IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 38509-C

May 8, 2012

Ms. Megan Adams, Administrator
Courtyard Estates at Hawthorne Crossing
601 Hawthorne Crossing Drive SE
Bondurant, IA 50035

RE: Final Complaint/Incident Investigation Report – Courtyard Estates at Hawthorne Crossing, Bondurant, IA

Dear Ms. Adams:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of May 2, 2012, 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. **No Regulatory Insufficiencies were identified.**

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint/Incident Investigation Report

Assisted Living Program: **Complaint/Incident Intake #:** 38509-C

Megan Adams, Administrator
Courtyard Estates at Hawthorne Crossing
601 Hawthorne Crossing Dr. SE
Bondurant, IA 50035

Date of Complaint/Incident Investigation:

May 2, 2012

Monitor(s):

Hal L. Chase, RN BSN MPH
Lori Miner, RN BSN

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 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 (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview: ***In preparing this report, the following information was considered:***

Current Program Census

Assisted Living Programs are defined by the type of population served. The census numbers below were provided by the Program at the time of the on-site visit.

Dementia-Specific Program by Definition	
Number of tenants without cognitive disorder:	20
Number of tenants with cognitive disorder:	5
Total Population of Program at time of on-site	25

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	6
Total Population of Program at time of on-site	7
TOTAL census of Assisted Living Program	32

Program History – The program received regulatory insufficiencies in the areas of: Staffing, Policy and Procedures and Service Plans and Tenant Rights during the Recertification on-site of July 5, 2011.

Complaint/Incident Investigation – The Complaint/Incident investigator(s) made the observations detailed in the following areas:

A. Occupancy Agreement

Complaint/Incident Allegation: It was alleged a tenant resided in the Program for six days, was admitted to the hospital and did not return to the Program. The tenant shared a two-bedroom suite with another tenant and was to share half of the apartment. The tenant did not occupy half of the apartment and was required to pay for the cost of renting his/her portion of the apartment rent for the entire month. It was alleged the apartment was not cleaned weekly as promised.

- Monitoring Observation: Seven tenant files were reviewed. No issues were found with Tenant #1, #2, #3, #6 and #7.

  Tenant #4, an 89 year old, was admitted on 2-25-12 and had diagnoses of: Insulin Dependent Diabetes Mellitus (IDDM), Congestive Heart Failure (CHF), Coronary Artery Disease, Hypertension, Anemia, Edema, Chronic Back Pain, Osteoarthritis, Shortness of Breath, Chronic Kidney Disease, Gastro Esophageal Reflux Disease, Depression, Hyperlipidemia, Insomnia, Hypotension, Atrial Fibrillation, History of Bilateral Hip Replacement, Coronary Artery Bypass Graft (CABG) and Heart Failure.

  According to documentation, both Tenant #4 and Tenant #5 and their families met prior to Tenant #4 taking occupancy. Both discussed arrangements related to moving furniture in the common areas shared by both tenants. On 2-25-12, Tenant #4 took occupancy in a shared two bedroom apartment with Tenant #5. On 2-27-12 Tenant #4's family member notified the Administrator some of the items belonging to Tenant

#5 had not been moved from the common area of the apartment. On 2-27-12 the Administrator contacted Tenant #5's family and discussed the moving of Tenant #5's furniture. Tenant #5's family member indicated the furniture belonging to Tenant #5 would be moved by the upcoming weekend. On 3-5-12, Tenant #5's furniture had not been moved.

A late entry of 3-5-12 indicated on 3-3-12, Tenant #4 was getting ready for bed, and slipped to the side of the bed. No apparent injuries were noted. The Nurse was notified that Tenant #4 appeared weak and directed staff to have Tenant #4 taken to a local hospital for evaluation. Tenant #4 was admitted to the hospital on 3-3-12 with an admitting diagnosis of Fluid Overload. Tenant #4 did not return to the Program.

An occupancy agreement was signed by Tenant #4 on 2-23-12. The occupancy agreement indicated Tenant #4 could terminate occupancy by giving a 30-day written notice on or before the first day of the last month of residency. Tenant #4's family notified the Program to terminate occupancy on 3-16-12. An addendum to the occupancy agreement (Addendum A) was signed by Tenant #4 on 2-25-12. Addendum A was the monthly fee schedule for housing and services.

Documentation indicated each tenant's apartment was cleaned weekly. Staff schedule for April, 2012 indicated a housekeeper was scheduled daily to clean assigned tenant apartments weekly.

- Regulatory Insufficiency: None noted.

B. Criteria for Admission and Retention

Complaint/Incident Allegation: It was alleged a tenant should not have been admitted due to the care the tenant needed.

- Monitoring Observation: Seven tenant files were reviewed. No issues were found with Tenant #1, #2, #3, #5, #6 and #7.

  Tenant #4 had previously resided at a local nursing facility. Discharge and transfer instructions of 2-25-12 indicated Tenant #4 was transferring to the Program on 2-25-12. Discharge instructions indicated Tenant #4 needed one-staff-assist with activities of daily living (ADLs) and ambulated with the assistance of one staff to the bathroom using a walker. The Program completed functional and health evaluations on 2-19-12. A cognitive evaluation completed on 2-19-12 indicated Tenant #4 scored 9 out of 11, which indicated normal cognitive functioning. A service plan of 2-25-12 indicated Tenant #4 was independent with eating and needed one-staff-assist with all other ADLs.

A late entry of 3-5-12 indicated on 3-3-12, Tenant #4 was getting ready for bed, and slipped to the side of the bed. No apparent injuries were noted. The Nurse was notified that Tenant #4 appeared weak. The Nurse directed staff to have Tenant #4 taken to a local hospital for evaluation. Tenant #4 was admitted to the hospital on 3-3-12 with an admitting diagnosis of Fluid Overload. Tenant #4 did not return to the Program.

- Regulatory Insufficiency: None noted.