IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 56977-I

December 29, 2015

Ms. Chelsea 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 December 21 - 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 a review of tenant files, internal investigations, and interviews the following was noted:

Allegation - Failure to notify the department in a timely fashion. The Program reported two instances of tenants missing money
Findings - Not Substantiated
Comments – The regulations require the Department to be notified within 24 hours of suspected dependent adult abuse. While the Program was beyond the timeframe in one instance, the Program provided documentation of a lengthy internal investigation and took immediate action to determine the events that occurred. The evidence did not meet the preponderance standard used to determine regulatory insufficiencies.

Allegation – Tenant Rights- related to the reporting of two instances of tenants missing money
Findings – Not Substantiated
Comments - When the Program was made aware of the missing money on two occasions, the Program immediately began an internal investigation, notified the police department, and management identified steps being taken to prevent future instances of missing money. At the end

of the internal investigation, the Program was unable to determine a person or persons responsible for the missing money.

No Regulatory Insufficiencies were identified.

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 12/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD ESTATES AT CEDAR POINTE	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: 4 Number of tenants with cognitive disorder: 31 Total Population of Program at time of on-site: 35 TOTAL census of Assisted Living Program: 35 No regulatory insufficiencies were cited during the investigation of Incident #56977-I .	A 000		

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