IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

December 29, 2014

Ms. Kaylan Hamerlinck, Executive Director
Legacy Gardens
15 Silvercrest Place
Iowa City, IA 52240

RE: Final Recertification Monitoring Evaluation Report – Legacy Gardens, Iowa City, IA

Dear Ms. Hamerlinck:

Enclosed is the **Final Recertification Monitoring Evaluation 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, following a survey by DIA on **December 10, 15 and 16, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Service Plans.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

The recertification process has not been completed. In addition, the State Fire Marshal's (SFM) inspection report has not been received for your program. The certificate will be sent when the process has been completed.

If you have any questions in regard to this 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
	S0163	A. BUILDING: _____ B. WING _____	12/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY GARDENS	15 SILVERCREST PLACE IOWA CITY, IA 52240

(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: 1 Number of tenants with cognitive disorder: 31 Total Population of Program at time of on-site: 32 TOTAL census of Assisted Living Program: 32	A 000		
A 084	481-69.26(2) Service Plans 481-69.26(231C) Service plans. 69.26(2) Prior to the tenant ' s signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant ' s request, with other individuals identified by the tenant, and, if applicable, with the tenant ' s legal representative. All persons who develop the plan and the tenant or the tenant ' s legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on review of tenant files, occupancy agreements and a Program policy the Program failed to have service plans signed by the tenant or the tenant's legal representative prior to signing the occupancy agreement for two of seven tenant files reviewed (Tenants #1 and #3). Two tenants did not have service plans signed by the tenant or the tenant's legal representative	A 084		

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A 084	Continued From page 1 prior to the signing of the occupancy agreement. 1. Tenant #1, a 78 year old, was admitted on 9-26-14 and diagnoses included: dementia, hypertension (HTN), anxiety and constipation. Tenant #1 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Tenant #1's occupancy agreement was signed by the legal representative on 9-26-14. The preliminary service plan was signed by the health care professional on 9-22-14; however, was not signed by the legal representative until 10-9-14. The preliminary service plan was not signed by Tenant #1's legal representative prior to signing the occupancy agreement and Tenant #1 taking occupancy. 2. Tenant #3, an 81 year old, was admitted on 10-31-14 and diagnoses included: HTN, neuropathy, transient ischemic attacks and atrial fibrillation. Tenant #3 was staged at a five to six on the GDS, which indicated moderately severe to severe cognitive decline. Tenant #3's occupancy agreement was signed by the legal representative on 10-31-14. The preliminary service plan was signed by the health professional on 10-24-14; however, was not signed by the legal representative until 11-5-14. The preliminary service plan was not signed by Tenant #3's legal representative prior to signing the occupancy agreement and Tenant #3 taking occupancy. 3. The Program's Service Plan Policy and Procedure indicated prior to the tenant's signing the occupancy agreement and taking occupancy, a preliminary service plan should be developed in	A 084		

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A 084	Continued From page 2 consultation with the tenant and at the tenant's request, with others individuals identified by the tenant and if applicable, with the tenant's responsible party. All persons who developed the plan and the tenant and tenant's responsible party should sign the plan.	A 084		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant ' s identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on tenant file reviews, review of a Program policy, a staff interview and Program documents the Program failed to develop service plans that reflected the identified needs of the tenants for three of seven tenant files reviewed (Tenants #1, #2 and #4). Three tenant files reviewed did not have service plans that reflected the identified needs of the tenants. 1. Tenant #1, a 78 year old, was admitted on 9-26-14 and diagnoses included: dementia, hypertension (HTN), anxiety and constipation. Tenant #1 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. According to a fax to Tenant #1's doctor dated 11-10-14, Tenant #1 put Tenant #1's hand in Tenant #1's rectum and assisted Tenant #1 in having a bowel movement (BM) while complaining of pain. Tenant #1 had blood on	A 089		

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A 089	Continued From page 3 Tenant #1's hand and on inspection by a nurse Tenant #1 had two slits or tears just above the rectum. Tenant #1 would complain loudly when Tenant #1 started to have a BM and would throw BM if Tenant #1 could get it. According to a fax to Tenant #1's doctor dated 11-26-14, Tenant #1 had Tenant #1's hands in a BM and threw it at staff. It went into the staff's eyes and mouth. According to a fax to Tenant #1's doctor dated 12-1-14, Tenant #1 had a very loose stool and was pulling it out and smearing everywhere. The service plan dated 11-24-14 reflected staff should assist Tenant #1 with washing Tenant #1's hands often due to history of having hands in BM. The service plan did not reflect Tenant #1's behavior with throwing and smearing BM and interventions related to the toileting behaviors. According to a fax to Tenant #1's doctor dated 10-21-14, Tenant #1 refused all 8:00 a.m. medications. According to a fax to Tenant #1's doctor dated 10-26-14, Tenant #1 refused and spit out all 8:00 a.m. medications on 10-13-14. Tenant #1 also refused medications on 10-11-14, 10-12-14 and 10-14-14. According to a fax to Tenant #1's doctor dated 11-1-14, Tenant #1 refused to wake up and take medications. The service plan dated 11-24-14 reflected staff administered Tenant #1's medications. The service plan did not reflect Tenant #1 at times refused medications and interventions related to the refusals. According to a fax to the Tenant #1's doctor dated 10-8-14, on 10-3-14 there was an incident between Tenant #1 and another tenant and there were no visible injuries. According to a fax to Tenant #1's doctor dated 10-28-14, on 10-25-14	A 089		

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A 089	Continued From page 4 Tenant #1 was pacing, complained of back pain, complained of frequent urination and was talking at the television. Tenant #1 seemed to get upset with the television and then punched the television breaking the screen. Approximately 30 minutes after Tenant #1 punched the television, bruising was noted to Tenant #1's right ring finger, pinky and middle finger. Staff had reported Tenant #1 hit the mirror in Tenant #1's room and staff had covered the mirror. Tenant #1 broke the cover on the back of the toilet. Tenant #1 would walk around the Program, yell and bang on the wall. The service plan dated 11-24-14 reflected Tenant #1's anxiety; however, did not reflect the behaviors with Tenant #1 including the incidents with the television, mirror, toilet and the incident involving Tenant #1 and another tenant and interventions related to the behaviors. The service plan did not reflect the identified needs of Tenant #1. 2. Tenant #2, a 75 year old, was admitted on 3-8-14 and diagnoses included: progressive supranuclear palsy and Parkinson's disease. Tenant #2 was staged at a six on the GDS, which indicated severe cognitive decline. Tenant #2 received Hospice services. According to Clinical Notes dated 10-15-14, on 10-11-14 staff transferred Tenant #2 from the chair to the the bed and performed a check to Tenant #2's tailbone area. There was a large skin tear noted to the left buttocks. There was a sacral ulcer 1 x 0.5 cm, not open (deep tissue injury) and a left buttocks abrasion 2.5 x 1.5 x 0.1 cm. According to Clinical Notes dated 11-14-14, the Hospice nurse said the Tenant #2's coccyx looked good, it was a little reddened but intact.	A 089		

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A 089	Continued From page 5 The Hospice nurse said she would encourage staff to make sure they were laying Tenant #2 down and repositioning Tenant #2 every two hours. The service plan dated 10-20-14 reflected staff checked the tailbone area daily and staff encouraged Tenant #2 to reposition self when noted sitting or lying for long periods of time and assist. The service plan did not reflect staff repositioned Tenant #2 every two hours. The Program initiated a transfer study regarding transfers for Tenant #2. According to the transfer study from 11-20-14 to 11-29-14 Tenant #2 required two staff for transfers approximately 80% of the time. From 12-1-14 to 12-13-14 Tenant #2 required two staff for transfers approximately 25% of the time. The transfer study reflected Tenant #2 required one to two staff for transfers. The service plan dated 10-20-14 reflected one staff assisted Tenant #2 with pivot transfers into a wheelchair. One staff assisted Tenant #2 with rising from a seated/lying position. The service plan did not reflect Tenant #2 at times took two staff to transfer. The service plan did not reflect the identified needs of Tenant #2. 3. According to an interview with the Memory Care Director on 12-16-14 at 1:39 p.m., staff was trying to reposition Tenant #2 every one to two hours. 4. Tenant #4, a 65 year old, was admitted on 3-8-14 and diagnoses included: neurocognitive disorder, Alzheimer's disease, anxiety and history of a urinary tract infection. Tenant #4 was staged at a six on the GDS, which indicated severe	A 089		

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A 089	Continued From page 6 cognitive decline. Tenant #4 received Hospice services. According to Clinical Notes dated 12-9-14, Tenant #4 continued to receive Hospice services and was having an expected decline. Tenant #4 required additional services to transfer and to ambulate. Tenant #4 spent some time in the wheelchair. Tenant #4's posture had become stiff and Tenant #4 was leaning back as Tenant #4 walked. The service plan dated 12-9-14 did not reflect the use of a wheelchair. The service plan did not reflect the identified needs of Tenant #4. 5. According to an interview with the Memory Care Director on 12-16-14 at 1:39 p.m. Tenant #4 had usually not used anything for ambulation; however, it the past week or couple of weeks Tenant #4 was in and out of the wheelchair. Staff had also been walking with Tenant #4. 6. The Program's Service Plan policy indicated the service plan should be individualized and should indicate a tenant's identified needs, requests for services, interventions and expected outcomes.	A 089		

Plan of Correction for Silvercrest Legacy Pointe
In Response to
Preliminary Complaint/Incident Investigation Report
Dated December 10, 15-16, 2014

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared is prepared and/or executed solely because it is required by the provisions of state law.

Regulatory Insufficiency: Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan.. (IAC r. 481-69.26(2))

1. **Elements detailing how the program will correct the insufficiency.**
   The insufficiency regarding lack of tenant or legal representative signature prior to occupancy for Tenant #1 and Tenant #2 have had 30 day updates signed by the responsible parties. All other tenant service plans have been reviewed for appropriate signatures, and all necessary signatures are in place as of 1/9/15.
2. **What measures will be taken to ensure the problem does not recur.**
   The RNs who are responsible for service plan development have reviewed regulations and service plans, and a system has been put in place to review all tenant documentation prior to admission to ensure appropriate documents and signatures have been received and are in order. The Regional QI Nurse and Regional Director, as well as Assisted Living Partners Consultants, will review files a minimum of two times annually to ensure that the problem does not recur.
3. **How the program plans to monitor performance to ensure compliance.**
   Quality Assurance audits will be regularly performed by the Regional QI Nursing, Regional Director of Dial Retirement Communities, and Assisted Living Partners consultants to ensure compliance in the future. The Campus Move In Coordinator will track signatures for compliance.
4. **The date by which the regulatory insufficiency will be corrected.**
   Regulatory Insufficiency was corrected on all existing tenants by 1/15/2015

Regulatory Insufficiency: The service plan shall be individualized and shall indicate at a minimum: The tenant's identified needs and preferences for assistance.(IAC r. 481-69.26(231C) 69.26 (4))

1. **Elements detailing how the program will correct the insufficiency.**
   Baseline assessments and service plan reviews individualizing and detailing identified needs and preferences for assistance of each tenant will be completed for Tenant #1, Tenant #2, Tenant #4 by 1/15/15.

2. **What measures will be taken to ensure the problem does not recur.**
   The RNs who are responsible for service plan development have reviewed regulations and service plans, and a system has been put in place to review all tenant documentation

on a regular basis to ensure each tenant have identified needs and preferences for assistance. The Regional QI Nurse and Regional Director, as well as Assisted Living Partners Consultants, will review files on a regular basis to ensure that the problem does not recur.

3. **How the program plans to monitor performance to ensure compliance.**
   Quality Assurance audits will be regularly performed by the Regional QI Nursing, Regional Director of Dial Retirement Communities, and Assisted Living Partners consultants to ensure compliance in the future.
4. **The date by which the regulatory insufficiency will be corrected.**
   The insufficiency has been corrected as of January 15, 2015.

Respectfully Submitted,

Kaylan Hamerlinck, Executive Director
Peggy Grothe, Memory Care Director

January 9, 2015