report for a medication error. An incident report for the bruises on Client #9's arm could not be located.</p> <p>When interviewed on 7/06/21 at 4:20 p.m. the Qualified Intellectual Disability Professional (QIDP) acknowledged she witnessed Client #9 pinch herself the other day. The QIDP said she did not fill out an incident report since she did not see an injury.</p> <p>Additional record review on 7/19/21 revealed incident reports for Client #9 and Client #12 could not be located for the incident on 7/1/21.</p> <p>Continued record review revealed the facility policy regarding incident reporting, dated 9/29/20, provided definitions for major, minor, and other incidents. The policy referenced several minor incident an incident report needed filled out which included bruising and incident resulting in injury to self or others, including staff. The policy directed an incident report needed filled out for"... peer to peer aggression without injury. Physical aggression is behavior causing or threatening physical harm towards others. It includes hitting, and/or kicking people or things, slamming doors, etc (other similar things) ."</p>	W 149		
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W 149	Continued From page 2	W 149			
W 158	When interviewed on 7/20/21 at 1:21 p.m. the Director of Services (DOS) acknowledged the facility failed to follow written policy and procedures. FACILITY STAFFING CFR(s): 483.430 The facility must ensure that specific facility staffing requirements are met. This CONDITION is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to maintain minimal compliance with the Condition of Participation (CoP) - Facility Staffing. Finding follows: Cross Reference W189 : Based on observations, interview, and record review the facility failed to ensure staff demonstrated the appropriate skills to ensure client safety during mealtime. Staff failed to provide clients with adequate supervision to meet their identified needs during mealtimes. These findings resulted in a determination of Immediate Jeopardy (IJ) on 7/08/21 at 10:07 a.m. based on the lack of adequate supervision of clients at mealtime to meet their identified needs. The facility developed and implemented a plan of to remove the IJ, which included training staff on client supervision. The IJ was removed on 7/13/21 at approximately 10:22 a.m.	W 158			
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with	W 189			

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W 189	<p>Continued From page 3</p> <p>initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interview, and record review the facility failed to ensure staff demonstrated the appropriate skills to ensure client safety during mealtime. Staff failed to provide clients with adequate supervision to meet their identified needs during mealtimes. This affected 1 of 3 sample clients (Client #4) and 7 non-sample clients (Client #2, Client #3, Client #5, Client #6, Client #10, Client #11, and Client #12). Findings follow:</p> <p>1. Observations on 6/30/21 from 5:31 p.m. to 5:36 p.m. revealed Client #4 attempted to eat soup with his spoon. Client #4 significantly leaned to the right in his wheelchair, which caused his soup to fall off his spoon with each bite. No staff sat at Client #4's table and no staff provided intervention when he leaned. At 5:36 p.m., the Health Services Coordinator (HSC) intervened and adjusted his right arm cushion. From 5:39 p.m. to 5:43 p.m., Client #4 attempted to eat soup with his spoon. Client #4 continued to lean to the right side of his wheelchair significantly and his soup continued to fall from his spoon with each attempted bite. Client #4 hit himself in the face and staff had him carry his plate to the sink.</p> <p>Observations on 7/01/21 from 6:26 a.m. to 6:32 a.m. revealed Client# 4 ate his breakfast quickly without staff intervention or staff present at his table.</p> <p>Observations on 7/01/21 from 11:41 a.m. to 11:59</p>	W 189		

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W 189	<p>Continued From page 4</p> <p>a.m. revealed Client #4 ate bite sized sandwich pieces, orange halves, and bite size Cheetos for lunch. Client #4 leaned to the right side of his wheelchair while he ate his meal. Staff failed to prompt Client #4 to sit up during his meal or monitor his meal.</p> <p>Observation on 7/07/21 at 12:18 p.m. revealed Speech Consultant (SC) prompted Client #4 to take smaller bites. There were no staff present to prompt and assist Client #4. At 12:21 p.m. Client #4 ate his ground sandwich as he leaned to the right side of his wheelchair. At 12:22 p.m., the SC told Client #4 he took a big bite and needed to chew that first then swallow. At 12:24 p.m., the SC worked with Client #4 to sit up at his meal.</p> <p>Record review on 7/08/21 revealed the following:</p> <p>a. Client #4's speech therapy annual report, dated 6/29/2020, recommended, "Staff give (Client #4) verbal reminders to chew food and remind him to slow his intake to help prevent aspiration."</p> <p>b. Client #4's occupational therapy evaluation, dated 5/11/21, included the following short-term goal: "(Client #4) will be positioned in his w/c (wheelchair) appropriately at meal times for a more upright posture to allow him to continue to feed himself independently."</p> <p>2. Observations on 6/30/21 at 5:25 p.m. revealed Client #2 brought his divided plate to his face to drink his soup. Client #2's broccoli and cheese soup did not have crackers and did not appear to be honey consistency. As Client #2 ate, staff failed to prompt him and staff told other clients to wait. At 5:38 p.m., Client #2 ate cut up</p>	W 189			

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W 189	<p>Continued From page 5</p> <p>watermelon with his hands without staff intervention. At 5:48 p.m., Client #2 drank his thickened liquids without staff supervision.</p> <p>Observations on 7/01/21 from 6:41 a.m. to 6:46 a.m., revealed Client #2 ate breakfast without staff supervision. From 6:51 a.m. to 6:56 a.m., Client #2 continued to eat breakfast without staff supervision. At 6:57 a.m., Client #2's head fell out of the strap attached to the bracket on his wheelchair used to hold his head up in his while in his wheelchair. Staff adjusted his head strap. From 6:59 a.m. to 7:01 a.m., Client #2 drank his thickened liquids without staff supervision. From 7:03 a.m. to 7:06 a.m. Client #2 drank his thickened liquids without staff supervision.</p> <p>Observations on 7/01/21 at 11:41 a.m. revealed Client #2's plate consisted of a bite sized meat sandwich, orange halves, and Cheetos. From 11:53 a.m. to 11:59 a.m., Client #2's head fell out of his head strap and he ate with his head leaned to the right. Client #2 took handfuls of sandwich and placed them in his mouth. Client #2's head remained to the right while he ate the sandwich. At 11:59 a.m., DSP H told Client #2 to take it easy. DSP H did not adjust Client #2's head in his strap or prompt him to eat with his head in an upright position. From 11:59 a.m. to 12:12 p.m., Client #2 continued to eat with his head out of the strap. Staff did not readjust Client #2's head.</p> <p>Observations on 7/07/21 at 12:31 p.m. revealed Client #2 took a large bite of ground bread, egg, bacon mixture without staff intervention. From 12:50 p.m. to 12:28 p.m., Client #2 ate his lunch without staff in the dining area, only the surveyor and the SC were present. At 12:50 p.m. to 12:58 p.m., Client #2 ate without staff supervision. From</p>	W 189		
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W 189	<p>Continued From page 6</p> <p>12:59 p.m. to 1:02 p.m., staff went to the kitchen to get Client #2 more food. Client #2 ate while the staff was away.</p> <p>Intermittent observations on 7/07/21 from 5:57 p.m. to 6:46 p.m. revealed Client #2 ate meatloaf and mashed potatoes. Client #2 took 14 large bites without staff intervention. From 6:56 p.m. to 7:06 p.m. Client #2 ate large bites without staff intervention or supervision.</p> <p>Observations on 7/08/21 from 6:28 a.m. to 6:34 a.m. revealed Client #2 ate large bites without staff intervention.</p> <p>Record review on 7/07/21 revealed the following:</p> <p>a. Client #2's mealtime procedure, dated 2/05/20, indicated all staff that work with Client #2 are responsible for the mealtime procedure. The reason for the mealtime procedure was "to maintain (Client #2's) ability to be independent as possible during mealtime and be safe as possible. The procedure section list eight procedures staff should follow. In procedure number four it stated, "Must have supervision while eating/drinking due to his risk of choking." In procedure number five it stated, "He will eat at an appropriate rate at times, but needs reminders to focus on the task at hand. His wheelchair must always be in an upright position while eating and he may have his head back, secured in his wheelchair headrest to assist with swallowing issues .</p> <p>b. Client #2's annual nutritional assessment, dated 8/13/20 , recommended, "... liquids thickened to nectar/honey thick consistency , no straws, regular diet with food cut into bite sized</p>	W 189		
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W 189	<p>Continued From page 7</p> <p>pieces and add moisture to food. An update added 12/22/20 noted a swallow study was performed on 12/7/20 and found silent aspiration of thin and nectar thick liquids, decreased A-P transit and effortful oral phase of swallow. The report further noted, "Recommend modified general diet with extra sauces/gravies with food minced and honey thick liquids. Safe swallow precautions : single bites/sips, Provale cup, going slow, check mouth, cue pt (patient) to hold head up, and cue pt (patient) to cough/clear throat every 2-3 bites."</p> <p>3. Observation on 7/07/21 at 1:11 p.m. revealed Client #3 coughed while eating at the table without staff intervention or staff supervision.</p> <p>Observation on 7/07/21 at 5:49 p.m. revealed Client #3 ate without staff supervision at the table.</p> <p>Observations on 7/07/21 from 6:49 p.m. to 6:53 p.m. revealed Client #3 ate without supervision in the dining room.</p> <p>Record review 7/08/21 revealed Client #3's annual nutritional assessment, dated 8/13/21, noted, "Sometimes patient takes big bites and doesn't chew well... since being in new facility staff has not noticed this, but is continuously monitored at mealtimes and encouraged to chew before swallowing."</p> <p>4. Observations on 6/30/21 from 5:15 to 5:20 p.m. revealed Client #5 ate bites of her sandwich unsupervised for five minutes until staff brought Client #5 a drink. From 5:20 p.m. to 5:22 p.m., Client #5 ate bites from her whole sandwich</p>	W 189		

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W 189	<p>Continued From page 8 unsupervised.</p> <p>Observations on 7/07/21 from 5:48 p.m. to 6:02 p.m., revealed Client #5 ate large bites of her dinner without staff intervention. Client #5's mouth appeared full.</p> <p>Record review on 7/07/21 revealed Client #5's annual nutrition assessment dated 12/22/20 noted, "Takes big bites and pockets food in sides of client's cheeks."</p> <p>5. Observations on 6/30/21 from 6:11 p.m. to 6:15 p.m. revealed Client #6 ate her seconds of bite-sized deli meat sandwich without staff in the dining area.</p> <p>Observation on 7/07/21 at 12:19 p.m. revealed Client #6 coughed while taking bites of her meal. Staff were not present to provide supervision or intervention. The SC was present and walked over to Client #6 to tell her to chew her food before she took another bite</p> <p>Observations on 7/07/21 from 5:48 p.m. to 6:00 p.m. revealed Client #6 ate her dinner, which consisted of meatloaf and broccoli. Client# 6 had four episodes of coughing during her meal. At 6:00 p.m., DSP K acknowledged her and asked if she was okay.</p> <p>6. Observations on 7/07/21 from 5:48 p.m. to 5:57 p.m. revealed Client #10 ate her meal without staff supervision or prompting to chew. Client #10 had one episode of coughing during this time. Staff provided no intervention. Client #10 did not have a picture cue card at the table.</p>	W 189			

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W 189	<p>Continued From page 9</p> <p>Observations on 7/08/21 at 6:25 a.m. to 6:30 a.m. revealed Client #10 ate her breakfast fast without staff prompting her to use her mealtime card to chew. Client #10 finished her breakfast in five minutes. Client #10 did not have a picture cue card at the table.</p> <p>Record review on 7/07/21 revealed the following:</p> <p>a. Client #10's speech therapy annual report dated 6/29/20 recommended, "... continue a general diet cut into dime sized pieces with reminders to chew effectively... Picture cues to remind (Client #10) to chew effectively may be implemented during mealtime to increase independence."</p> <p>b. Client #10's annual nutritional assessment dated 1/29/21, "... food cut into bite sized pieces and will be monitored at meal time and encouraged to eat slowly."</p> <p>7. Observations on 7/07/21 7:22 p.m. to 7:23 p.m. revealed Client #11 ate her snack, which consisted of mandarin oranges, without staff next to her. Client #11 coughed while she ate her oranges.</p> <p>Record review on 7/07/21 revealed Client #11's speech therapy annual report dated 6/29/20 recommended "staff continue with general diet, cut into dime sized pieces, presented in 2-3 bites at a time."</p> <p>8. Observation on 7/07/21 at 5:49 p.m. Client #12 ate without staff supervision at the table.</p>	W 189		
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W 189	<p>Continued From page 10</p> <p>9. Further record review on 7/08/21 revealed the following supervision levels sheet for staff:</p> <p>a. 1 staff to 5 individuals, small group supervision for Client #6, Client #10, Client #3, Client #4, Client #5, Client #10, and Client #12.</p> <p>b. 1 staff to 5 individuals, small group supervision, must remain in staff's eye sight at all times while eating/drinking for Client #2.</p> <p>c. Sit by assistance for Client #11.</p> <p>Record review on 7/07/21 revealed the facility policy Dietary Services dated 3/01/19 indicated, "providing nourishing and well-balanced meals that are palatable and pleasing to residents and that address individual needs for texture alteration or other modifications ordered for the purpose of correcting or preventing a nutritional deficiency or other health issue.... The regional dietary procedures: details and specific directions related to the above policies and other relevant topics listed below are based on applicable DIA (Department of Inspections and Appeals) regulations (w-459 to W-489) and included in Imagine's Dietary Procedures." The regional dietary procedures listed 10 procedures, including: "Level of staff supervision and support; promoting independence, reinforcing appropriate behavior, monitoring for safety." The policy indicated employees received training on these procedures during their initial training and/or department orientation and annually thereafter.</p> <p>When interviewed on 7/20/21 at 1:22 p.m. the Director of Services (DOS) acknowledged the</p>	W 189		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G088	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/21/2021
NAME OF PROVIDER OR SUPPLIER IMAGINE THE POSSIBILITIES, INC - DIAMOND PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 189	Continued From page 11 facility failed to ensure adequate supervision of clients at mealtime to meet their identified needs.	W 189			
W 217	<p>These findings resulted in a determination of Immediate Jeopardy (IJ) on 7/08/21 at 10:07 a.m. based on the lack of adequate supervision of clients at mealtime to meet their identified needs. The facility developed and implemented a plan of to remove the IJ, which included training staff on client supervision. The IJ was removed on 7/13/21 at approximately 10:22 a.m.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include nutritional status.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to complete nutritional assessments within 30 days of admission. This affected 1 non-sample client (Client #12). Finding follows:</p> <p>Record review on 7/15/21 revealed the following:</p> <p>a. Client #12's chart failed to include a nutritional assessment.</p> <p>b. Client #12's 30 day follow up, dated 6/04/21, indicated in the dining skills section a need of appropriate size bites. The report further directed to refer to the client's dietary evaluation for further guidance.</p> <p>When interviewed on 7/20/21 at 1:29 p.m. the Qualified Intellectual Disability Professional</p>	W 217			

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W 217	Continued From page 12	W 217		
W 249	<p>(QIDP) acknowledged the facility failed to complete a nutritional assessment within 30 days of admission.</p> <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</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, interview, and record review the facility failed to implement programs based on the individual support plan. This affected 1 of 3 sample clients (Client #9). Finding follows:</p> <p>Observations on 6/30/21 revealed the following:</p> <p>a. At 1:45 p.m., Client #9 hit Direct Support Professional (DSP) C. DSP C said to Client #9, "Put your hands down."</p> <p>b. At 2:48 p.m., Client #9 threw her shoe while she sat in her chair. Supervisor A took her other shoe from her.</p> <p>c. At 3:37 p.m., Client #9 pinched DSP C two times. DSP C did not respond.</p> <p>d. At 3:39 p.m., Client #9 attempted to pinch DSP</p>	W 249		

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W249	<p>Continued From page 13</p> <p>C. DSP C responded, "Whoo , almost got me."</p> <p>e. At 3:40 p.m., Client #9 grabbed at the blinds and pinched DSP G with no response.</p> <p>f. At 3:48 p.m., Client #9 grabbed at the blinds. DSP G and Supervisor A did not respond.</p> <p>Observations on 7/01/21 revealed the following:</p> <p>a. At 8:18 a.m., Client #9 pinched DSP C and DSP C responded, "Please don't do that."</p> <p>b. At 11:29 a.m., Client #9 pinched DSP C twice and DSP C responded, "Ouch."</p> <p>c. At 11:36 a.m ., Client #9 pinched DSP C and DSP C responded "Owie!"</p> <p>Observation on 7/07/21 at 12:12 p.m. revealed Client #9 pinched DSP C and DSP C responded, "No. Don't pinch me."</p> <p>Record review on 7/06/21 revealed Client #9's maladaptive behavior program, dated 4/04/21, with the following objective: The first three times on 1st shift and the first three times on 2nd shift, (Client #9) will choose a redirection activity off her choice board when exhibiting inappropriate behaviors with one verbal prompt or less. The maladaptive behaviors listed were running, throwing, stealing food, in-edibles, pinching others, pushing/shoving others, and self-harm.</p> <p>Further review of Client #9's program revealed if (Client #9) began to exhibit inappropriate behavior, staff should present the choice board to Client #9 and verbally prompt her to choose an</p>	W 249		
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W 249	Continued From page 14 activity to partake in. If Client #9 refused and/or did not choose an option after 1 verbal prompt, staff should explain to her the importance of finding appropriate outlets to inappropriate behavior. If she continued to exhibit behavior, staff should try different activities/tasks until her behaviors become appropriate.	W 249		
W 268	When interviewed on 7/20/21 at 1:30 p.m. the Qualified Intellectual Disability Professional acknowledged the facility failed to appropriate implement the individual program plan. CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)(i) These policies and procedures must promote the growth, development and independence of the client. This STANDARD is not met as evidenced by: Based on observations, interview and record review the facility failed to offer meaningful activities and promote client independence. This affected 2 of 3 sample clients (Client #4 and Client #7) and 2 non-sample clients (Client #1 and Client #8). Findings follow: Observations on 6/30/21 revealed the following: a. From 1:30 p.m. to 2:15 p.m., Client#? sat in a recliner in the living room. At 2:15 p.m., Direct Support Professional (DSP) D prompted Client #7 for a walk. b. From 2:21 p.m. to 4:25 p.m., Client #7 sat in a recliner in the living room then the Qualified Intellectual Disability Professional (QIDP)	W 268		

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W 268	<p>Continued From page 15 prompted Client #7 for a walk.</p> <p>c. From 4:30 p.m. to 4:58 p.m., Client #7 sat in a recliner in the living room. At 4:58 p.m., DSP E prompted Client #7 for a walk.</p> <p>d. From 5:07 p.m. to 6:25 p.m., Client #7 sat in a recliner in the living room.</p> <p>e. From 1:52 p.m. to 3:46 p.m., Client #8 sat in his wheelchair in the living room with the television on. At 3:46 p.m., Health Services Coordinator (HSC) prompted Client #8 to the medication room.</p> <p>f. From 3:54 p.m. to 5:02 p.m., Client #8 sat in his mushroom chair in his bedroom.</p> <p>g. From 1:30 p.m. to 1:54 p.m., Client #4 sat in his wheelchair in the living room with his radio. At 1:54 p.m., DSP D propelled Client #4 in his wheelchair outside.</p> <p>h. From 2:02 p.m. to 3:29 p.m., Client #4 sat in his wheelchair in the living room with his radio.</p> <p>i. From 3:50 p.m. to 4:16 p.m., Client #4 sat in his wheelchair in the living room. At 4:16 p.m., DSP E propelled Client #8 in his wheelchair outside.</p> <p>j. From 4:16 p.m. to 5:10 p.m., Client #4 sat in his wheelchair outside by himself.</p> <p>Observations on 7/01/21 revealed the following:</p> <p>a. From 6:16 a.m. to 6:50 a.m., Client #7 sat in a recliner in the living room.</p>	W 268		

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W 268	<p>Continued From page 16</p> <p>b. From 7:39 a.m. to 8:33 a.m., Client #7 sat in a recliner in the living room.</p> <p>c. From 7:01 a.m. to 8:06 a.m., Client #8 sat in his wheelchair in the living room.</p> <p>d. From 7:01 a.m. to 9:02 a.m., Client #1 sat in his wheelchair in the living room. From 9:02 a.m. to 9:11 a.m. DSP J propelled Client #1 in his wheelchair around the hallways of the house.</p> <p>Observations on 7/07/21 revealed the following:</p> <p>a. From 11:00 a.m. to 11:41 a.m., Client #1 sat in his wheelchair in the living room.</p> <p>b. From 11:00 a.m. to 11:41 a.m., Client#? sat in a recliner in the living room.</p> <p>c. From 11:00 a.m. to 11:28 a.m., Client #4 sat in a recliner in the living room and listened to the radio.</p> <p>Record review on 7/14/21 revealed the facility policy for active treatment, dated 10/14/18, referenced the following:</p> <p>a. The purpose of active treatment is the "regular participation , in accordance with an individual plan, in a program of activities that is designed to attain optimum physical, intellectual, social, and vocational functioning, as appropriate."</p> <p>b. "The daily provision of a variety of meaningful activities that promote opportunities for growth and development to individuals served."</p>	W 268		

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W 268	Continued From page 17 c. "The individual's regular participation, in accordance with an individual plan of care, in professionally developed and supervised activities, experiences, or therapies, as appropriate." Additional record review revealed the facility policy for individual routines, dated 2/05/19, referenced the following: a. The purpose of individual routines is that "each individual routine is designed to familiarize direct care staff with the individual's normal routine and active treatment schedule." b. "The individual's routine is located in the front of each individual's program book for easy access." c. "The individual routine includes information on routine activities the individual participates in throughout their day. General times of day will be identified within the routine to ensure the individual's preferences are implemented consistently." d. "The individual's advocate will assist the team in ensuring the individual routine is kept current." When interviewed on 7/20/21 at 2:28 p.m. the Director of Services (DOS) and Qualified Intellectual Disability Professional (QIDP) acknowledged the facility failed to offer meaningful activities and promote a client's independence.	W 268			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR	W 288			

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W 288	<p>Continued From page 18 CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interview, and record review the facility failed ensure interventions and restrictive techniques were not used in lieu of active treatment programming. This affected 1 of 3 sample clients (Client #9). Finding follows:</p> <p>1. Observations on 6/30/21 revealed the following:</p> <p>a. At 2:14 p.m., Client #9 sat in a box type chair next to the window wall. Supervisor A sat directly in front of Client #9's chair providing only one way to exit, on the right side of Client #9's chair. There was enough room for Client #9 to stand up, but not take a step forward.</p> <p>b. At 2:33 p.m., Client #9 sat in a box type chair next to the window wall. Supervisor A sat directly in front of Client #9's chair providing only one way to exit on the right side of Client #9's chair. Direct Support Professional (DSP) G sat in dining room chair next to the exit on the right side of Client #9's chair.</p> <p>c. At 2:35 p.m., Client #9 stood up and Supervisor A stood in front of her. Supervisor A asked Client #9 what she wanted then Client #9 used her hands to sign bathroom.</p> <p>d. At 2:37 p.m., Client #9 sat in a box type chair next to the window wall. Supervisor A sat directly</p>	W 288			

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W 288	<p>Continued From page 19</p> <p>in front of Client #9's chair providing only one way to exit on the right side of Client #9's chair. DSP G sat in dining room chair next to the exit on the right side of Client #9's chair.</p> <p>e. At 3:20 p.m., Client #9 walked to the kitchen window and picked up a cup she attempted to throw. DSP C blocked Client #9 and told her to sit in her chair in the living room. Client #9 sat in a box type chair next to the window wall. DSP C sat directly in front of Client #9's chair providing only one way to exit on the right side of Client #9's chair.</p> <p>f. At 3:34 p.m., Client #9 sat in a box type chair next to the window wall and took off her shoes to give to DSP G. DSP G sat directly in front of Client #9's chair providing only one way to exit on the right side of Client #9's chair. DSP C sat in dining room chair next to the exit on the right side of Client #9's chair. Client #9 drank from a cup that DSP G held.</p> <p>g. At 3:40 p.m., Client #9 sat in a box type chair next to the window wall. DSP G sat directly in front of Client #9's chair providing only one way to exit on the right side of Client #9's chair. DSP C sat in dining room chair next to the exit on the right side of Client #9's chair. DSP C switched out with Supervisor A since DSP C needed to take a break. Client #9 grabbed at the blinds on the window then attempted to pinch DSP G. DSP G did not respond.</p> <p>h. At 3:43 p.m., Client #9 stood up and stepped over top of DSP G's leg to exit from her chair. Supervisor A stood in front of Client #9 and asked what she wanted. Client #9 used her hands to sign bathroom then Client #9 put her shoes on.</p>	W 288			

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W 288	<p>Continued From page 20</p> <p>i. At 3:46 p.m., Client #9 sat in a box type chair next to the window wall. DSP G sat directly in front of Client #9's chair providing only one way to exit on the right side of Client #9's chair. Supervisor A sat in dining room chair next to the exit on the right side of Client #9's chair. Client #9 did not have her shoes on.</p> <p>j. At 3:51 p.m., Supervisor A stood up from her chair then DSP C sat down in the chair on the right side of Client #9. Client #9 stood up and DSP C said "Sit, sit." Client #9 sat down then touched the floor with her hand then the fastened decor on the wall.</p> <p>k. At 4:59 p.m., Client #9 sat in a box type chair next to the window wall. DSP L sat directly in front of Client #9's chair providing only one way to exit on the right side of Client #9's chair. DSP G sat in dining room chair next to the exit on the right side of Client #9's chair. Client #9 stood up and DSP L told Client #9 to get her shoes on. Client #9 put on her shoes.</p> <p>l. At 5:05 p.m., the Qualified Intellectual Disability Professional (QIDP) moved the staff chair by Client #9's chair to face the rest of the living room chairs. The staff chair was the only chair faced in the opposite direction of all the other chairs.</p> <p>Additional observations on 7/01/21 at 9:27 a.m. revealed Client #9 sat in a box type chair next to the window wall. DSP A sat directly in front of Client #9's chair providing only one way to exit on the right side of Client #9's chair. Client #9 threw her shoe and DSP A asked for her other shoe still on her foot.</p>	W 288			

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W 288	<p>Continued From page 21</p> <p>Observation on 7/7/21 at at 1:11 p.m., Client#9 sat in a box type chair next to the window wall. DSP F sat directly in front of Client #9's chair providing only one way to exit on the right side of Client #9's chair. Client #9 stood up between the chairs and DSP F placed her hand on Client #9's chair from DSP F's chair. DSP F blocked Client #9 from the exit and told her to "sign." Then DSP F released her hand from the chair and Client #9 walked down the hallway.</p> <p>Record review on 7/06/21 revealed Client #9's maladaptive behavior program, dated 4/01/21, indicated the desired behavior was to reduce the restriction of 1-on-1 staffing and psychotropic medications. The program failed to mention the other restrictions listed in Client #9's restrictive measures. The maladaptive behaviors listed were running, throwing, stealing food, in-edibles, pinching others, pushing/shoving others, and self-harm.</p> <p>The program directed, if (Client #9) began to exhibit inappropriate behavior, staff should present the choice board to Client #9 and verbally prompt her to choose an activity to partake in. Staff should verbally praise Client #9 if she chose an activity . If Client #9 refused and/or did not choose an option after 1 verbal prompt, staff should explain to her the importance of finding appropriate outlets of inappropriate behavior. Staff should try an activity/task off her list to redirect her behaviors. If she continued to exhibit behaviors, staff should try different activities/tasks until her behaviors become appropriate.</p> <p>Continued record review revealed Client #9's</p>	W 288			

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W 288	<p>Continued From page 22</p> <p>restrictive measures, dated 7/21/20, indicated she required one to one staffing: for behaviors, elopement, and safety concerns. One to two steps distance between staff and individual during awake hours.</p> <p>2. Observations on 6/30/21 revealed at 2:50 p.m., Client #9 stood up and put her shoes on then walked with Supervisor A out the dining room door, the alarm sounded as Client #9 went outside with Supervisor A. At 2:56 p.m., DSP C walked out the dining room door in the hallway and sounded the alarm. DSP C said, "Why is the alarm on? She (Client #9) is outside."</p> <p>Additional observations on 7/01/21 revealed the following:</p> <p>a. From 7:19 a.m. to 8:03 a.m., the dining room hallway door to outside was cracked open, no alarm sounded from this time. Multiple staff entered and exited the door. Client #9 remained in her room with her door closed to activate her bedroom door alarm.</p> <p>b. At 8:03 a.m. Client #9's bedroom door opened and the alarm sounded. Client #9 exited her room and DSP C responded to her.</p> <p>c. From 8:03 a.m. to 8:57 a.m. the dining room hallway door to the outside remained cracked open, no alarm sounded. Multiple staff entered and exited the door. DSP C remained by Client #9 as she completed her morning tasks.</p> <p>Record review on 7/6/21 revealed Client #9's</p>	W 288		

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W 288	<p>Continued From page 23</p> <p>restrictive measures included door alarms and window alarm: for elopement risk. Door alarms activated 24 hours a day 7 days a week. Window and bedroom alarm activated during overtime time where the individual is in her room by herself.</p> <p>Continued record review revealed an elopement program could not be located in Client #9's record.</p> <p>When interviewed on 7/20/21 at 1:32 p.m. the Director of Services (DOS) and the Qualified Intellectual Disability Professional (QIDP) acknowledged the facility failed to ensure restrictive techniques were not used as a substitute for an active treatment program.</p>	W 288		
W 371	<p>DRUG ADMINISTRATION</p> <p>CFR(s): 483.460(k)(4)</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews, and record review the facility failed to ensure clients were taught self-administration of medication. This affected 1 of 3 sample clients (Client #4) and 4 clients added to the sample for medication administration (Client #1, Client #2, Client #6 and Client #12). Findings follow:</p>	W 371		

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W 371	<p>Continued From page 24</p> <p>1. Observation on 6/30/21 revealed the Medication Manager (MM) prepared Client #6's medication in the medication room. The MM prompted Client #6 to the medication room where Client #6 stood outside of the door of the medication room. The MM placed medication whole in yogurt and spooned the medication into Client #6's mouth. Client #6 drank her water independently.</p> <p>Record review on 7/06/21 revealed Client #6's annual nutrition assessment dated 8/13/20 indicated she was independent and fed herself.</p> <p>2. Observation on 7/01/21 at 7:27 a.m. revealed Certified Medication Aide (CMA) A prepared Client #1's medication in the medication room. CMAA failed to prompt Client #1 to the medication room. CMAA failed to tell him about his medication then spooned the medication into Client #1's mouth.</p> <p>Record review on 7/07/21 revealed Client #1's comprehensive functional assessment (CFA) dated 12/16/20 indicated Client #1 could bring a spoon or fork to his mouth.</p> <p>3. Observation on 7/01/21 at 7:41 a.m. revealed CMAA prepared Client #2's medication in the medication room. CMAA failed to prompt Client #2 to the medication room. CMAA passed Client #2's medication as he sat with peers outside.</p> <p>Record review on 7/07/21 revealed Client #2's CFA dated 7/02/21 indicated he was "able to use eating utensils appropriately." The CFA also noted Client #6 might need "prompting to come to the medication room to take his medication and when</p>	W 371		
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W 371	<p>Continued From page 25 prompted; may refuse."</p> <p>4. Observation on 7/01/21 at 8:40 a.m. revealed CMAA prepared Client #4's medication in the medication room. CMAA passed Client #4's eye drops outside of the facility in front of his peers. CMAA fed Client #4 his medication outside the facility in applesauce then Client #4 drank as CMAA held his cup. CMAA failed to tell him about his medication.</p> <p>Record review on 7/07/21 revealed annual nutritional assessment dated 12/22/20 indicated that he did not need assisted with feeding himself.</p> <p>5. Observation on 7/01/21 at 8:52 a.m . revealed CMAA prepared Client #12's medication in the medication room while Client #12 sat outside of the facility with peers. CMAA brought Client #12 his medication and failed to tell him about his medication. CMA A waited until Client #12 walked into the facility and sat in the dining room before CMAA administered his eye drops.</p> <p>Record review on 7/15/21 revealed Client #12 had a medication assistance program to run at 8:00 a.m. Client #12's program indicated he reported to the medication room and prepared his medication with three verbal prompts or less.</p> <p>When interviewed on 7/01/21 at 8:55 a.m. CMAA said she was learning the programs. CMAA reported she only had eight hours of training and went over some of the programs.</p> <p>When interviewed on 7/01/21 at 12:42 p.m. the Health Services Coordinator (HSC) reported she trained the CMA to provide privacy, run programs,</p>	W 371	
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W 371	Continued From page 26 and have individuals participate in medication pass. Record review on 7/06/21 revealed the facility policy for medication administration, storage, and handling. The policy indicated a "client should be encouraged to participate in medication administration to the extent of their skills and abilities."	W 371			
W 459	DIETETIC SERVICES CFR(s): 483.480 The facility must ensure that specific dietetic services requirements are met. This CONDITION is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to maintain minimal compliance with the Condition of Participation (CoP) - Dietetic Services. Findings follow: Cross-reference W460: Based on observations, interviews, and record review the facility failed to ensure each client must receive a nourishing, well-balanced, diet including modified and specially prescribed diets. Cross-reference W461: Based on interview and record review the facility failed to employ a dietician. Cross-reference W474: Based on observation,	W 459			

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W 459	Continued From page 27 interviews, and record review the facility failed to ensure clients received appropriate food textures as prescribed. These findings resulted in the determination of Immediate Jeopardy (IJ) on 7/08/21 at 10:07 a.m. due to concerns for client safety related to the lack of appropriate food textures as prescribed for the clients. The facility developed and implemented a plan to train all Direct Support Professionals on diet textures, implement dietary cards at the table, and monitor for diet textures and supervision levels for clients at all meals. The IJ was removed on 7/13/21 at approximately 10:22 a.m.	W459			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, interviews, and record review the facility failed to ensure each client must receive a nourishing, well-balanced, diet including modified and specially prescribed diets. This affected 10 of 12 clients living in the home. Findings follow: 1. Observation of dinner on 6/30/21 revealed the following a. Client#2, Client #3, Client#4, Client #10, Client #11, and Client #12's dinner consisted of broccoli cheese soup, watermelon , and flavored water.	W460			

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W 460	<p>Continued From page 28</p> <p>b. Client#5 and Client #6's dinner consisted of a deli meat sandwich instead of soup, a cup of watermelon , and flavored water.</p> <p>c. Client #1's dinner consisted of pureed meat, carrots, and chunks of pears.</p> <p>Record review on 6/30/21 revealed the facility menu listed the following items for dinner: 3-4 ounces (oz.) of roast pork loin, half a cup of corn bake, and angel food cake with strawberries.</p> <p>When interviewed on 6/30/21 at 6:03 p.m . Supervisor A stated the meat was frozen and the facility did not have the groceries to make the other items on the menu.</p> <p>2. Observation of breakfast on 7/01/21 revealed the following:</p> <p>a. Client #2, Client #3, Client #4, Client #5, Client #6, Client #10, Client #11, and Client #12's breakfast consisted of pancakes, sausage, and apple juice. At 6:17 a.m. , Supervisor A and Direct Support Professional (DSP) A prepared breakfast on clients' plates and poured clients' apple juice. There was no milk out or offered to clients.</p> <p>b. At 6:28 a.m., Client #1's breakfast consisted of pureed pancakes, pears, and apple juice.</p> <p>Record review on 7/01/21 the facility menu listed the following for breakfast: client's choice. The client's choice listed 10 different options a client had to choose from. All options included a cup of skim milk.</p>	W 460		

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W 460	<p>Continued From page 29</p> <p>3. Observation of lunch on 7/1/21 revealed Client #2, Client #3, Client #4, Client #5, Client #6, Client #10, Client #11, and Client #12's lunch consisted of a salami cream cheese sandwich, cheese puffs, and banana and flavored water.</p> <p>Client #1's lunch consisted of pureed meat, mac and cheese, applesauce, and flavored water.</p> <p>Record review on 7/01/21 revealed the facility menu listed the following items for lunch: salami and cream cheese sandwich, fresh fruit, and cheese puffs.</p> <p>When interviewed on 7/01/21 at 8:09 a.m. DSP I reported she did not know if the only time clients drank milk was a late snack.</p> <p>When interviewed on 7/01/21 at 8:10 a.m. DSP H mentioned an options of balanced breakfast menu items list posted in the kitchen. DSP H said clients made the choice of milk, juice, or water at breakfast.</p> <p>4. Observations during lunch on 7/07/21 revealed Client #2, Client #3, Client #4, Client #5, Client #6, Client #10, Client #11, and Client #12's meal consisted of a bacon and egg breakfast sandwich, strawberries, pudding, and flavored water.</p> <p>Client #1's lunch consisted of pureed beef, cauliflower, blueberries, pudding, and flavored water.</p> <p>Record review on 7/07/21 revealed the facility menu listed the following for lunch: bacon, egg,</p>	W 460		
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W460	<p>Continued From page 30 cheese sandwich, sliced grapes, and pudding.</p> <p>5. Observations during dinner on 7/7/21 revealed Client #2, Client #3, Client #4, Client #5, Client #6, Client #10, Client #11, and Client #12's meal consisted of meatloaf, mashed potatoes with butter, broccoli, and flavored water.</p> <p>Client #1's dinner consisted of pureed meat, peas, grapes, and flavored water.</p> <p>Record review on 7/07/21 revealed the facility menu listed the following for dinner: meatloaf, mashed potatoes, and broccoli.</p> <p>6. Observations on 7/08/21 revealed the following:</p> <p>a. At 6:16 a.m., Client #2, Client #3, Client #4, Client #5, Client #6, Client #10, Client #11, and Client #12's breakfast consisted of sausage egg skillet, toast, and orange juice. At 5:54 a.m., DSP K prepared breakfast in the kitchen that consisted of sausage egg skillet, toast, and orange juice. DSP K did not reference milk as an option for breakfast.</p> <p>b. At 6:16 a.m., Client #1's breakfast consisted of pureed breakfast mix, applesauce, and orange juice.</p> <p>Record review on 7/08/21 the facility menu listed the following for breakfast: client's choice. The client's choice listed 10 different options a client had to choose fram and all options had a cup of skim milk listed.</p>	W 460		
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W 460	<p>Continued From page 31</p> <p>7. When interviewed on 7/08/21 at 7:19 a.m. Direct Support Professional (DSP) J acknowledged clients chose their breakfast option in their room. DSP J said all clients picked option number five. She pointed to option number five that consisted of the following items for breakfast: fruit juice, milk, a cup of dry cereal, a slice of toast or English muffin with margarine/jelly.</p> <p>When interviewed on 7/08/21 at 7:41 a.m. Client #10 said staff chose her breakfast that morning and she did not have a choice of milk.</p> <p>When interviewed on 7/08/21 at 7:44 a.m. Client #3 said staff gave him the choice of juice for breakfast. He acknowledged he would have liked milk with his breakfast.</p> <p>8. Record review on 7/08/21 revealed the pureed menu from 2019 signed by the previous dietician reflected Client #1 had all the same menu items listed as his peers to eat.</p> <p>When interviewed on 7/08/21 at 8:17 a.m. the Qualified Intellectual Disability Professional (QIDP) said the dietician recommended the facility trial pre-packaged meals for Client #1. The QIDP acknowledged the facility failed to have a new menu that reflected Client #1's pre-packaged meals.</p> <p>9. When interviewed on 7/20/21 at 1:24 p.m. the QIDP acknowledged the facility failed to consistently ensure a nourishing, well balanced diet.</p>	W 460			
W 461	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(2)	W 461			

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W 461	<p>Continued From page 32</p> <p>A qualified dietitian must be employed either full-time, part-time, or on a consultant basis at the facility's discretion.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to employ a dietitian. This affected 1 of 3 sample clients (Client #4) and 1 client (Client #12) and potentially affected all clients residing in the home (Census: 12). Findings follow:</p> <p>Record review on 7/15/21 revealed a nutritional assessment completed by the dietitian could not be located for Client #12's.</p> <p>Additional record review revealed an updated nutritional assessment could not be located for Client #4 following a diet change to mechanical soft diet on 6/28/21.</p> <p>When interviewed on 7/07/21 at 4:15 p.m. Qualified Intellectual Disability Professional acknowledged the dietitian quit mid-June and the facility had not had a dietitian available since that time.</p> <p>Record review on 7/06/21 revealed the agency policy dietary services dated 3/01/19 indicated that "It is Imagine's policy and practice per State of Iowa requirements to employ a qualified Dietician in each region's ICF/ID (Intermediate Care Facilities for Individuals with Intellectual Disabilities) program on at least a consultative basis, and to designate a qualified employee in each region as the regional Food Service Director (FSD)":"</p>	W 461		

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W 461	Continued From page 33	W 461		
W 474	<p>MEAL SERVICES CFR(s): 483.480(b)(2)(iii)</p> <p>Food must be served in a form consistent with the developmental level of the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interviews, and record review the facility failed to ensure clients received appropriate food textures as prescribed. This affected 1 of 3 sample clients (Client #4) and 2 clients added to the sample (Client #1 and Client #2). Findings follow:</p> <p>1. Observation on 6/30/21 at 5:36 p.m. revealed Client #4 ate bite-sized watermelon and broccoli cheese soup.</p> <p>Observations on 7/01/21 during breakfast at 6:26 a.m. Client #4's plate consisted of dime-sized pancake and sausage. During lunch at 11:41 a.m. Client #4's plate consisted of bite size deli meat sandwich, bite sized Cheetos, and small orange halves.</p> <p>Observation on 7/07/21 at 12:17 p.m. revealed Client #4's plate consisted of ground bread, egg, bacon mixture with no moisture added and chopped strawberries.</p> <p>Observation on 7/08/21 at 6:37 a.m. revealed Client #4's plate consisted of sausage egg skillet and ground toast with butter that</p>	W474		

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NAME OF PROVIDER OR SUPPLIER IMAGINE THE POSSIBILITIES, INC - DIAMOND PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1208 SOUTH 11TH STREET OSKALOOSA, IA 52577
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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 474	<p>Continued From page 34 appeared dry.</p> <p>Record review on 7/08/21 revealed Client #4's nutritional assessment, dated 12/22/20, noted, "Client's food is cut into bite sized pieces due to client shoveling food into mouth. Food is also moistened." Continued review revealed Client #4's speech therapy annual report, dated 6/29/2020, recommended a regular moistened diet, cut into dime sized pieces, as well as verbal reminders to chew food and remind him to slow his intake to help prevent aspiration.</p> <p>Additional record review on 7/12/21 revealed a physician's order for a mechanical soft diet, dated 6/28/21.</p> <p>2. Observation on 6/30/21 at 5:40 p.m. revealed Client #1 ate pureed meat and carrots. Client #1's pears appeared chunky and staff used a spoon to mash the pears more. Client #1 coughed while eating during this time.</p> <p>Observation on 7/01/21 at 6:28 a.m. revealed Client #1's plate consisted of pears that appeared chunky and pancakes of a thick consistency that stuck to the spoon. Staff mashed the chunky pear pieces on Client #1's plate.</p> <p>When interviewed on 7/01/21 at 6:39 a.m. DSP A stated the facility bought pre-packaged pureed food for Client #1. DSP A agreed the pears appeared chunky when he prepared breakfast for Client #1.</p> <p>Observation on 7/01/21 at 11:38 a.m. revealed Client #1 ate mac and cheese that appeared thick with chunks. When asked, the Health Services</p>	W474		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/03/2021
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G088	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2021
NAME OF PROVIDER OR SUPPLIER IMAGINE THE POSSIBILITIES, INC - DIAMOND PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1208 SOUTH 11TH STREET OSKALOOSA, IA 52577	
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W 474	<p>Continued From page 35</p> <p>Coordinator (HSC) agreed the mac and cheese appeared chunky and informed staff not to feed him the mac and cheese. The HSC went to make new. At 11:45 a.m., DSP J fed Client #1 a bite of the mac and cheese after the HSC told DSP J not to.</p> <p>Record review on 7/01/21 revealed Client#1's speech therapy annual report dated 12/28/20 recommended "current diet of pureed foods."</p> <p>3. Observations on 6/30/21 at 5:25 p.m. revealed Client #2 brought his divided plate to his face and drank his soup. Client #2's broccoli and cheese soup did not have crackers or appear to be honey consistency.</p> <p>Observations on 7/01/21 at 6:36 a.m. revealed Client #2 plate consisted of bite sized pieces of pancake and sausage. During lunch, at 11:40 a.m., Client #2's plate consisted of bite sized salami cream cheese sandwich without moisture added, orange halves, bite sized Cheetos. Client #2's bread appeared dry.</p> <p>Observation during lunch on 7/07/21 at 12:15 p.m. revealed Client #2's plate consisted of ground bread, egg, bacon mixture with no moisture added and chopped strawberries. At 12:28 p.m., the Speech Consultant (SC) asked staff to add moisture to Client #2's minced bread, egg, bacon mixture. At 12:42 p.m. Client #2 coughed while he ate. The Speech Consult encouraged Client #2 to cough and clear his throat and explained they did not want food in Client #2's lungs.</p> <p>Observation on 7/08/21 6:46 a.m. revealed Client</p>	W474		

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W 474	<p>Continued From page 36</p> <p>#2 requested through sign language more butter to his ground toast that appeared dry. DSP H added more butter. At 6:49 a.m., Client #2 requested through sign language more butter to his ground toast. DSP H added jelly to Client #2's ground toast. The ground toast appeared thick and stuck to the client's spoon as he ate. At 6:50 a.m., Client #2 coughed two times. DSP H asked Client #2 to take a drink. Client #2 did not drink.</p> <p>Record review on 7/08/21 revealed Client #2's annual nutritional assessment, dated 8/13/20, recommended "liquids thickened to nectar/honey thick consistency, no straws, regular diet with food cut into bite sized pieces and add moisture to food." An update to the nutritional assessment, added 12/22/20, noted a swallow study was performed on 12/7/20 and found silent aspiration of thin and nectar thick liquids, decreased A-P transit and effortful oral phase of swallow. The addendum further noted, "Recommend modified general diet with extra sauces/gravies with food minced and honey thick liquids. Safe swallow precautions: single bites/sips, Provale cup, going slow, check mouth, cue pt (patient) to hold head up, and cue pt (patient) to cough/clear throat every 2-3 bites. "</p> <p>4. Record review on 7/07/21 revealed the facility's policy regarding Dietary Services, dated 3/01/19, documented the purpose of "providing nourishing and well-balanced meals that are palatable and pleasing to residents and that address individual needs for texture alteration or other modifications ordered for the purpose of correcting or preventing a nutritional deficiency or other health issue..." The policy indicated employees received training on the policy and procedures during their initial training and/or department orientation and</p>	W474			

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W 474	<p>Continued From page 37 annually thereafter.</p> <p>Record review on 7/08/21 revealed the facility provided dietary training to staff as an online training some topics discussed consistency altered diets, risk to individuals served, diet orders, mechanical soft, pureed diet, and dysphagia diet.</p> <p>When interviewed on 7/20/21 at 1:22 p.m. the Director of Services acknowledged the facility failed to ensure clients received the appropriate food textures as prescribed.</p>	W 474		

Department of Inspections and Appeals (DIA)

ID PREFIX TAG	Provider's Plan of Correction 9/17 /21	Completion Date
W149	CFR(s): 483.420(d)(1) STAFF TREATMENT OF CLIENTS	
	Director and QIDP will be retraining DSP staff on the Incident Reporting Policy as it relates to completing reports for injuries.	10/11/21
	Director will re-train all management staff to ensure that they understand the incident reporting Policy as it relates to injuries.	9/24/21
	Operations Quality Director will retrain Service Director on incident reporting policy as it relates to injuries.	9/23/21
	Operations Quality Director will create visual reminders for staff on when to complete incident reports.	9/23/21
	Service Director is responsible for reviewing policy to ensure consistent follow through.	9/17/21, Ongoing
W158	CFR(s): 483.430 Facility Staffing	
	Mealtimes will be conducted in two groups to allow appropriate supervision for individuals .	10/17/21. Prior to this date, transition work is being done.
	Memos have been placed to retrain staff on supervision levels of individuals during mealtime.	7/1/2021, Ongoing
	Retraining has occurred on all individuals dietary and supervision levels during meals.	7/7 /21-7/12/21, Ongoing
	Dietary cards have been created and placed at the tables outlining support the individuals need during mealtime.	7/8/21, Ongoing
	QIDP and Nursing will monitor for any changes and be responsible for updating meal cards as needed. Dietary card maintenance has been added to the annual checklist to review and ensure updates are completed.	9/17/21, Ongoing
	Dietary assessment has been completed and/or updated on all individuals. These assessments outline appropriate supervision and support needed during mealtimes. This information is also included in the individual's plan.	8/23/21, Ongoing
	A calendar has been created to provide additional corporate leadership at the site.	9/17/21
W189	CFR(s): 483.430 (e)(l) STAFF PROGRAM PLAN	

	<p>Mealtimes will be conducted in two groups to allow appropriate supervision for individuals.</p> <p>Memos have been placed to retrain staff on supervision levels of individuals during mealtime.</p> <p>Retraining has occurred on all individuals dietary and supervision level during meals.</p> <p>Dietary cards have been created and placed at the tables outlining support the individuals need during mealtime.</p> <p>A Dietary In-Service has been scheduled 09/21/21 to train and reinforce skills related to mealtime, mealtime preparation, supervision, and diet consistencies.</p> <p>All DSP staff as of 7/8/21 completed online Dietary Training Course prior to working their next shift.</p> <p>During onboarding, DSP will complete Imagines' Dietary training in addition to individual orientation to support oncoming staff understanding dietary modifications and supervision. This training will be assigned annually.</p> <p>Visual aids have been created and placed in kitchen highlighting appropriate textures and sizes for modified diets.</p> <p>On the spot training will be completed if changes occur to diet and supervision level of individuals served.</p> <p>A calendar has been created to provide additional corporate leadership at the site, if needed, to provide additional monitoring and support.</p> <p>Monitoring by leadership will occur to support ensuring appropriate dietary textures and modifications are being completed.</p>	<p>10/17/21. Prior to this date, transition work is being done. 7/1/2021, Ongoing</p> <p>7/7 /21-7/12/21, Ongoing</p> <p>7/8/21, Ongoing</p> <p>9/21/21. Staff not present will review prior to next shift. 7/8/21-7/12/21</p> <p>7/8/21, Ongoing</p> <p>7/8/21, Ongoing</p> <p>7/8/21, Ongoing</p> <p>9/17/21</p> <p>7/8/21, Ongoing</p>
W217	CFR(s): 483.440 (C)(3)(v) INDIVIDUAL PROGRAM PLAN	
	<p>A routine dietician was contracted on 08/17/21.</p> <p>A back up Dietician has been contracted as well to ensure appropriate support if the routine Dietician is unavailable.</p> <p>All nutrition assessments have been completed and/or updated on individuals served.</p> <p>Staff were trained and will be re-trained and review all dietary</p>	<p>8/17/21</p> <p>9/2/21</p> <p>8/23/21</p> <p>10/17/21</p>

	<p>programs by 10/17/21.</p> <p>Operations Quality Director will conduct an audit to ensure recommendations match plan of care and dietary cards.</p> <p>An internal checklist has been created that outlines required assessments to be completed within 30 days and/or annually The QIDP and Nursing will use this document to ensure assessments are not missed.</p>	<p>10/17/21</p> <p>10/17/21</p>
W249	CFR(s): 483.440 (d)(I) PROGRAM IMPLEMENTATION	
	<p>A new BSP format will be used to provide clear objectives and staff interventions to support individuals.</p> <p>Once new BSP format is complete, retraining will occur on all BSP programs to ensure consistent program implementation.</p> <p>Monthly, review of programs will occur with staff to support consistency. This may be done using a variety of methods including staff meetings, 1:1, memos, on the spot review, games, and/or quizzes. The intent is to provide detailed review of one client per month.</p> <p>Any new changes and/or modifications will be trained upon implementation.</p>	<p>10/17/21</p> <p>10/17/21</p> <p>10/17/21, Ongoing</p> <p>10/ 17/ 21, Ongoing</p>
W 268	CFR(s): 483.450 (a)(I)(i) CONDUCT TOWARD CLIENT	
	<p>Activity calendars have been created and staff will be continuously educated on meaningful activities implemented to support ongoing active treatment for individuals served.</p> <p>Individual active treatment schedules will be reviewed with staff.</p> <p>Diamond Place has ordered and will be implementing interval timers to support staff in ongoing active treatment and engaging with individuals served. We will continue to work on full implementation of this by 10/17/21.</p>	<p>10/17/21</p> <p>10/17/21</p> <p>10/17/21</p>
W288	CFR(s): 483.450 (b)(3) MANAGEMENT OF INAPPROPRIATE CLIENT BEHAVIOR	
	<p>A new BSP format will be used to provide clear objectives and staff interventions to support individuals.</p> <p>Within the BSP, restrictions related to programming will be outlining with clear guidance on implementation.</p> <p>Once new BSP format is complete, retraining will occur on all BSP programs to ensure consistent program implementation.</p> <p>Monthly, review of programs will occur with staff to support</p>	<p>10/17/21</p> <p>10/17/21</p> <p>10/17/21</p> <p>10/17/21,</p>

	<p>consistency. This may be done using a variety of methods including staff meetings, 1:1, memos, on the spot review , games, and/or quizzes. The intent is to provide detailed review of one client per month.</p> <p>Any new changes and/or modifications will be trained upon implementation.</p> <p>A review of alarm procedures will be completed with staff by 10/6/21.</p> <p>Maintenance will be consulted to review options for alternative alarms to support restriction currently in place .</p>	<p>Ongoing</p> <p>10/17/21, Ongoing</p> <p>10/6/21</p> <p>10/6/21</p>
W371	CFR(s): 483.460 {k}{4} DRUG ADMINISTRATION	
	<p>Meetings will be established monthly for any staff responsible for medication administration. Meetings will include review of medication programs and/or supports.</p> <p>Updated guidance will be placed in the MAR book to support consistent medication administration based on individual needs.</p> <p>A visual aid will be hung in the medication room to provide continuous reminders and reinforcement regarding privacy and promoting independence during medication pass.</p> <p>Operations Quality Director and/or designee will provide medication observations on each person responsible for passing medications over the next 60 days to ensure med programs are being followed.</p> <p>Annually, medication administration competency will occur on all DSP staff responsible for medication provision.</p>	<p>10/1/21, Ongoing</p> <p>9/24/21, Ongoing</p> <p>9/24/21</p> <p>Initiate 9/23/21, Ongoing</p> <p>10/1/21, Ongoing</p>
W459	CFR(s): 483.480 DIETETIC SERVICES	
	<p>A routine dietician was contracted on 08/17/21.</p> <p>A back up Dietician has been contracted as well to ensure appropriate support if the routine Dietician is unavailable.</p> <p>All nutrition assessments have been completed and/or updated on individuals served.</p>	<p>8/17/21</p> <p>9/2/21</p> <p>8/23/21</p>
W460	CFR(s): 483.480{a}{I} FOOD AND NUTRITION SERVICES	
	<p>Diamond Place has started utilizing Martin Brothers to provide menu and food services for the individuals served. This includes all modification for specialty diets.</p> <p>Diamond Place has started working with Martin Brothers to provide delivery service of menu items to ensure appropriate food is available for mealtimes.</p>	<p>8/30/21</p> <p>8/30/21</p>

	<p>Training will be completed with management to review appropriate substitutions and documentation of such if a menu item is unavailable.</p> <p>All menus have been reviewed and signed by the Dietician to ensure they meet nutritional standards.</p> <p>Individuals are now offered at least two drinks -one including milk at each meal. This is determined by the menu provided by Martin Brothers.</p> <p>Meal observations will be used to ensure continuous use of menus, diet alterations, and drink choices being provided.</p>	<p>10/17/21</p> <p>7/23/21</p> <p>8/30/21</p> <p>7/8/21, Ongoing</p>
W461	CFR(s): 483.480(a)(2) FOOD AND NUTRITION SERVICES	
	<p>A routine dietician was contracted on 08/17/ 21.</p> <p>A back up Dietician has been contracted as well to ensure appropriate support if the routine Dietician is unavailable.</p> <p>All nutrition assessments have been completed and/or updated on individuals served.</p>	<p>8/17/21</p> <p>9/2/21</p> <p>8/23/21</p>
W474	CFR(s): 483.480(b)(2)(iii) MEAL SERVICES	
	<p>Mealtimes will be conducted in two groups to allow adequate supervision for diet textures and alterations.</p> <p>Memos have been placed to retrain staff on dietary textures and alterations of individuals during mealtime. All new employees will have this training with onboarding and annually.</p> <p>Retraining has occurred on all individuals dietary and supervision level during meals. All new employees will have this training with onboarding and annually.</p> <p>Mealtime cards have been created and placed at the tables appropriate foot textures and alterations during meal times. These will be updated as new dietary and speech evaluations are completed.</p> <p>A Dietary In-Service has been scheduled 09/21/21 to train and reinforce skills related to mealtime, meal time preparation, supervision, and diet consistencies.</p> <p>All DSP staff completed online Dietary Training Course prior to working their next shift.</p>	<p>10/17/21</p> <p>7/7 /21, Ongoing</p> <p>7/12/21, Ongoing</p> <p>7/8/21, Ongoing</p> <p>9/21/21. Staff not present will review prior to next shift.</p> <p>7/8/21-7/12/21</p>

	<p>During onboarding, DSP will complete Imagines' Dietary training in addition to individual orientation to support oncoming staff understanding dietary modifications and supervision. This training will be assigned annually.</p>	7/8/21, Ongoing
	<p>Visual aids have been created and placed in kitchen highlighting appropriate textures and sizes for modified diets.</p>	7/8/21, Ongoing
	<p>On the spot training will be completed if changes occur to diet and supervision level of individuals serve d.</p>	7/8/21, Ongoing
	<p>A calendar has been created to provide additional corporate leadership at the site who will provide additional oversight support as needed as it relates to meal preparation, supervision, and/or training.</p>	9/17/21
	<p>Imagine has started using Martin Brothers services which provides recipes and diet texture and modification guidance for each meal. These recipes include how to moisten, thicken, and puree appropriately for the menu.</p>	8/30/21
	<p>Ongoing monitoring by leadership will occur to support ensuring appropriate dietary textures and modifications are being completed.</p>	7/8/21, Ongoing