IOWA DEPARTMENT OF
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RODNEY A. ROBERTS, DIRECTOR

July 11, 2013

Ms. Inde Miller, Manager
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 Ms. Miller:

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, 2013** through **September 4, 2015**.

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:

Inde Miller, Manager
Courtyard Estates at Hawthorne Crossing
601 Hawthorne Crossing Dr. SE
Bondurant, Iowa 50035

Date of Monitoring Visit:

June 24, 2013

Monitor(s):

Maribeth Freland RN

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 were provided by the Program at the time of the on-site.

General Population Program	
Number of tenants without cognitive disorder:	21
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	22
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	3
Number of tenants with cognitive disorder:	16
Total Population of Program at time of on-site	19
TOTAL census of Assisted Living Program	41

Tenant/Family Satisfaction Results – A community meeting was held with 8 tenants and 2 family members in attendance. The tenants mostly reported general satisfaction with the program. They reported respectful staff interaction. Six of the eight tenants reported timely response to calls made using emergency pendants with two tenants reporting response could at times take up to 30 minutes. (Neither tenant could give specifics on date or times of the lengthy response. While a deviation from the requirements of the rules may have occurred, it did not meet the standard set forth in the rule 67.10(3) for determining that a regulatory insufficiency exits.)

One tenant reported the program failed to make necessary referrals to medical professionals as ordered by the physician and the same tenant reported not all staff members had been trained to administer injectable medications. (The monitor investigated the tenant's concerns. The program had communication with the tenant's physician about the need for referral. The physician did not order a referral but instead ordered the program to provide the service in question. The monitor reviewed staff member training. All direct care workers who would be required to administer injectable medications had documentation available indicating appropriate training. The monitor did not identify a deficient practice had occurred.)

Four tenants reported the food served by the program had recently been unpalatable due to changes in staff members cooking; however, all tenants reported the foods were served at appropriate temperatures and a variety of food items were offered. Four tenants reported the provision of scheduled activities did not always occur as scheduled due to poor staffing. (The monitor investigated the tenant concerns related to activities. The previous activity director had been replaced in early June 2013 due to tenant complaints. The new activity director had been orienting and assisting other staff members and did not get several activities provided as scheduled but in the past two weeks, activities were provided appropriately. While a deviation from the requirements of the rules was found, it did not meet the standard set forth in the rule 67.10(3) for determining that a regulatory insufficiency exits. The program had made efforts to

correct the issues prior to the on-site visit.) They reported the program's environment to be clean and safe, with most tenants acknowledging they would recommend it to others.

Program History – The program had no regulatory insufficiencies this certification period.

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

A. Food Service

Monitoring Observation: Staff #5, Universal Worker (UW), had a hire date of 9-12-07 and currently worked at the program. Staff #5 served meals to tenants residing at the program. Staff #5's personnel file included documentation of food safety and sanitation training completion on 9-3-10, 9-8-11 and 3-28-13. Staff 5's personnel file contained documentation lacked documentation of food safety and sanitation training during 2012.

Staff #6, UW, had a hire date of 9-5-11 and currently worked at the program. Staff #6 served meals to tenants residing at the program. Staff #6's personnel file included documentation of food safety and sanitation training completion on 9-7-11 and 3-28-13. Staff 6's personnel file lacked documentation of food safety and sanitation training during 2012.

Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have an annual in-service training on food protection. (IAC r. 481-69.28 (5))

B. Dementia-Specific Education for Program Personnel

Monitoring Observation: During interview, the program manager reported all universal workers work in both the general population area and the memory care unit providing direct tenant care.

Staff #5, UW, had a hire date of 9-12-07 and currently worked at the program. Staff #5's personnel file included documentation of 8 hours of dementia-specific education on 8-31-09, 6 hours of dementia-specific education on 9-3-10 and 2 hours of dementia-specific education on 1-10-13. Staff 5's personnel file contained documentation of only 6 hours of dementia-specific education in 2010, lacked documentation of dementia-specific education in 2011 and 2012 and had only had 2 hours of dementia-specific education thus far in 2013.

Staff #6, UW, had a hire date of 9-5-11 and currently worked at the program. Staff #6's personnel file included documentation of 2 hours of dementia-specific education on 9-6-11 and 6 hours of dementia-specific education on 9-7-11 to total 8 hours in 2011 and 2 hours of dementia-specific education on 1-10-13. Staff 6's personnel file lacked documentation of dementia-specific education in 2012 and had only had 2 hours of dementia- specific education thus far in 2013.

During interview, the Senior Housing Operations Manager reported she was unable to locate any further documentation of dementia-specific education for Staff #5 and Staff #6.

Regulatory Insufficiency: All personnel employed by or contracting with a dementia-specific program shall receive a minimum of two hours of dementia specific continuing education annually. Direct-contact personnel shall receive a minimum of eight hours of dementia-specific continuing education annually. (IAC r. 481-69.30(3))

C. Transportation

Monitoring Observation: The program manager reported the program provided transportation to tenants during activities. The program manager presented the monitor with copies of the front and back of the drivers' licenses of all staff members who transport program tenants using the program's van. The manager indicated the program used a six passenger van for such transportation. The program manager identified Staff #3, maintenance worker, as one of the staff members who drove the van to transport program tenants.

Staff #3's driver license indicated he had been issued a Class C driver license by the State of Iowa, indicating approval to drive a non-commercial vehicle. Staff #3's license indicated he had been issued a Commercial Operator Instruction Permit, which allowed Staff #3 to drive a commercial vehicle when accompanied by another person who had a valid Commercial Drivers License (CDL).

The State of Iowa requires persons to either have a CDL or have a class D (Chauffeur's) driver's license with endorsement 3, allowing non-commercial use of a vehicle when transporting less than 16 passengers for hire. Staff #3 did not have either.

During tour of the six passenger van used to transport tenants, the monitor noted the program failed to keep a fire extinguisher and emergency triangles in the van. The fire extinguisher and the emergency triangles were in a tote together and had been removed from the van the previous week in order to have the fire extinguisher serviced. Return of the tote to the van was inadvertently omitted following the fire extinguisher servicing.

Regulatory Insufficiency: When transportation services are provided directly or under contract with the program, the driver shall have a valid and appropriate driver's license or commercial driver's license as required by law for the vehicle being utilized for transport. If the driver is licensed in another state, the license shall be valid and appropriate for the vehicle being utilized for transport. The driver shall meet any state or federal requirements for licensure or certification for the vehicle operated. (IAC r. 481-69.33(6))

Regulatory Insufficiency: When transportation services are provided directly or under contract with the program, each vehicle shall have a first-aid kit, fire extinguisher, safety triangles, and a device for two-way communication. (IAC r. 481-69.33(7))