

DEPARTMENT OF INSPECTIONS AND APPEALS

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0330 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 01/24/2017 |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HANSEN HOUSE

**2331 NASH BOULEVARD
CO BLUFFS, IA 51501**

| (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 | <p>481-67 Initial Comments</p> <p>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.</p> <p>Dementia-Specific Program by Dedication</p> <p>Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 24 Total Population of Program at time of on-site: 0</p> <p>TOTAL census of Assisted Living Program: 24</p> <p>No regulatory insufficiencies were cited during the investigation of Incident #64947 and Complaint #65068-C.</p> | A 000 | | |

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

TERRY E. BRANSTAD
GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

KIM REYNOLDS
LT. GOVERNOR

February 17, 2017

Cassie Erwin, Administrator
Hansen House
2331 Nash Blvd.
Council Bluffs, IA 51501

Re: Hansen House Investigations #64947-I & 65068-C

Dear Ms. Erwin:

Incident # 64947-I and Complaint #65068-C were investigated at your program by a representative of the Department from 1/23- 1/24/17. A summary of our findings is as follows:

Service Plans -Not Substantiated

Comments: Based on interviews and record review the concern regarding service plans could not be substantiated. The Program completed service plans which included the appropriate information in regards to tenant needs. Nursing services were provided to address medical concerns of tenants including a sore on the buttocks of one of the tenants. At the time of the incident two staff worked at the Program with eight tenants. This level of staffing was appropriate for the needs of the tenants. No regulatory insufficiencies were cited.

Level of Care – Not Substantiated

Comments: Based on interviews and record review the concern regarding level of care could not be substantiated. The Program evaluated a new tenant for admission. The tenant did not exhibit behaviors the Program felt would negatively impact other tenants of the Program. After admission a tenant exhibited a behavior that resulted in a serious injury to another tenant. The tenant who exhibited the behavior arrived at the Program around 2:00 p.m. and exhibited the behavior at approximately 8:00 p.m. The Program could not have anticipated the negative behavior that impacted the tenant who currently resided at the Program. The tenant who exhibited the behavior was taken home by his wife after the incident. No regulatory insufficiencies were cited.

We wish to thank you and your staff for the courtesies and cooperation extended to our staff during their recent visit. No response to this correspondence is necessary.

Sincerely,

Linda Kellen, Bureau Chief
Adult Services Bureau



Catie Campbell, Program Coordinator
Adult Services Bureau
Health Facilities Division
515-281-3759
Catie.Campbell@dia.iowa.gov

Enclosures: Statement of Deficiencies
and Plan of Correction

TERRY E. BRANSTAD
GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

KIM REYNOLDS
LT. GOVERNOR

February 17, 2017

Andrea Wyatt
102 Western Ave.
Shelby, IA 51570

Re: Hansen House Complaint #65068-C

Dear Ms. Wyatt:

Your complaint regarding Hansen House of Council Bluffs has been investigated by a representative of this department on 1/23/17 to 1/24/17. A summary of our findings is as follows:

Level of Care: Not substantiated

Comments: Based on interviews and record review your concern regarding level of care could not be substantiated. The Program evaluated a new tenant for admission. The tenant did not exhibit behaviors the Program felt would negatively impact other tenants of the Program. After admission this tenant exhibited a behavior that resulted in an injury to your loved one. The tenant who exhibited the behavior arrived at the Program around 2:00 p.m. and exhibited the behavior at approximately 8:00 p.m. The Program could not have anticipated the negative behavior that impacted your loved one. The tenant who exhibited the behavior was removed from the Program after the incident. No regulatory insufficiencies were cited.

Service Plans: Not substantiated

Comments: Based on interviews and record review your concern regarding service plans could not be substantiated. The Program completed service plans which included the appropriate information in regards to tenant needs. Nursing services were provided to address medical concerns of tenants including a sore on the buttocks of one of the tenants. At the time of the incident two staff worked at the Program with eight tenants. This level of staffing was appropriate for the needs of the tenants. No regulatory insufficiencies were cited.

The fact that a complaint was not substantiated does not mean problems did not exist prior to the investigation. In most cases, our findings must be based on the current situation. The investigation of a complaint sometimes improves conditions and heightens awareness of staff that there has been dissatisfaction with the facility.

If you have future concerns regarding this or any other matter, we encourage you to contact the program administrator and/or our office. Another agency that can be of assistance in these matters is:

Iowa Department on Aging
510 East 12th Street, Ste. 2
Des Moines, IA 50319-9025
515-725-3333
1-800-532-3213

Sincerely,

Linda, Kellen, Bureau Chief