

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> 6899					<b>Date:</b> January 22, 2019
<b>Facility Name:</b> Tanager Place		<b>Survey Dates:</b> January 2, 3, 7, 2019			
<b>Facility Address/City/State/Zip</b> 2309 C Street S. W. Cedar Rapids, IA 52404					
		LK			
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>	

<b>50.7</b>	<p>481-50.7(10A,135C) Additional notification. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available:</p> <p>50.7(3) When there is an act that causes major injury to a resident or when a facility has knowledge of a pattern of acts committed by the same resident on another resident that results in any physical injury. For the purposes of this subrule, " pattern " means two or more times within a 30-day period.</p> <p><b>DESCRIPTION:</b> Based on interview and record review, the facility failed to notify the Department of Inspections and Appeals (DIA) when a resident had a pattern of aggression which resulted in injury to peers, as required by Iowa Code 481 IAC 50.7(3). This affected 4 of 8 clients residing in the Terry Cottage (Clients #3, #4, #5 and #6). Finding follows:</p> <p>Record review on 1/03/19 revealed a Patient Progress Note dated 11/02/18, indicated Client #5 aggressed toward Client #3. According to the Progress Note, Client #5 pushed Client #3, causing Client #3 to fall backwards and strike his back on a desk. Staff noted Client #3 had a small</p>	<b>II</b>	<b>\$500.00</b>	<b>Upon Receipt</b>
-------------	--	-----------	-----------------	---------------------

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).**

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> 6899					<b>Date:</b> January 22, 2019
<b>Facility Name:</b> Tanager Place		<b>Survey Dates:</b> January 2, 3, 7, 2019			
<b>Facility Address/City/State/Zip</b> 2309 C Street S. W. Cedar Rapids, IA 52404		LK			
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>	

	<p>bruise on his back as the result of the incident. A follow-up nursing assessment noted an abrasion to Client #3's lower right back.</p> <p>Record review on 1/03/19 revealed a Patient Progress Note dated 11/20/18, which indicated Client #5 slapped and hit Client #4 during an altercation. According to the Progress Note, Client #4 had redness on her upper right arm and "Bruising seems likely." There was no follow-up documentation regarding whether a bruise developed.</p> <p>Record review on 1/03/19 revealed a Patient Progress Note dated 11/30/18, which indicated Client #5 "attacked" Client #6 and left several scratch marks on Client #6's face. Police were called to assist with the incident.</p> <p>When interviewed on 1/07/19 at 10:15 a.m. Qualified Intellectual Disability Professional (QIDP) A stated she and QIDP B monitored peer to peer aggression. QIDP A said she was aware of the requirement for agencies to report when a client had two or more acts of aggression within 30 days which caused injury, but it was her understanding the injuries had to be significant and did not include scratches and bruises. The QIDP stated the agency was not able to locate a</p>			
--	---	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).**

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

Citation Number: 6899		Date: January 22, 2019		
Facility Name: Tanager Place		Survey Dates: January 2, 3, 7, 2019		
Facility Address/City/State/Zip 2309 C Street S. W. Cedar Rapids, IA 52404		LK		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>policy regarding peer to peer aggression causing injury, but acknowledged the agency should follow DIA guidelines and state regulations regarding reporting the incidents.</p> <p><b>FACILITY RESPONSE:</b></p>			
--	--	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).