IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #: 43251-IR

June 14, 2013

Ms. Kris Ward, Interim Director
Legacy Gardens
15 Silvercrest Place
Iowa City, IA 52240

RE: Final Complaint/Incident Investigation Report – Legacy Gardens, Iowa City, IA

Dear Ms. Ward:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of June 10, 2013, 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 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

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint/Incident Investigation First Revisit Report

Assisted Living Program:

Kris Ward, Interim Director
Legacy Gardens
15 Silvercrest Place
Iowa City, Iowa 52240

Complaint/Incident Intake #:

43251-IR

Date of Complaint/Incident Investigation:

June 10, 2013

Monitor(s):

Maribeth Freland RN

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 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 (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview: ***In preparing this report, the following information was considered:***

Current Program Census

Assisted Living Programs are defined by the type of population served. The census numbers below were provided by the Program at the time of the on-site visit.

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	25
Total Population of Program at time of on-site	25
TOTAL census of Assisted Living Program	25

Program History – The program received regulatory insufficiencies during the Recertification and Complaint/Incident (40184-I, 40159-C, 40187-C) on-sit of August and Sept, 2012 in the areas of: Service Plan, Medications, Nurse Review, Staffing, Policy and Procedure, Tenant Rights and Tenant Documents. During the April 2013 Incident Investigation (43251-I), the program received regulatory insufficiencies in the areas of: Life Safety, Program Reporting to the Department, Criteria for Admission and discharge and Tenant Documents. The program received a regulatory insufficiency in the area of Service Plan during the May 2013 Complaint Investigation (43438-C).

Complaint/Incident Investigation – The Complaint/Incident investigator(s) made the observations detailed in the following areas:

A. Life Safety

The program received a regulatory insufficiency during the April 2013 onsite visit related to the alarm system for the dementia specific area not functioning appropriately.

- Monitoring Observation: The program removed the motion sensor from the doors leading into each memory care wing. The program replaced the motion sensor with a push button that needs to be pushed to deactivate the alarm system prior to entering both wings. The system now functions appropriately.

  During interview Staff #1, #3 and #4 reported they have access to a pager and portable hand held radio each shift. The program replaced all of the old batteries with new batteries for the hand held radios. Extra pagers and hand held radio batteries are kept at the program and available for staff member use should be needed.

  During the onsite visit, all direct care workers had a pager on their person and had a hand held radio with a functioning battery available.

- Regulatory Insufficiency: None noted.

B. Criteria for Admission and Retention

The program received a regulatory insufficiency regarding Tenant #1 at the time of the April 2013 onsite visit related to exceeding the criteria for retention at the assisted living level of care.

- Monitoring Observation: Tenant #1 no longer resided at the program. The program identified one tenant, Tenant #3, who exhibited exit seeking behavior and one tenant, Tenant #2, who received hospice services. The program did not identify any tenants who were dependent with activities of daily living or required a two person transfer.

  During interview, Staff #1, #3 and #4, all direct care providers, reported Tenant #3 eloped once since the April 2013 visit but staff members were able to respond and return Tenant #3 without difficulty. All three staff members also reported Tenant #2 had a time period of a few weeks where he/she was a two person transfer but had improved and no longer required two persons.

  The monitor reviewed the clinical records of Tenants #2 and #3, finding no level of care concerns.

- Regulatory Insufficiency: None noted.

C. Program Reporting to the Department

The program received a regulatory insufficiency at the time of the April 2013 onsite visit for failing to report Tenant #1's elopements to the Department of Inspections and Appeals.

- Monitoring Observation: Tenant #1 eloped again on 4-27-13. The alarm system functioned appropriately. Staff responded in a timely manner to redirect Tenant #1 back into the building. Reporting of the elopement was not required as the program's system worked. Tenant #1 moved from the program on 5-10-13 and no longer resided at the program during the onsite visit.

  Tenant #3 eloped from the program on 4-11-13. The alarm system functioned appropriately. Staff responded in a timely manner to redirect Tenant #3 back into the building. Reporting of the elopement was not required as the program's system worked. Tenant #3 remained at the program during the onsite visit, had no prior episodes of elopement and had no further episodes of elopement following the incident on 4-11-13.

- Regulatory Insufficiency: None noted.

D. Tenant Documents

The program received a regulatory insufficiency at the time of the April 2013 onsite visit related to failing to document elopements in tenant clinical records and complete incident reports documenting the elopement details for Tenant #1.

- Monitoring Observation: Tenant #1 eloped again on 4-27-13. The alarm system functioned appropriately. Staff responded in a timely manner to redirect Tenant #1 back into the building. The incident was documented in Tenant #1's clinical record

and an incident report documenting the elopement details was completed and available for monitor review. Tenant #1 moved from the program on 5-10-13 and no longer resided at the program during the onsite visit.

Tenant #3 eloped from the program on 4-11-13. The alarm system functioned appropriately. Staff responded in a timely manner to redirect Tenant #3 back into the building. The incident was documented in Tenant #1's clinical record and an incident report documenting the elopement details was completed and available for monitor review. Tenant #3 remained at the program during the onsite visit, had no prior episodes of elopement and had no further episodes of elopement following the incident on 4-11-13.

- Regulatory Insufficiency: None noted.