

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0261	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/18/2024
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NAME OF PROVIDER OR SUPPLIER COURTYARD ESTATES AT HAWTHORNE CRO	STREET ADDRESS, CITY, STATE, ZIP CODE 601 HAWTHORNE CROSSING DR. SE BONDURANT, IA 50035
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(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	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 23 Number of tenants with cognitive impairment: 19 Total census: 42 No regulatory insufficiencies were cited during the investigation of Complaints #119606-C or #121497-C. The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000	The Plan of Correction is attached	
A 400	481-67.19(3) Record Checks 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently perform criminal background checks prior to employment. This pertained to 1 of 3 staff (Staff A). Finding follows: Record review on 11/13/24 revealed the Program hired Staff A on 5/13/24. The Program provided a SING (Single Contact Registry) dated 11/13/24.	A 400		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE

STATE FORM

0699

COT111

If continuation sheet 1 of 2

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0261	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/18/2024
NAME OF PROVIDER OR SUPPLIER COURTYARD ESTATES AT HAWTHORNE CROSSING			STREET ADDRESS, CITY, STATE, ZIP CODE 601 HAWTHORNE CROSSING DR. SE BONDURANT, IA 50035		
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A 400	Continued From page 1 When interviewed on 11/13/24 at 1:30 p.m. the Executive Director confirmed the Program failed to complete the SING prior to the employment of Staff A.	A 400			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0261	DATE SURVEY COMPLETED: 11/18/24
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TAG #	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERRED TO THE APPROPRIATE DEFICIENCY)	Identify what changes to the provider's systems and practices were made to ensure compliance with the specific statute(s). Include information about how the provider will maintain compliance in the future.	COMPLETION DATE
Tag # 1	Regulation and Reg Number 67.19(3) Record Checks 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check, and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently perform criminal background checks prior to employment. This pertained to 1 of 3 staff. (Staff A)	Tag # A400	What initial correction was made? Completed the background check for staff A on 11/13/24. The expectations of the new hire checklist have been reviewed by the director. The new hire checklist will be completed prior to employment.	How will we ensure and maintain compliance going forward? A new hire check list will be attached to the file and completed on the date of offer and reviewed prior to the first day.	Implementation Date: 12/20/24 Completion Date: 12/20/24 Responsible Party: Director and or designated party as assigned by director

Compliance Date: 12/20/24

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.