IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

October 26, 2010

Mr. Jim Hunter, Executive Director
Legacy Gardens
15 Silvercrest Place
Iowa City, IA 52240

RE: Final Recertification & Incident Investigation Report – Legacy Gardens, Iowa City, IA

Dear Mr. Hunter:

Enclosed is the **Final Recertification & Incident Investigation Report** 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. **No Regulatory Insufficiencies were found during this evaluation.**

The review of the recertification documents you submitted has been completed and are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **S0163** with effective dates of **November 6, 2010** through **November 5, 2012**.

If you have any questions regarding this certification, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification & Incident Investigation Report

Assisted Living Program:

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

Incident Intake #: 30830-I

Date of Monitoring Visit:

October 13, 2010

Monitor(s):

Stephanie Cummins, MA
Ann Martin, RN
Lori Miner, RN BSN

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. IAC r. 481-67.10(5). 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 Recertification Monitoring Evaluation 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 481 IAC chapter 69 that: serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Legacy Gardens on October 13, 2010. In preparing this report, the following information was considered:

Current Program Census:

Dementia Specific Program (DSP)* – A program that is dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP:	31
Total Census of ALP:	31

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

Tenant/Family Satisfaction Results – Two family interviews were held. There were no issues with housekeeping. One family member reported staff were respectful a tenant's apartment if the tenant chose to have the apartment messy. Staff were well trained and there were enough staff to meet the needs of the tenants. The tenants received the cares they required; however, family members were concerned about staff turnover. The food was good; however, bland. Family indicated the food looked good and there were no complaints or refusals from the tenants. There were sufficient activities offered including a concert one time per month. They reported the tenants were safe and they would recommend the program to others.

Program History – The program received a regulatory insufficiency in the area of Staffing during this certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas. There were no regulatory insufficiencies found during this onsite recertification monitoring evaluation.

A. Other

Incident Allegation: It was reported a tenant was found on the floor and had complaints of pain. The tenant was transported to the hospital and was diagnosed with a right hip fracture.

- Monitoring Observation: Tenant #1, an 82 year old, was admitted on 10-5-09 and diagnoses include Hypertension (HTN), Labyrinthitis, Thoracic Vertebral Fracture and Osteoarthritis. The tenant was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline.

  According to an Incident Report dated 9-20-10 at 4:30 p.m. staff found the tenant in his/her apartment laying beside the wall by the bathroom. The tenant's head was against the wall, according to the report. The tenant did not have any visible bruises or bleeding. The tenant complained of back, hip and leg pain. The tenant was not able to rate the pain. The tenant was not moved and the nurse was notified. The nurse indicated on the incident report that the tenant was alert and was on laying the left side. The tenant did not have any injury noted to head/forehead on face. The tenant was not able to turn self to back and with slight touch to right leg/knee the tenant verbalized pain, according to the report. The tenant's family and 911 were called. The tenant was sent to the hospital at 4:45 p.m. The tenant's doctor was also notified, according to the report.

  An Incident Investigation Report was also completed. The report indicated the tenant had been toileted by staff 15 minutes prior to the incident and staff placed the tenant back into the wheelchair. The tenant was found on the floor in his/her apartment at approximately 4:30 p.m. No corrective action was required, according to the report.

  According to an Incident Report the tenant had fallen previously on 9-20-10. The tenant fell at approximately 5:00 a.m. and had complained of pain at that time. The nurse and a staff assisted the tenant to the bathroom and the nurse assessed the tenant. The tenant requested to get up, grabbed the bar with both hands and stood. The tenant pivoted without difficulty. The tenant's back and bilateral hips were visually inspected and the tenant's back was palpitated. The tenant's pivot was to the left toward the grab bar. The tenant was bearing weight on both feet. The tenant denied pain; however, reported "aches and pains long time." The nurse instructed the tenant and the medication manager the tenant had Tylenol as needed.

  The nurse indicated at approximately 4:30 p.m. staff found the tenant on the floor in the tenant's apartment. Staff notified the nurse and she responded. The nurse indicated there were no signs the tenant had hit his/her head. The tenant's right leg did not extend. The tenant's family and 911 were called. The tenant was sent out to the hospital. The tenant was currently at a facility for rehabilitation and had not returned to the program since the incident.

  The tenant's file was reviewed. The tenant's service plan was reviewed and indicated the tenant had a history of falls. The tenant used a wheeled walker and wheelchair, according to the service plan. The tenant required a person assist with a four wheeled walker. The tenant had a wheelchair and staff were to encourage the tenant to propel the chair and to coach the tenant on how to propel. If the person was unable to propel the

wheelchair staff were to push the tenant in the wheelchair. There was an order for chair and bed alarms at all times which was clarified on 9-17-10. This was updated on the tenant's service plan; however, at the time of the incident the alarms had not been made available by pharmacy.

Six staff files were reviewed and Staff #1, #2, #3, #4, #5 and #6 had appropriate nurse delegation training regarding transfer and lifting techniques, gait belts, ambulation and ambulation with a walker.

The program reported the incident to the department appropriately and incident reports were completed for the falls on 9-20-10.

- Regulatory Insufficiency: None noted.

Dated this 25th day of October 2010.