

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

ok

PRINTED: 07/19/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G139	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/23/2021
NAME OF PROVIDER OR SUPPLIER TANAGER PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 2309 C STREET SW CEDAR RAPIDS, IA 52404	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS	W 000	<p>See Attached</p> <p>POC</p> <p>7/27/21</p>	
W 193	<p>The investigation of #96136-I resulted in a deficiency at W193.</p> <p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(3)</p> <p>Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews, and record review the facility failed to ensure staff consistently demonstrated the appropriate skills to manage inappropriate client behavior. This affected 2 of 2 clients identified as a result of facility self-reported incident #96136-I (Client #6 and Client #18). Findings follow:</p> <p>1. Record review on 3/8/21 revealed Client #18's Incident Report (IR) dated 1/20/21. The IR indicated at 5:00 p.m., Client #18 approached Youth Services Worker (YSW) E and reported she swallowed a toothbrush earlier in the day. Client #18 told YSW E she accessed the toothbrush because the lock on her personal cabinet was broken.</p> <p>Observation at Terry Cottage on 3/8/21 at 3:20 p.m. revealed a row of locked cabinets with client names on the wall. YSW E noted client toothbrushes and hygiene items were kept in one locked cabinet, including Client #18's toothbrush. Client #18 kept other personal items in another locked cabinet for safety from ingestion, referred to as her personal cabinet. YSW E confirmed Client #18 reported she swallowed a toothbrush</p>	W 193		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G139	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/23/2021
NAME OF PROVIDER OR SUPPLIER TANAGER PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2309 C STREET SW CEDAR RAPIDS, IA 52404		
(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 193	<p>Continued From page 1</p> <p>on 1/20/21 and YSW E accompanied her to the hospital.</p> <p>When interviewed on 3/9/21 at 4:45 p.m., Client #18 said she obtained the toothbrush she swallowed from her personal cabinet. She said she lost a toothbrush and later found it so she put the toothbrush in her unlocked personal cabinet. Client #18 said she later felt suicidal, retrieved the toothbrush from the unlocked cabinet and swallowed it.</p> <p>Record review revealed Client #18, 15 years old, had diagnoses including mild intellectual disability, oppositional defiant disorder (ODD), moderate recurrent major depressive disorder, and generalized anxiety disorder. Client #18's D&E (diagnosis and evaluation) Staffing occurring 9/8/20 indicated she had an extensive history of psychiatric hospitalization, primarily due to impulsive behavior and voicing suicidal ideation. The document further noted, "(Client #18) does engage in frequent self-harm; this includes picking at scabs and sores, swallowing small items such as batteries, wrappers, and paperclips, attempt to swallow large items such as toothbrushes and knives, cutting, and scratching."</p> <p>Continued record review revealed medical records for Client #18 indicated she had been taken to the local emergency department (ED) 1/20/21. Due to concerns of ingestion of a foreign body, an abdominal x-ray was obtained, which did not reveal a foreign body. A CT scan of the abdomen and pelvis were obtained which revealed a toothbrush within the stomach with no evidence of gastric perforation. A second foreign body was also visualized within the stomach, but</p>	W 193		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G139	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/23/2021
NAME OF PROVIDER OR SUPPLIER TANAGER PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 2309 C STREET SW CEDAR RAPIDS, IA 52404		
(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 193	<p>Continued From page 2</p> <p>could not be identified. At that time the client was transferred to another hospital for further evaluation.</p> <p>Continued review of medical records revealed upon arrival to the second hospital Client #18 endorsed having suicidal ideations when swallowing the toothbrush, but felt remorseful after the act. On 1/21/21 Client #18 underwent an endoscopy procedure "to remove the ingested long foreign body as these are not likely to pass from the stomach and can be associated with complications." Records indicated three foreign bodies were removed, including: a toothbrush, a plastic spoon, and a piece of a pen.</p> <p>Client #18 was ultimately court ordered to remain at the hospital until a psychiatric bed was secured.</p> <p>Further record review on 3/8/21, revealed Client #18's Individual Program Plan (IPP) to display safe behaviors. The IPP noted a history of swallowing items including toothbrushes. The IPP included interventions to promote Client #18's overall safety, including locking items in a personal cabinet.</p> <p>When interviewed on 3/10/21 at 9:00 a.m. YSW H confirmed the lock on Client #18's personal cabinet was broken at the time of the ingestion incident. She said she wrote a maintenance request to fix the lock prior to the incident</p> <p>Record review on 3/10/21 revealed a maintenance request dated 1/6/21, written by YSW H. The request noted a personal cabinet did not lock. The document identified a resolution date of 2/26/21.</p>	W 193			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G139	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/23/2021
NAME OF PROVIDER OR SUPPLIER TANAGER PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 2309 C STREET SW CEDAR RAPIDS, IA 52404		
(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 193	<p>Continued From page 3</p> <p>When interviewed on 3/10/21 at 1:35 p.m., the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) Manager confirmed the facility failed to repair the lock on Client #18's personal cabinet in a timely manner.</p> <p>2. Record review on 3/8/21 revealed Client #6's Incident Report (IR) dated 1/20/21. According to the IR, Client #6 engaged in physically aggressive behaviors and Youth Service Worker (YSW) F "escorted" him to his room.</p> <p>Record review on 3/9/21 revealed Client #6's Individual Program Plan (IPP) to learn and utilize healthy and effective emotion regulation skills. The IPP addressed Client #6's physical aggression and directed staff to ask him to take a break, and if the aggression continued, to escort him to a safe place.</p> <p>Observation on 3/9/21 revealed a video recording of the incident involving Client #6 and YSW F on 1/20/21. Viewing of the video revealed Client #6 struck YSW F in the face twice and YSW F grabbed his wrists, got behind him and walked with him down the hall still holding his wrists.</p> <p>When interviewed on 3/9/21 at 8:10 a.m., YSW G confirmed she worked with Client #6 and described an escort as staff putting a hand on his elbow and the other hand on his opposite hip, and then guiding him to a safe place, usually his bedroom.</p> <p>When interviewed on 3/9/21 at 1:35 p.m., the Sinclair Cottage Assistant Supervisor (SAS) stated he worked with Client #6 and confirmed he</p>	W 193			

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

PRINTED: 07/19/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G139	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/23/2021
NAME OF PROVIDER OR SUPPLIER TANAGER PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 2309 C STREET SW CEDAR RAPIDS, IA 52404		
(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 193	<p>Continued From page 4</p> <p>engaged in physical aggression toward staff. He said staff should repeat prompts to take a break and escort him to a safe place. He described an escort as staff placing a hand on Client #6's elbow and another hand on his opposite hip. The SAS indicated holding or grabbing Client #6's hands/wrists during an escort would not be an acceptable technique.</p> <p>When interviewed on 3/9/21 at 4:35 p.m., the Sinclair Cottage Supervisor confirmed knowledge of Client #6's physical aggression and said staff should escort him if/when his aggression escalated to harming himself or others. She described an escort as staff placing a hand on his elbow and a hand on his hip to guide him to safety. She said grabbing and holding Client #6 by his wrists would not be an appropriate technique to escort him down the hall.</p> <p>When interviewed on 3/10/21 at 8:10 a.m., the Health and Practice Manager (HPM) confirmed she viewed the video of the incident between Client #6 and YSW F. She confirmed YSW F placed his hands on Client #6's wrists and failed to use an approved technique when Client #6 aggressed toward him on 1/20/21.</p>	W 193			

Tanager Place – 16G139

CMS-2567 pertaining to FC #1039

W000 – Initial Comments.

No Plan of correction required.

W193: Training Program: Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the appropriate behavior of clients.

Facility failed to ensure staff consistently demonstrated the appropriate skills to manage inappropriate client behavior.

- Observation template created with QIDPs to observe implementation of interventions identified in each IPP.
 - During observations if staff are not observed independently running a client's IPP, QIDP will provide prompts, direction or modeling of each intervention in a client's IPP.
 - Should a staff member show consistent deficiencies in following a client's IPP, this is to be reported to the staff member's direct supervisor and further training will be required.
 - During observations, any identified issues with escorts is to be lifted up to the staff member's direct supervisor and Health and Practice Manager for further review.
- Process had been developed to ensure timely completion of inpatient work orders [critical i.e. client safety concerns].
 - Work order report created for review by Facilities, Information Technology, Quality Improvement, IP Operations Manager, and others as applicable. This will help highlight submitted tickets that are open, description of work order, and time since submission. Staff receiving the report will monitor length of time outstanding to ensure timely completion.
 - IP operations Manager, in conjunction with cottage supervisor, will monitor completion of work-order tickets. Any critical issues [i.e. client safety related] that are not resolved within 1 business day will be lifted up to the Facilities Manager, VP of Operations, and VP of Finance.

- Supervision levels will be monitored and adjusted as needed while the work order is pending completion.
- Training on escorts has been developed to review proper form of escort and ensure competency development for existing staff and new hires.
 - This training component added to the onboarding checklist with procedures implemented to observe within first 30 days, at 2 months, 4 months, and 6 months post onboarding.

Methods to monitor compliance: QIDPs will assess during observations and lift up any concerns related to behavior management. LP will monitor interventions and provide instruction and/or redirection around escorts vs. STPs. Health and Practice Manager will continue to monitor video footage of incidents [as applicable to policy] and will lift up concerns related to improper escorts. IP Operations Manager will monitor timely completion of all critical work orders.

Person[s] responsible: IP Operations Manager, QIDPs, LPs, and Health and Practice Manager.

Date of correction:

1. Observation template created and fully implemented 05/17/2021
2. Training on escorts fully implemented 05/17/2021
3. Process to ensure timely completion of work orders implemented 07/19/2021 with the automation of work order report fully implemented by 07/27/2021