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 _____	C 11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD ESTATES AT HAWTHORNE CROS	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	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 visit. Tenants without cognitive impairment: 26 Tenants with cognitive impairment: 24 Total census: 50 No regulatory insufficiencies were cited during the investigation of Compliant #130815-C The following regulatory insufficiency was cited during the investigation of Complaint #130550-C:	A 000	see attached POC 2/13/26	
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to consistently administer medications as prescribed by the medical provider for 1 of 4 current tenants reviewed (Tenant #2). Finding follows:	A 285		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 285	Continued From page 1 Record review on 11/18/25 revealed the following regarding Tenant #2's prescribed Tramadol: 1. Medication Administration Record (MAR) for August 2025 indicated the Tramadol 50 mg twice daily as needed was discontinued as of 8/05/25. Tenant #2 received scheduled Tramadol 50 mg two times daily from the 8:00 p.m. dose on 8/04/25 through the 8:00 a.m. dose on 8/12/25. The order on the MAR changed as of 8/12/25 to "as needed every 12 hours" (PRN) and was not given the remainder of the month. The physician's order provided by the pharmacy indicated one Tramadol order for August dated 8/01/15 for Tramadol 50 mg, one tablet by mouth twice per day. The order indicated 60 tablets, with no refills. The program was unable to locate any additional orders for Tramadol for the month of August. 2. The September 2025 MAR indicated Tenant #2's order for Tramadol 50 mg, one tablet as needed every 12 hours, with a start date of 8/12/15. The PRN medication was not given during the month of September. The primary care provider signed Tenant #2's Physician Order Review on 9/24/25, confirming the orders as of 9/16/25. The review indicated an order for Tramadol 50 mg, one tablet by mouth as needed every 12 hours, with no order for regularly scheduled Tramadol. 3. The October 2025 MAR indicated Tenant #2's order for Tramadol 50 mg, one tablet as needed every 12 hours, which was not given the entire month. An entry for Tramadol 50 mg twice per day at 8:00 a.m. and 8:00 p.m. began as of the	A 285		

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A 285	Continued From page 2	A 285		

8:00 p.m. dose on 10/03/25 through the 8:00 a.m. dose on 10/23/25, with no documentation of the start date for the new order. Staff documented they administered the Tramadol twice per day, other than the 10/21/25 8:00 p.m. dose and the 10/23/25 8:00 a.m. does, when the medication was noted to be unavailable. The MAR indicated a new order as of 10/23/25, for Tramadol 50 mg two times daily, which continued to be given at 8:00 a.m. and 8:00 p.m. for the remained of the month.

The physician's order provided by the pharmacy indicated one Tramadol order written in October dated 10/23/25 for Tramadol 50 mg, one tablet by mouth two times daily. The program was unable to locate any additional orders for Tramadol for the month of October.

During interview on 11/18/25 at 1:15 p.m. the Health Care Coordinator/Registered Nurse (RN) stated she didn't know why Tenant #2's Tramadol went from a PRN order to a regularly scheduled twice per day medication on 10/03/25 without a new order or why the Tramadol went back and forth between PRN and scheduled in August without corresponding orders. The RN said the pharmacy was responsible for changing the MARs and she confirmed them.

During interview on 11/18/25 at 1:15 p.m. the pharmacist at the provider pharmacy confirmed the orders for Tramadol dated 8/01/25 and 10/23/25 as the only Tramadol orders they received since 8/01/25. She noted the order dated 8/01/25 to give the medication twice per day with an order for 60 tabs, which was a 30-day supply. According to the pharmacist, the pharmacy filled the order dated 8/01/25 with 60 tablets and didn't send any additional Tramadol

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A 285	Continued From page 3 until the new order dated 10/23/25 for Tramadol 50 mg twice per day. During interview on 11/18/25 at 2:20 p.m. with the RN, the Executive Director and the Regional Nurse, the RN indicated Tenant #2 switched her primary care provider (PCP) during the time in question, which caused some confusion with the orders. When asked why Tenant #2's Tramadol was switched from PRN to regularly scheduled medication when she didn't take any of the PRN doses, the RN said she didn't know. The RN, Executive Director and Regional Nurse confirmed Tenant #2's Tramadol was not administered per the medical provider's orders, but they indicated they would check for additional orders. On 11/19/25 at 7:50 a.m. the Executive Director confirmed the program had no additional orders for Tenant #2's Tramadol from August through November 2025, other than what was already provided.	A 285		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0261	DATE SURVEY COMPLETED: 11/19/25

Tag #	SUMMARY STATEMENT OF DEFICIENTCIES (EACH DEFICIENCY SHOULD BE PRECEDE 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 A285	**Regulation and Reg Number** 481-67.5 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's Physician, Advanced Registered Nurse Practitioner or physician assistant.	**Tag #** **A285**	**What initial correction was made?** **HCC verified tenant reviewed med list during survey with physician and all orders are up to date.**	**How will we ensure and maintain compliance going forward?** -HCC will ensure we have all med orders on hand before confirming orders -HCC will complete med order audit on all residents by 2/13/25 - Ongoing Monthly Audit of 10% of residents outside of typical med change over -Monitor 10% of Med Passes for month	**Implementation Date:** **2/2/2026** **Completion Date:** Ongoing **Responsible Party:** **HCC or designee**

Compliance Date:_____2/13/2026_____

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.