IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

May 7, 2008

Complaint Intake: #11419R4
#11919R4
#12260R4
#12271R4
#15998R
#16029R

Jim Hunter, Executive Director
Legacy Gardens
15 Silvercrest Place
Iowa City, IA 52240-2951

RE: I. Final Complaint Investigation Revisit Report – #11419R4, #11919R4, #12260R4, #12271R4, #15998R and #16029R.
II. Standard Certification Operation
III. Conclusion

Dear Mr. Hunter:

I. Final Complaint Investigation Revisit Report – Legacy Gardens, Iowa City, IA

Enclosed are the **Final Complaint Investigation Revisit Reports** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. **The Final Reports note no Regulatory Insufficiencies.**

II. Standard Certification Operation

As reflected in these Reports, the program is currently in full compliance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapters 321—25. A standard certificate is being issued effective immediately. The program's sanctions are discontinued and the program is allowed to admit new tenants.

III. Conclusion

The program has been issued a full certificate effective May 7, 2008 through November 5, 2008, which concludes the current certification period. The program's sanctions are discontinued and the program may admit new tenants.

If you have any questions in regard to these matters, please contact me at (515) 281-5077.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

cc Stacy Hejda
Donna Hawley

Iowa Department of Inspections and Appeals
Assisted Living Program
Preliminary Complaint Revisit Investigation Report

Assisted Living Program:

Complaint Intake #: 11919R4
12260R4
12271R4

Jim Hunter, Executive Director
Legacy Gardens
15 Silvercrest Place
Iowa City, IA 52240-2951

Date of Investigation:

April 15, 2008

Monitor(s):

Stephanie Cummins, SW MA
Ann Martin, RN

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to, and approved by, the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are rule violations [321 IAC 26.2(5)(a)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under 321 IAC - chapter 25 that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site visit was conducted at Legacy Gardens on April 15, 2008. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – Not applicable.

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.

Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting:	15
Current number of tenants without cognitive disorder:	0
Total Population:	15

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Accreditation Status – Not applicable.

Program History – There were substantiated complaints this certification period in the areas of: Evaluation of Tenants, Tenant Documents, Service Plan, Medications, Nurse Review, Staffing, Dementia-Specific Education for Program Personnel, Life Safety, Record Checks, Exit Door Alarm System and Other.

The complaint history during this certification period includes the complaint investigations of: April 19, 20, 23, 24 & 25, 2007 and June 11, 12, 13 & 14, 2007. The April 19, 20, 23, 24 & 25, 2007 complaint investigation resulted in a fine of $5000.00, the issuance of a Conditional Certification through July 17, 2007, a directive to not admit any tenants while under the Conditional Certification and the requirement that the Nurse and Director attend management classes.

The June 11, 12, 13 & 14, 2007 complaint investigation resulted in a fine of $7,500.00, the issuance of a Conditional Certification through September 17, 2007, documentation that the Director and Nurse have completed the assisted living program management training, weekly updates submitted to the DIA regarding staff training and nurse delegation, 30 day nurse reviews, and a delay in software implementation of tenant files until completion of the Conditional Certification.

The August 27 - 28, 2007 revisit resulted in a fine of $10,000 dollars, an extension of the Conditional Certificate to continue no longer than May 17, 2008, a continuation of the restriction on admissions to an occupancy of 22 tenants, weekly updates submitted to DIA to include current staffing levels, 30 day nurse reviews and no new software implementation.

The November 26-28, 2007 revisit resulted in a fine of $10,000.00 dollars, an extension of the Conditional Certificate to continue no longer than May 17, 2008, a restriction of no more than 22 tenants in the program, weekly updates to the DIA that will include current staffing levels, 30 day nurse reviews, specific documentation of PRN nurse reviews and a restriction on implementing the new software system.

The February 11-12, 2008 complaint resulted in a fine of ten thousand ($10,000.00) dollars, an extension of the Conditional Certificate to continue no longer than May 17, 2008, and a restriction on admissions, The program is also required to continue with weekly updates to the DIA that will include current staffing levels, 30 day nurse reviews, specific documentation of PRN nurse reviews with tenant names protected and they will need to have the Director of Nursing (DON) complete weekly Medication Administration Record (MAR) reviews. The new software system, in regard to MARs only, may be implemented at this time.

The March 4-5, 2008 complaint revisit resulted in a fine of ten thousand ($10,000.00) dollars, a continuation of the Conditional Certificate, continuation of the restriction on new admissions, continuing weekly updates to the DIA on current staffing levels, 30 day nurse reviews, specific documentation of PRN nurse reviews with tenant names protected, weekly reviews of the MARs by the nurse and the approval of the program to implement the new software system in regard to MARs.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

The program had received a regulatory insufficiency at the time of the March 4-5, 2008 revisit, regarding Tenant #17, related to not consistently evaluating a tenant's functional and cognitive abilities and health status, as needed, to determine the tenant's continued eligibility for the program and to determine any modifications to needed services. The evaluations shall be conducted by a health professional or human service professional.

Monitoring Observation: Five tenant files were reviewed. Evaluations were completed appropriately for Tenant #17 and all other tenant files that were reviewed.

- Regulatory Insufficiency: None noted.

B. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

The program had received regulatory insufficiencies at the time of the March 4-5, 2008 revisit, regarding Tenant #14 and Tenant #17 related to not consistently obtaining signatures from a health professional, two staff and the tenant or the tenant's legal representative when service plans were updated, not consistently developing service plans for each tenant based on evaluations conducted in accordance with 25.23(1) and 25.23(2) and designed to meet the specific service needs of the individual tenant and not consistently individualizing and indicating, at a minimum, the tenant's identified needs, the tenant's requests for assistance, expected outcomes and service provider(s) if other than the program.

Monitoring Observation: Five tenant files were reviewed. Service plans were appropriate for Tenant #14 and Tenant #17 and all other tenant files that were reviewed.

- Regulatory Insufficiency: None noted.

C. Medications – Program has a comprehensive written medication policy that allows tenant self-administration, but accommodates the need for tenant medication assistance via nurse delegation. The medication assistance is appropriately supervised and administered. Medications are appropriately stored. [231C.16A]

The program had received a regulatory insufficiency at the time of the March 4-5, 2008 revisit, related to not consistently administering medications by an Iowa-licensed registered nurse or advanced nurse practitioner registered in Iowa or the authorized agent in accordance with 655—subrule 6.2(5) and 655—subrule 6.3(1) and Iowa Code chapter 155A.

Monitoring Observation: Medication Administration Records (MARs) were reviewed and were appropriate. A medication pass was observed and appropriate medication protocol was followed. Physician orders were appropriately noted and transcribed on the MARs.

The nurse indicated she had initiated protocol when telephone orders were not responded to by the physician and or a new admission had medications omitted.

- Regulatory Insufficiency: None noted.

D. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

The program had received a regulatory insufficiency at the time of the March 4-5, 2008 revisit, related to not consistently providing sufficient trained staff available at all times to fully meet the tenants identified needs.

Monitoring Observation: Incident reports were reviewed from the time of the March 4-5, 2008 revisit to the time of the April 15, 2008 revisit, and all were appropriately completed.

- Regulatory Insufficiency: None noted.

E. Structural requirements – The structure of the program shall be designed and operated to meet the needs of the tenants. The buildings and grounds shall be well-maintained, clean, safe and sanitary.

The program received a regulatory insufficiency at the time of the March 4-5, 2008 revisit related to not consistently providing buildings and grounds that were well-maintained, clean, safe and sanitary.

Monitoring Observation: A monitor checked mechanical, bathing and storage rooms on the east side of the building, three times throughout the day, on 4-15-08. The rooms were appropriately locked at each check.

- Regulatory Insufficiency: None noted.

F. Other – The provisions of this section address the program's noncompliance with other applicable statutory and administrative rule requirements.

The program received a regulatory insufficiency at the time of the March 4-5, 2008 revisit, related to not fully implementing the Plan of Correction.

Monitoring Observation: The program fully implemented the Plan of Correction submitted.

- Regulatory Insufficiency: None noted.

Dated this 25th day of April, 2008.