IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 50067-I

March 26, 2015

Ms. Chelsey Stalker, Administrator
Courtyard Estates at Cedar Pointe
6132 NE 12th Avenue
Pleasant Hill, IA 50327

RE: Final Complaint/Incident Investigation Report – Courtyard Estates at Cedar Pointe, Pleasant Hill, IA

Dear Ms. Stalker:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of March 23, 2015, 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.

Based on record review and interviews, no regulatory insufficiencies were identified.

The Program reported a tenant who had fallen and sustained a fracture; however, the tenant had no observed injuries and no complaints of pain with the falls. The clinical record contained documented evaluations and service plans with changes of condition, and increasing care needs were identified in the service plans. The task sheets documented the increasing cares, including frequent observations of the tenant. The tenant was identified as needing stand-by assistance with ambulation and when a staff member observed the tenant standing, went to assist the tenant. There were no identified injuries obtained by the tenant during two falls on 9-7-14. One of the falls occurred while the tenant was with family. The tenant was not complaining of pain until several days later on 9-12-14, and the fracture was identified at that time. The tenant was transported to the hospital for further treatment. The tenant returned to the program after treatment but was ultimately discharged to a higher level of care in January 2015.

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
	S0220	A. BUILDING: _____ B. WING _____	C 03/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD ESTATES ALP	6132 NE 12TH AVENUE PLEASANT HILL, IA 50327

(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 Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 31 Total Population of Program at time of on-site: 33 TOTAL census of Assisted Living Program: 33 No regulatory insufficiencies were cited during the investigation of Incident# 50067-I.	A 000		

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