IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

January 29, 2009

Complaint: #21126-C

Pat Hanson, Administrator
Courtyard Estates Assisted Living
601 Hawthorne Crossing Dr SE
Bondurant, IA 50035-1376

RE: Complaint Investigation Report, Courtyard Estates Assisted Living, Bondurant, IA

Dear Ms. Hanson:

The Department of Inspections and Appeals (DIA) has completed the review of your Plan of Correction (POC) in response to the Complaint Investigation conducted on December 18, 2008. DIA has reviewed the complaint, the investigation report, and the POC. The documentation was in order and the POC is accepted. No further action on part of the program is necessary.

The Department's findings must be based on the current situation, including but not limited to: staff interviews, documentation, monitor observation and tenant interviews.

We thank you and your staff for your cooperation in the investigation of this Complaint. If you have any questions, please contact me at 515-281-5003.

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Complaint Investigation Report

Assisted Living Program: **Complaint Intake #: 21126-C**

Pat Hanson, Administrator
Courtyard Estates Assisted Living
601 Hawthorne Crossing Dr SE
Bondurant, IA 50035-1376

Date of Investigation:

December 18, 2008

Monitor(s):

Lincoln Newsom, RN

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to, and approved by, the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are rule violations [321 IAC 26.2(5)(a)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under 321 IAC - chapter 25 that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site visit was conducted at Courtyard Estates Assisted Living on December 18, 2008. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	32
Current number of tenants with cognitive disorder:	09
Total Population:	41

Dementia Specific Program (DSP)* – Not applicable.

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Accreditation Status – Not applicable.

Program History – There have been no substantiated complaints during this certification period.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

Complaint Allegation: It is alleged, four tenants have routine hourly checks and a tenant has severe incontinence.

- Monitoring Observation: Six tenant files were reviewed and three had documentation related to hourly checks. Despite having hourly checks, and or severe incontitinence, tenants named in the complaint allegation do not exceed occupancy and retention criteria. In an interview with five staff, none indicated there were tenants with "severe" incontinence issues.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It is alleged, there is only one staff person on the night shift for 41 tenants and there were eight tenants who had the flu, vomiting and diarrhea.

- Monitoring Observation: In the interviews with five staff, all stated there was only one person assigned to work the night shift. On 12/10/08 the program had a number of tenants with the flu. The program added another staff person to the night shift from 12/10/08 through 12/13/08 to aid in tenant cares. In an interview with Staff # 6, stated she had been back working in the program since the night of 12/14/08, and stated everything was getting better. In an interview with the program's Registered Nurse, she stated, the program had increased staffing while a number of tenants had the flu. She stated the program added another staff person to the night shift from Wednesday night through Saturday night, and currently there were only one or two tenants who remained with flu type symptoms.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It is alleged a tenant fell, fractured their arm and concerns with appropriate level of care.

- Monitoring Observation: Tenant #3, an 89 year old, was admitted on 10/10/07, with diagnoses of: Chronic Obstructive Pulmonary Disease, and Organic Brain Syndrome. The program completed functional, cognitive and health evaluations on 12/17/08 and staged the tenant at a 6 on the GDS, indicating severe cognitive decline. Nurse's/Care notes of 11/03/08, indicates the tenant lost balance and was found sitting on the floor in front of the toilet. The tenant stated his/her right arm hurt. The tenant had a previous injury to this arm prior to 10/16/08 and at the time of this fall, the arm was in a sling. There is documentation to indicate the arm was re- injured due to this fall. There is nothing in this tenants' file to indicate he/she exceeds level of care.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It is alleged a tenant falls frequently and fell a couple of weeks ago hit his/her head, had skin tears.

- Monitoring Observation: Tenant # 4, a 90 year old, was admitted on 9/5/07 with diagnoses of: Chronic Obstructive Pulmonary Disease, Congestive Heart Failure and Hypertension (HTN). Nurse's/Care Notes of 10/16/08, indicate the tenant took two sleeping pills, felt woozy and fell. The tenant sustained two skin tears to the underside of the right forearm. Nurse's/ Care Notes from 10/16/08 to 12/3/08, indicate the tenant had at least one other fall.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It is alleged a tenant should be at a higher level of care.

- Monitoring Observation: Tenant # 5 an 88 year old, was admitted on 8/16/08 with diagnoses of: Non Insulin Dependant Diabetes Mellitus, Alzheimer's and HTN. The program completed functional, cognitive and health evaluations on 9/16/08 and staged the tenant at a three on the Global Deterioration Scale, indicating mild-cognitive decline. In review of the file indicated the tenant does not exceed level of care criteria.

- Regulatory Insufficiency: None noted.

B. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Complaint Allegation: It is alleged, at times the Registered Nurse (RN) refuses to come to the program for emergencies.

- Monitoring Observation: Four staff was interviewed, all the staff indicated if the nurse was needed she would come in.

- Regulatory Insufficiency: None noted.

During the course of the investigation the following information was obtained.

- Monitoring Observation: Tenant #1, a 76 year old, was admitted 7/1/08 with diagnoses of: Congestive Heart Failure (CHF), Hypertension (HTN) and Coronary Artery Disease (CAD). The program completed functional, cognitive and health evaluations on 11/13/08 staging the tenant at a four on the Global Deterioration Scale (GDS) indicating moderate cognitive decline. The file contained a document stating "Visual Hourly Resident Checks." Visual hourly resident check document for 12/11/08 does not reflect the tenant was checked on at 3:00pm, 4:00pm, 5:00pm, 6:00pm or at 7:00pm.

Tenant #2, an 82 year old, was admitted on 8/16/08, with diagnoses of: Parkinson's, Heard of Hearing and Dementia. The program completed functional, cognitive and health evaluations on 10/31/08 staging the tenant at a 6 on the GDS indicating severe cognitive decline. The file contained a document stating "Visual Hourly Resident Checks". Visual hourly resident check document for 11/10/08 does not reflect the tenant was checked on from 7:00a.m until 3:00p.m. On 12/11/08 the document does not reflect the tenant was checked on at 3:00pm, 4:00pm, 5:00pm, 6:00pm or at 7:00pm

Tenant #3, an 89 year old, was admitted on 10/10/07, with diagnoses of: Chronic Obstructive Pulmonary Disease, and Organic Brain Syndrome. The program completed functional, cognitive and health evaluations on 12/17/08 and staged the tenant at a 6 on the GDS, indicating severe cognitive decline. The tenant's file contains a record of "Visual Hourly Resident Checks." Visual hourly resident check document for 11/19/08 does not reflect the tenant was checked on at 7:00pm, 8:00pm, 9:00pm or at 10:00pm. On 12/01/08, the document does not reflect the tenant was checked on at 3:00pm, 4:00pm or at 5:00pm. Nurse's notes from 10/16/08 through 12/17/08, indicate the tenant had at least one fall.

- Regulatory Insufficiency: The program did not have sufficient trained staff available at all times to fully meet tenants' identified needs. (25.33(1))

Dated this 29th day of January, 2009.