IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

DEMAND LETTER
CERTIFIED

Incident: #25486-I

November 9, 2009

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

RE: I. Final Recertification and Incident Investigation Report, Courtyard Estates at Hawthorne Crossing, Bondurant, IA
II. Appeals/Hearings
III. Civil Penalty
IV. Conclusion

Dear Ms. Hanson:

I. Final Recertification and Incident Investigation Report, Courtyard Estates at Hawthorne Crossing, Bondurant, IA

Enclosed is the **Final Recertification and Incident Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C, 321 Iowa Administrative Code chapter 25 (pertaining to assisted living programs), and 321 Iowa Administrative Code chapter 26 (pertaining to monitoring, civil penalties, and complaints). The report notes Regulatory Insufficiencies in the areas of: Life Safety and Record Checks. Courtyard Estates at Hawthorne Crossing ("Program") is being assessed a $1,000.00 civil penalty.

DIA is accepting the Plan of Correction (POC) submitted.

II. Appeals/Hearings

The Program may appeal the DIA decision in accordance with 321 Iowa Administrative Code rule 26.4, within 30 days of notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to 481 Iowa Administrative Code chapter 10. If the Program appeals, the civil penalty will be suspended, pending appeal process.

III. Civil Penalty

If, within thirty (30) days of the receipt of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 231C.14. If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send written notice to the Certification Coordinator and remit the penalty assessed by check or money order in the amount of six hundred fifty dollars ($650.00) within 30 business days after the receipt of this demand letter.

IV. Conclusion

The Program is being assessed a $1,000.00 civil money penalty. The Plan of Correction that was submitted is accepted. DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal or request a hearing on the final findings, the Program may do so within 30 days of this letter.

If you have any questions regarding this letter and report, please contact your Certification Coordinator, Connie Schaffer, at 515-281-5003.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification and Incident Investigation Monitoring Evaluation Report

Assisted Living Program: **Incident Intake #: 25486-I**

Pat Hanson, Manager
Courtyard Estates at Hawthorne Crossing
601 Hawthorne Crossing Dr SE
Bondurant, IA 50035-1376

Date of Monitoring Visit:

October 8, 2009

Monitor:

Joyce Kix 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 25.8(3)]. 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 Recertification Monitoring Evaluation 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 this chapter 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 specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation and incident investigation was conducted at Courtyard Estates at Hawthorne Crossing on 10-8-09. In preparing this report, the following information was considered:

Current Program Census:

*General Population Program (GPP)** – Not applicable.

Dementia Specific Program (DSP)* - A program that is a Dementia Specific Program by definition but may have tenants with cognitive disorder.

Current number of tenants in a DSP that serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS):	7
Current number of tenants without cognitive disorder:	31
Total Population of DSP:	38

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

Accreditation Status – Not applicable.

Tenant/Family Satisfaction Results – A community meeting was held with 7 tenants in attendance. The tenants reported Courtyard Estates was a good place to live with polite, well trained staff. They stated the food was good although sometimes not always served hot. The tenants reported they felt safe and had plenty of activities offered. They would recommend the program to family and friends.

Program History – There has been a substantiated Regulatory Insufficiency in the area of Staffing.

Recertification and Investigation Evaluation– The monitor 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]

Incident Allegation: The program reported a tenant fell in their apartment on 9-21-09. He/she was transferred to the emergency room, admitted to the hospital and has not returned.

- Monitoring Observation: Tenant #1, an 84 year old, admitted on 9-4-08 had diagnoses of Alzheimer's, Hypothyroidism, Hypercholesterolemia, Arthritis, Hypertension, and Osteoporosis. The Service Plan of 9-2-09 indicated the tenant was independent for ambulation. Nurses Notes of 9-21-09 document the tenant was found on the floor and could not remember what caused the fall. The tenant sustained a bump on the head and a skin tear on the arm, was hospitalized and has not returned to the program. The incident was reported to the Department of Inspections and Appeals appropriately.

- Regulatory Insufficiency: None noted.

B. Life safety – The program shall follow written emergency policies and procedures and structural safety requirements. [321 IAC 25.37]

- Monitoring Observation: The program provided documentation of fire drills completed as follows:
  1. 1-30-09 at 1:30pm no time specified for evacuation
  2. 2-19-09 at 3:05pm no time specified for evacuation
  3. 3-7-09 at 11:45pm drill with simulated evacuation
  4. 4-17-09 at 11:45pm drill with one employee participating and no evacuation
  5. 5-22-09 at 1:15pm no time specified for evacuation
  6. 6-16-09 at 3:35pm no time specified for evacuation
  7. 7-18-00 at 11:05pm training for new employees- no evacuation
  8. 8-20-09 at 9:30am no time specified for evacuation
  9. 9-25-09 at 1:40pm fire drill for employee training with no tenant evacuation
  10. 10-7-09 at 8:52am alarm reset after tenant burned toast

  The tenants reported at community meeting that they could not remember ever being wakened for a fire drill.

  The program did not conduct at least 6 bi-monthly fire drills including total evacuation of tenants past fire safety doors. Two of the drills must be conducted at hours when tenants would reasonably be expected to be sleeping.

- Regulatory Insufficiency: The program did not conduct appropriate emergency egress and relocation drills at least six times per year on a bi-monthly basis. (IAC 231C.4) and (25.40)(1)(e.)

C. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(1)]

- Monitoring Observation: Staff #1 had a hire date of 7-6-09. The background record check of 6-29-09 indicated a potential history of child abuse. The personnel file lacked evidence of completion of the required evaluation of a potential "hit" prior to hiring.

- Regulatory Insufficiency: The program did not request an evaluation of a potential positive history of child abuse to determine if the history was founded or unfounded prior to employment. (135C.33(1))

Dated this 9th day of November, 2009.