IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

June 14, 2016

Incident Intake #:
50041-IRV3
53410-IRV2
53862-IRV2
53865-IRV2
57595-CR

Ms. Jolene Cullen, Program Administrator
Courtyard Estates at Hawthorne Crossing
601 Hawthorne Crossing Drive SE
Bondurant, IA 50035

RE: Final Complaint/Incident Investigation Revisit Report – Courtyard Estates at Hawthorne Crossing

Dear Ms. Cullen:

Enclosed is the **Final Complaint/Incident Investigation Revisit Report** from the on-site monitoring visit of June 2, 2016, 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 cited during this investigation which was a revisit to the investigation conducted February 9-16, 2016.

Policies and Procedures: The Program was previously cited related to handwashing, medication administration and the use of the sharps container. During the onsite visit, administration of medication was observed with different staff members. Staff followed the Program's policies and procedures.

Tenant Rights: The Program received a regulatory insufficiency for staff failing to complete bathing and hygiene tasks as directed; therefore, the tenants did not receive adequate and appropriate care and treatment. During the onsite visit, documents were reviewed and tenants had received the appropriate services. Observations showed staff were approaching tenants to encourage them to participate in cares and services.

Medications: The Program was previously cited for Medications and not following the policy regarding administration. During the onsite visit, medication administration was observed with different staff members. Staff administered medications as directed by the Program's policies and procedures.

Nurse Review: During previous visits, the Program failed to complete Nurse Reviews for two tenants. This insufficiency was corrected. The Nurse conducted nurse reviews as needed.

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

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0261	A. BUILDING: _____ B. WING _____	R-C 06/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD ESTATES AT HAWTHORNE CRO	601 HAWTHORNE CROSSING DR. SE BONDURANT, IA 50035

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	481-67 Initial Comments Assisted Living Program 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: 23 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 25 Dementia -Specific Program by Dedication Number of tenants without cognitive disorder: 4 Number of tenants with cognitive disorder: 22 Total Population of Program at time of on-site: 26 Total census of Assisted Living Program: 51 No regulatory insufficiencies were cited during this investigation which was a revisit to the investigation conducted on February 9-16, 2016.	{A 000}		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE