IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

August 3, 2011

Loren Rand, Administrator
Courtyard Estates at Hawthorne Crossing
601 Hawthorne Crossing Drive SE
Bondurant, IA 50035

RE: Final Recertification Monitoring Evaluation Report – Courtyard Estates at Hawthorne Crossing, Bondurant, IA

Dear Mr. Rand:

Enclosed is the **Final Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69.

DIA has completed the review of your Plan of Correction (POC) in response to the **Preliminary Recertification Monitoring Evaluation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC. The Final report is enclosed.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **S0261** with effective dates of **September 5, 2011** through **September 4, 2013**.

If you have any questions in regard to this certification, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Loren Rand, Administrator
Courtyard Estates Assisted Living
601 Hawthorne Crossing Drive S.E.
Bondurant, IA 50035

Date of Monitoring Visit:

July 5, 2011

Monitor(s):

Hal L. Chase, MPH BSN

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. IAC r. 481-67.10(5). 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 481 IAC chapter 69 that: serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Courtyard Estates Assisted Living on July 5, 2011. 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 without cognitive disorder.

Current number of tenants in a DSP that serves fewer than 55 tenants and has 5 or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS):	10
Current number of tenants without cognitive disorder:	24
Total Population:	34

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

Tenant/Family Satisfaction Results – A community meeting was held with 32 tenants in attendance. Tenants reported it was a nice place to live if you have to live in an assisted living program. Housekeeping services were provided to their satisfaction. The building and grounds were clean, safe and sanitary. Staff responded promptly, less than ten minutes when they called for assistance and nursing services were available. Staff and the Nurse treated them as they wanted to be treated. Tenants received the services requested and there were no concerns with staff. The food was good and a variety of meats, vegetables and desserts was offered. Hot foods were served hot and cold foods were served cold. Tenants did not offer any improvements for the food. There were enough activities offered and the Program prepared weekly and monthly activity calendars. Tenants felt safe, made their own decisions, were satisfied with the services they received and recommended the Program to others.

Program History – The program did not receive any regulatory insufficiencies during this certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

A. Policy and Procedures

Monitoring Observation: Five tenant files were reviewed. Tenant #2, (the Tenant) a 77 year old, was admitted on 7-9-10 and had diagnoses of: Hypothyroidism, Depression, Gastro Esophageal Reflux Disease (GERD) Insomnia, Weight Loss and a History of Falls. A Global Deterioration Scale (GDS) was completed on 1-1-11 and staged the Tenant at four, which indicated moderate cognitive decline. A service plan of 1-1-11 revealed there was safety concerns, as a stove had been left on and the Tenant had difficulty understanding outcomes and risks. The service plan revealed the Tenant was independent with ambulation and enjoyed walking outside.

A managed risk agreement was initiated on 1-1-11, citing concern for the Tenant walking outside independently. On 1-1-11, the Tenant had gone outside independently, fell, but

was able to get himself/herself up. The Tenant did not use his/her pendent (emergency response system). This agreement was reviewed by both the Tenant and the Program on 7-4-11 and established the Tenant chose to walk when and where he/she wishes. Should the Tenant exit the building, he/she would be dressed for the weather. Staff was to remind the Tenant to use his/her pendent for any needs he/she may have.

Program policy and procedure revealed a tenant with impaired decision making ability, with a GDS of four and above left the Program without supervision was an elopement. Visual checks would be completed on tenants with confusion at or above a stage four on the GDS. The Program did not follow their elopement policy and procedure by allowing the Tenant to the leave the Program independently with impaired decision making ability.

Tenant #3 (the Tenant), a 90 year old, was admitted on 5-13-09 and had diagnoses of: Dementia, Hypothyroidism, Hypercholesterolemia, History of Hemorrhoids, Bladder Incontinence, Anxiety, Dizziness, History of Myocardial Infarction, Cataracts, Hypertension (HTN) and Coronary Artery Disease (CAD). A GDS completed on 7-4-11, staged the Tenant at four, which indicated moderate cognitive impairment.

Staff #1 and Staff #2 reported the Tenant could outside independently. The service plan of 7-4-11 revealed safety concerns related to the Tenant needing frequent reminders to use his/her walker, as the Tenant would walk off without it. The Program did not follow their elopement policy and procedure by allowing the Tenant to the leave the Program independently with impaired decision making ability.

Tenant #4, (the Tenant) an 89 year old, was admitted on 4-7-07 and had diagnoses of: Dementia, Respiratory Failure, Abdominal Aortic Aneurysm Rupture, Congestive Heart Failure, HTN, Chronic Obstructive Pulmonary Disorder, Left Lower Extremity Thrombectomy, History of Gastrointestinal Bleed, Esophagitis, Ischemic Heart Disease, Hyperlipidemia, Urinary Retention, Chronic Kidney Disease Stage Three, History of Urinary Tract Infection, Depression, Bradycardia Syncope, Acute Bronchitis and a history of a Fractured Right Proximal Humerus. A GDS completed on 4-5-11, staged the Tenant at five on the GDS, which indicated moderately severe cognitive decline.

A service plan of 4-5-11 revealed the Tenant had a "wide gap sensor" on his/her apartment door for safety and security. The Tenant would exit the building unattended by staff. Program doors alarmed to ensure staff knew the Tenant's whereabouts. The Tenant sits outside independently when weather permits and staff checks on the Tenant frequently. The Tenant has a history of walking out to the flagpole to read the sign, but turns around and comes back.

Staff #1 and #2 reported the Tenant would go outside independently and staff was to check on the Tenant hourly. The Program did not follow their elopement policy and procedure by allowing the Tenant to the leave the Program independently with impaired decision making ability.

- Regulatory Insufficiency: A program's policies and procedures must meet the minimum standards set by applicable requirements. The Program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the report of incidents including allegations of dependent adult abuse. The program's policies and procedures on incident reports, at a

minimum shall include the following: All accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents. (IAC r.481-67.2(1)(e))

B. Service Plan

Monitoring Observation: Tenant #2's service plan of 1-1-11 revealed there was safety concerns, as a stove had been left on and the Tenant had difficulty understanding outcomes and risks. The service plan revealed the Tenant was independent with ambulation and enjoyed walking outside. The service plan revealed the Tenant chose to have family assist with shopping and transportation when needed and needed escort when the Tenant left the community due to memory deficits and unsteadiness on uneven ground.

A managed risk agreement was initiated on 1-1-11, citing concern for the Tenant walking outside independently. On 1-1-11, the Tenant had gone outside independently, fell, but was able to get himself/herself up. The Tenant did not use his/her pendent (emergency response system). This agreement was reviewed by both the Tenant and the Program on 7-4-11 and established the Tenant chose to walk when and where he/she wishes. Should the Tenant exit the building, he/she would be dressed for the weather. Staff was to remind the Tenant to use his/her pendent for any needs he/she may have

Although the Program established interventions related to shopping and transportation and escort when the Tenant left the program, the Program did not establish interventions when the Tenant walked outside on the grounds of the program, accompanied by staff.

Tenant #3's service plan of 7-4-11 revealed safety concerns related to the Tenant needing frequent reminders to his/her walker, as the Tenant would walk off with it. The Tenant had recently become more confused and had asked staff about his/her routines, schedules and whereabouts. Staff #1 and Staff #2 reported the Tenant could walk outside independently. The service plan did not establish interventions directing staff to provide escort when the Tenant wanted to go outside.

Tenant #4's service plan of 4-5-11 revealed the Tenant had a "wide gap sensor" on his/her apartment door for safety and security. The Tenant would exit the building unattended by staff. Program doors alarmed to ensure staff knows the Tenant's whereabouts. The Tenant sits outside independently when weather permits and staff checks on the Tenant frequently. The Tenant has a history of walking out to the flagpole to read the sign, but turns around and comes back. Staff #1 and #2 reported the Tenant would go outside independently and staff was to check on the Tenant hourly. The Tenant's service plan did not include interventions directing staff to provide escort when the Tenant wanted to go outside.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: the tenant's identified needs and preferences for assistance. (IAC r.481-69.26(4)(a))

C. Staffing

Monitoring Observation: A monitor observed Staff #1 complete a blood sugar check (accu-check) on Tenant #5. Staff #2 was observed completing an accu-checks on Tenant #6. During both procedures, Staff #1 and Staff #2 did not use the applied standard of completing accu-checks. Staff #1 and Staff #2 contaminated their gloves, by wiping the tenant's pricked finger with their gloved hand. Staff continued to wear the same gloves when using the Glucometer, lancet holder and other items used during the procedure. Staff #1 and Staff #2 did not wash their hands after the disposal of gloves and before leaving the tenant's apartments.

- Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r.481-67.9(1))

D. Tenant Rights

Monitoring Observation: Tenant #2's service plan of 1-1-11 revealed there was safety concerns as a stove had been left on and the Tenant had difficulty understanding outcomes and risks. The service plan revealed the Tenant was independent with ambulation and enjoyed walking outside. The service plan revealed the Tenant chose to have family assist with shopping and transportation when needed and needed escort when the Tenant left the community due to memory deficits and unsteadiness on uneven ground.

A managed risk agreement was initiated on 1-1-11, citing concern for the Tenant walking outside independently. On 1-1-11, the Tenant had gone outside independently, fell, but was able to get himself/herself up. The Tenant did not use his/her pendent (emergency response system). This agreement was reviewed by both the Tenant and the Program on 7-4-11 and established the Tenant chose to walk when and where he/she wishes. Should the Tenant exit the building, he/she would be dressed for the weather. Staff was to remind the Tenant to use his/her pendent for any needs he/she may have

Although the Program established interventions related to shopping and transportation and escort when the Tenant left the program, the Program did not establish interventions when the Tenant walked outside of the program, walking the Program grounds, unaccompanied by staff. The Tenant did not receive services which were appropriate.

Tenant #3's service plan of 7-4-11 revealed safety concerns related to the Tenant needing frequent reminders to his/her walker, as the Tenant would walk off with it. The Tenant had recently become more confused and had asked staff about his/her routines, schedules and whereabouts. Staff #1 and Staff #2 reported the Tenant could go outside independently. The service plan did not establish interventions directing staff the Tenant could leave the Program independently. The Tenant did not receive services which were appropriate.

Tenant #4's service plan of 4-5-11 revealed the Tenant had a "wide gap sensor" on his/her apartment door for safety and security. The Tenant would exit the building unattended by staff. Program doors alarmed to ensure staff knows the Tenant's whereabouts. The Tenant sat outside independently when weather permits and staff checks on the Tenant frequently. The Tenant has a history of walking out to the flagpole

to read the sign, but turns around and comes back. Staff #1 and #2 reported the Tenant would go outside independently and staff was to check on the Tenant hourly. The Tenant did not receive services which were appropriate.

- Regulatory Insufficiency: All tenants have the following rights: To receive care, treatment and services which are adequate and appropriate. (IAC r.481-67.3(2))

Dated this 2nd day of August, 2011.