IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #:
55361-C

December 1, 2015

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

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

Dear Ms. Hamerlinck:

Enclosed is the **Final Complaint/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, following an investigation by DIA on **November 2, 3, 4, 5 & 9, 2015.**

Based on the review of tenant files, review of incident reports, review of medication error reports, staff interviews, management interviews, review of policies and procedures, review of medication management training delegations and monitor observations, the following was found:

1. Allegation: Staffing
   Findings: Not substantiated
   Comments: The ALP Monitoring Entrance Form completed by the Program at the time of the onsite reflected the staffing patterns per shift in the dedicated dementia unit. The Iowa Administrative Code does not indicate staffing ratios. The Regional Director of Nursing and the Director of Nursing for the Program were interviewed and indicated there was enough staff to meet the needs of the tenants. No concerns with staffing were identified.

2. Allegation: Policy and Procedure
   Findings: Not substantiated

Comments: Review of policies and procedures on staffing, medication administration, controlled substance count, medication training and delegations, alarm pad delegations and tenant missing persons/elopement policy revealed no concerns with policies and procedures.

3. Allegation: Medication Management
   Findings: Not substantiated
   Comments: A review of all narcotic bubble packs revealed clear identification of tenant names. Staff medication training documents and delegations and an interview with the Regional Director of Nursing indicated staff training was based on how much time the individual staff needed depending on their current skill level. Review of medication error reports revealed only one report during the previous 90 days and that error was on the part of the pharmacy. There were no concerns with medication management.

The Report notes a Regulatory Insufficiency in the area(s) of: Criteria for Admission/Retention of Tenants.

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.

If you have any questions in regard to 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
	S0163	A. BUILDING: _____ B. WING _____	C 11/09/2015

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: 36 Total Population of Program at time of on-site: 37 TOTAL census of Assisted Living Program: 37 The following regulatory insufficiencies were cited during the investigation of Complaint #55361-C.	A 000		
A 047	481-69.23(1)i Criteria for Admission/Retention of Tenants 481-69.23(231C) Criteria for admission and retention of tenants. 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: i. Requires maximal assistance with activities of daily living This REQUIREMENT is not met as evidenced by: Based on tenant file reviews, review of incident reports, staff interviews, management interviews and monitor observations, the Program failed to discharge tenants who exceeded the criteria for admission and retention for three tenants (Tenants #1, #2 and #3). 1. Tenant #1, a 76 year old, was admitted on 3-8-14 and diagnoses included: pain,	A 047		

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

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A 047	Continued From page 1 constipation, progressive supranuclear palsy and Parkinson's. Tenant #1 was staged at a five on the Global Deterioration Scale which indicated moderately severe cognitive decline. Tenant #1 was admitted to hospice services on 6-24-14 with a diagnosis of Parkinson's. According to Tenant #1's service plan dated 8-27-15, Tenant #1 required staff to administer medications, staff would crush the medications to give in ice cream, pudding, yogurt or applesauce. Tenant #1 had a history of skin tears and open areas to tailbone, staff to monitor and report signs and symptoms of infection. Tenant #1 had little or no expression on face, speech was slow, had stiff and slow movements. Tenant #1 had an inability to aim/focus eyes properly, stiffness, awkward movements, falling, problems with speech and swallowing, dizziness, depression and anxiety. Staff to monitor the tailbone area daily and notify the hospice nurse if dressing needed to be replaced. Staff would reposition every two hours, staff to lay Tenant #1 down after meals to reduce pressure on tailbone. Tenant #1 was not currently ambulating. One staff member assisted with pivot transfers into a wheelchair, one staff would assist with rising from a seated/lying position. Assist of one was required for eating., allow to feed self as able to do so, will eat finger foods independently, staff when feeding to be sure to give small bites, provide liquids between bites. Tenant #1 needed one person assistance to activities/events. Staff assisted with cleaning glasses. Tenant #1 required assist of one for toileting, toilet schedule upon rising, before and after meals, at hour of sleep and twice during the night. Tenant #1 was incontinent of bowel and bladder, staff provided peri-care after incontinent episodes Tenant #1 required one person assist with bathing, hygiene, oral care, grooming and dressing with applying and removing clothing.	A 047		

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A 047	Continued From page 2 2. On 11-4-15 at 9:20 a.m., the monitor observed Staff A push Tenant #1 in the wheelchair from the dining room to Tenant #1's apartment. Staff A stated Tenant #1 was non-weight bearing and unable to sit upright, falling over. Staff A lifted Tenant #1 from the wheelchair and transferred to the bed, positioning on left side. Tenant #1 was asked how Tenant #1 was doing today, response was garbled and not able to be understood. Staff A stated Tenant #1 could not communicate. Staff A removed Tenant #1's pants and protective undergarments, provided peri-care and replaced dry protective undergarments. Tenant #1 did not participate in any aspect of personal care, transferring or toileting. 3. Staff A stated Tenant #1 required two hour checks of the protective undergarments. Staff A stated the undergarments were changed in the bed and Tenant #1 was never taken to the toilet. Staff A stated Tenant #1 required total assistance in dressing, oral care, peri-care, grooming, brushing hair and removing matter from eyes. Staff A stated hospice provided full assistance with a whirlpool bath twice a week. Staff A stated since Tenant #1 had a bed sore, hospice had directed Tenant #1 to not be up for greater than 90 minutes, so Tenant #1 was placed in bed when not at meals. 4. On 11-3-15, Staff A was interviewed and stated Tenant #1 exceeded level of care, needed total care, total assistance with toileting and total assistance with being fed. 5. On 11-4-15 at 4:15 p.m., the monitor observed Tenant #1 lying in bed on left side. Staff B raised the bed to check the protective undergarment which needed to be changed. Staff B rolled	A 047		

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A 047	Continued From page 3 Tenant #1 onto back, removed the wet undergarment and provided peri-care. Staff B moved the wheelchair next to the bed and locked it. Staff B put right hand under Tenant #1's knees and left arm behind Tenant #1's back and lifted Tenant #1 into the wheelchair. Staff B obtained a wet wash cloth and washed Tenant #1's face. Monitor observation revealed Tenant #1 did not participate in any way with transfer, toileting or grooming. 6. On 11-3-15, Staff B was interviewed and stated Tenant #1 was total care and did not participate in any activities of daily living and needed to be fed. 7. On 11-3-15, Staff F stated Tenant #1 would not eat if not fed, although Tenant #1 was able to feed self finger foods. On 11-5-15, Staff F was interviewed and stated staff dressed Tenant #1, helped feed Tenant #1 and Tenant #1 was unable to walk. 8. On 11-3-15 at 12:10 p.m. the monitor observed Staff I feeding Tenant #1 lunch. Tenant #1 did not participate in feeding self. 9. On 11-4-15 at 4:35 p.m., Staff B was observed preparing food and drink for Tenant #1. At 4:40 p.m. Staff B was observed feeding Tenant #1 applesauce and a drink. Tenant #1 did not participate in feeding self. 10. On 11-5-15 at 12:02 p.m. Staff F was observed feeding Tenant #1 using hand over hand. Staff F was using Tenant #1's left hand to feed. When asked if Tenant #1 was right handed or left handed, Staff F did not know. 11. On 11-5-15, the Director of Nursing was	A 047		

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A 047	Continued From page 4 interviewed and stated Tenant #1 needed assistance with transfers and getting on and off the toilet. She stated Tenant #1 could participate in upper body cares and needed hand over hand assistance with brushing hair and teeth. 12. On 11-9-15, the Regional Director of Nursing was interviewed and stated Tenant #1 could not ambulate, was not able to brush hair and was total assist for toileting but could hold the toilet bar. She stated Tenant #1 needed assistance with eating but could hold finger foods. The Regional Director of Nursing did not have any further knowledge of Tenant #1's participation in self cares. 13. Three monitor observations indicated Tenant #1 was total assistance with feeding, two monitor observations indicated Tenant #1 did not participate with transfers and toileting and one monitor observation indicated Tenant #1 did not assist with grooming. Staff A indicated Tenant #1 did not participate with toileting, dressing, grooming or feeding. Staff B indicated Tenant #1 did not participate with any activities of daily living. Staff F indicated Tenant #1 did not participate with ambulation. The Director of Nursing indicated Tenant #1 needed assistance with transfers and toileting. The Regional Director of Nursing indicated Tenant #1 could not ambulate. Tenant #1 did not participate with transfers, ambulation, feeding, toileting and grooming. Tenant #1 exceeds level of care. 14. Tenant #2, a 66 year old, was admitted on 3-8-14 and diagnoses included: agitation, pain, constipation, increased lacrimation, neuro cognition disorder, Alzheimer's, anxiety, dementia, depression and breast cancer. Tenant #2 was staged at a six on the Global	A 047		

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A 047	Continued From page 5 Deterioration Scale, which indicated severe cognitive decline. Tenant #2 was admitted to hospice on 7-25-14 with a diagnosis of malnutrition. According to Tenant #2's service plan dated 8-26-15, Tenant #2 required staff to administer medications, staff crushed medications and placed in applesauce, yogurt, pudding or liquid supplement. Staff reported Tenant #2 took medications when mixed in liquid supplement. Tenant #2 had a history of skin breakdown. Hospice aide provided two whirlpool baths a week. Tenant #2 was one person assist with hygiene, requiring assistance with combing hair and brushing teeth. Tenant #2 could be resistive to cares. Tenant #2 would hold toothpaste in mouth and not spit or swallow. Assist of one was required for dressing, transfers and ambulation. Tenant #2 would sit in high backed wheelchair and staff needed to propel around the Program. Tenant #2 required assistance of one for toileting, bladder incontinence and bowel incontinence. Peri-care required after incontinent episodes. Tenant #2 on toileting schedule, staff to offer restroom in morning upon rising, before and after meals and also two times during night. Staff to prepare all items needed before sitting Tenant #2 on the toilet. Verbal cuing required with eating, required assistance with cutting food and opening food items. Tenant #2 needed one person assistance to activities/events. 15. On 11-4-15 at 9:35 a.m., the monitor observed Staff C lift Tenant #2 from a dining room chair and stood behind Tenant #2 with both hands under Tenant #2's arms and guided Tenant #2 to the apartment. As they started to walk, Tenant #2's pants fell to the floor. Staff C was unable to pull up pants so Staff A assisted with pulling the pants up. Staff C then moved to Tenant #2's side	A 047		

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A 047	Continued From page 6	A 047		

and put one hand on waist. Tenant #2 walked on tip toes towards the apartment and was guided into the bathroom. Staff C pulled down the pants and protective undergarment and placed Tenant #2 on the toilet. Staff C put a new pair of pants on Tenant #2 while seated on the toilet. Monitor observation indicated Tenant #2 did not participate in toileting or dressing.

16. On 11-4-15, Staff C was interviewed and stated Tenant #2 was not able to brush hair, could brush teeth hand over hand and hospice provided a whirlpool bath twice a week. Tenant #2 could assist with dressing after multiple prompts to assist with lifting arms and legs.

17. On 11-4-15, Staff A was interviewed and stated Tenant #2 was not able to assist with dressing or eating. Staff needed to perform all tasks as Tenant #2 was total care with the exception of being able to walk with the assist of one.

18. On 11-3-15, Staff F stated Tenant #2 would not eat if not fed although was able to feed self finger foods. On 11-5-15, Staff F was interviewed and stated staff had to dress Tenant #2, help with feeding and Tenant #2 was unable to walk.

19. On 11-4-15, the monitor observed Staff B pick up Tenant #2 from a living room sofa and placed Tenant #2 a the wheelchair. Tenant #2 was non-weight bearing. A hospice aide stated Tenant #2's care plan would be changed to one whirlpool per week due to Tenant #2 being too unsteady. Staff B pushed the wheelchair to the bathroom and the hospice aide walked along. The wheelchair was placed in the bathroom in front of the toilet. Tenant #2 was raised up with the assistance of two staff and pivoted, pants

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A 047	Continued From page 7 were pulled down and Tenant #2 was placed on the toilet. Monitor observation revealed Tenant #2 did not participate in toileting. Staff B stated it was too difficult to pull down Tenant #2's pants when pivoting and transferring with just the assistance of one, so the assistance of two staff was normally needed. The hospice aide washed Tenant #2's face without any assistance from Tenant #2. Per monitor request, the aide was asked to give the wash cloth to Tenant #2 and to ask Tenant #2 to wash face. Tenant #2 did not respond and the wash cloth remained on the hand where it was placed without being used. Tenant #2 was physically lifted by both staff but due to having a bowel movement Tenant #2 was replaced on the toilet. On 11-4-15 at 3:10 p.m., Staff B and the hospice aide assisted Tenant #2 to a standing position, provided peri-care, pulled up the protective undergarment, pulled up pants and turned Tenant #2 to place in the wheelchair. Leg rests were placed on the wheelchair and Tenant #2 was moved into the apartment. Staff B and the hospice aide both stated Tenant #2 was: full assistance, was unable to brush hair, unable to brush teeth, not able to toilet independently, unable to assist with bathing, not able to feed self, needed complete assistance with being fed. 20. On 11-4-15 at 4:35 p.m., Staff B was observed preparing food and drink for Tenant #2. At 4:40 p.m. Staff B was observed feeding Tenant #2 applesauce and a drink. Tenant #2 did not participate in feeding self. 21. On 11-5-15 at 11:30 a.m. Staff D was observed feeding Tenant #2 applesauce and cranberry juice. On 11-5-15 at 12:03 p.m., Staff D was observed feeding Tenant #2 meatloaf, mashed potatoes and lima beans. Tenant #2 did not participate in feeding self.	A 047		

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A 047	Continued From page 8 22. On 11-5-15, the Director of Nursing (DON) was interviewed and stated Tenant #2 was able to walk with assistance, needed assistance to get on and off the toilet and assistance with bed mobility for incontinence care. The DON was unable to address if Tenant #2 needed assistance with hygiene and grooming. 23. Two monitor observations indicated Tenant #2 was total assistance with feeding, four monitor observations indicated Tenant #2 did not participate with transfers, two monitor observations indicated Tenant #2 did not participate with toileting, one monitor observation indicated Tenant #2 did not assist with grooming, two monitor observations indicated Tenant #2 did not assist with dressing, and one monitor observation indicated Tenant #2 did not participate with grooming. Staff B indicated Tenant #2 did not participate with toileting, grooming, bathing or feeding. A Hospice Aide indicated Tenant #2 did not participate with toileting, grooming, bathing or feeding. The Director of Nursing indicated Tenant #2 needed assistance with toileting and mobility during incontinence care. Tenant #2 did not participate with transfers, ambulation, feeding, toileting, dressing and grooming. Tenant #2 exceeds level of care. 24. Tenant #3, a 91 year old was admitted on 7-21-11 and diagnoses included: depression, pain, hypertension, asthma, gastric esophageal reflux disease, angina, hypothyroidism. Tenant #3 was staged at a five to six on the Global Deterioration Scale which indicated moderately severe to severe cognitive decline. Tenant #3 was admitted to hospice on 6-10-15 with a hospice diagnosis of cerebral degeneration of the	A 047		

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A 047	Continued From page 9	A 047		

brain. According to Tenant #3's service plan dated 10-27-15, staff administered medications. Tenant #3 had oxygen at three to four liters via nasal cannula when inside apartment due to occasional shortness of breath related to asthma. If staff noticed Tenant #3 short of breath in the common areas, staff needed to assist to apartment, apply oxygen and remain with Tenant #3 until shortness of breath resolved. A hospice aide to provide whirlpool bath twice a week and staff to assist hospice aide if needed during bathing. Tenant #3 was a one to two person assist with bath and whirlpool. One to two person assist was required for dressing, with putting on braces and removing braces, with putting on clothing, with removing clothing, with zippers, buttons and with tying. Tenant #3 was a one to two person assist with transfers and staff to utilize gait belt. One person assist with wheelchair, staff to propel in wheelchair, staff to escort in wheelchair to all meals and activities. Staff to place wheelchair next to chair and bed to prevent Tenant #3 from ambulating without assistance inside or outside of apartment. Staff to assist with applying closed back shoes at all times. Tenant #3 had decreased episodes of walking, staff to be with Tenant #3 when up and walking, staff to utilize transfers more with Tenant #3 to reduce episodes of weakness, utilize gait belt as needed. Tenant #3 required assist of one to two for toileting, was incontinent of bladder and bowel, staff to provide peri-care after each incontinent episode. Tenant #3 had a history of refusing to wear incontinence products and soiling public seating areas with urine. Staff assistance was required with eating. Staff to assist with cutting, opening and spreading of items as needed, staff to be sure plate was within reach, staff to assist with eating if noted to be having difficulties. Staff to be sure to give small bites to tenant and offer

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A 047	Continued From page 10 fluid between bites, staff escort to and from meals. Tenant #3 needed one person assistance to activities/events, staff to escort to activities utilizing manual wheelchair. A hospice nurse saw Tenant #3 one to two times per week for disease management and process, skin care and pain medication. According to the Charting Notes dated 10-27-15, a transfer study was initiated on 10-23.15. The nurse updated the current assessment and service plan to address increases in cares at that time to be sure there was adequate care for Tenant #3. The transfer study continued during the monitoring visit. 25. On 11-3-15 at 10:05 a.m., the monitor observed Staff B and Staff D transfer Tenant #3 from the wheelchair to a commode. Staff B stated two staff were needed for transfer so one staff could pull down pants while the other staff held Tenant #3 in a standing position. When Tenant #3 was finished using the commode, Staff B and D assisted Tenant #3 to a standing position and Staff D held Tenant #3 while Staff B provided peri-care. Monitor observation indicated Tenant #3 did not participate with transfers or toileting. 26. On 11-3-15 at 12:04 p.m. the monitor observed Staff B feeding Tenant #3. Staff B stated if staff put a spoon in Tenant #3's hand, Tenant #3 was unable to control where the spoon went. Staff B stated Tenant #3 would not be able to eat any food at all without being fed Monitor observation indicated Tenant #3 did not participate in feeding self. 27. On 11-3-15 at 4:28 p m., the monitor observed Staff E assist Tenant #3 from the wheelchair to a standing position. Tenant #3 walked six steps forward and was unable to walk any further so Staff E physically turned Tenant #3	A 047		

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 _____	C 11/09/2015

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 047	Continued From page 11 around to get back to the wheelchair. Staff E stated she felt that on this day she would be able to toilet Tenant #3 with the assistance of one but last week Tenant #3 required the assistance of two. 28. On 11-3-15 at 3:00 p.m. Staff E was interviewed and stated Tenant #3 exceeded level of care and was a routine two person assist. Staff E stated Tenant #3 needed to be fed and needed total assistance with all activities of daily living. 29. On 11-4-15 at 4:00 p.m. the monitor observed Tenant #3 sitting in a recliner in apartment with the leg rest elevated with oxygen on via nasal cannula. Staff E lowered the foot rest of the recliner, removed tissues from Tenant #3's hands, removed the oxygen and washed Tenant #3's hands. Tenant #3 did not participate in the hand washing. Staff E placed her hands under Tenant #3's armpits, raised Tenant #3, pivoted and turned Tenant #3 placing into wheelchair. Tenant #3 did not assist with the transfer. Staff E moved the wheelchair into the bathroom where she lifted Tenant #3, attempted to place one of Tenant #3's hands on the safety bar but Tenant #3 only placed an index finger on top of the bar, Staff E pulled pants down and physically turned Tenant #3 to sit on the toilet. Tenant #3 was non-communicative when asked questions or given directions. When finished on the toilet, Staff E lifted Tenant #3 up, pulled up the protective undergarment, pulled pants up, pivoted and placed Tenant #3 into the wheelchair. Tenant #3 was unable to take any steps. Staff E stated Tenant #3 was total assist for transfers, feeding, toileting, dressing, oral care and brushing hair. Hospice provided bathing services The monitor observed no participation from Tenant #3 with	A 047		

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 _____	C 11/09/2015

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 047	Continued From page 12 grooming, transfer, ambulation, toileting and ambulation. 30. On 11-4-15 at 4:45 p.m. the monitor observed Staff E feeding applesauce to Tenant #3. Monitor observation indicated no participation from Tenant #3 in feeding self. 31. On 11-4-15, Staff G was interviewed and stated Tenant #3 was a routine two person assist. 32. On 11-4-15, the DON was interviewed and stated Tenant #3 needed the assistance of two with transfers, used a commode and was incontinent. Tenant #3 rarely spoke, was non-ambulatory and was either in a wheelchair, bed or a recliner. Tenant #3 had contractures in both hands, could feed self finger foods and could stab at food with a utensil. 33. On 11-9-15, Staff H was interviewed and stated Tenant #3 was non-verbal only raising a thumb or would smile. Tenant #3 was non-weight bearing, would not always hold onto the safety bar in the bathroom so the commode was used more frequently. Usually two staff were needed for transfers from the wheelchair or recliner to the commode. Staff H stated Tenant #3 probably exceeded level of care. Staff H stated Tenant #3 needed maximal assistance with activities of daily living, was totally dependent for dressing, brushing hair, oral care, toileting and feeding. 34. On 11-9-15 at 9:00 a.m. the monitor observed Tenant #3 sitting at the dining room table and Staff C was feeding Tenant #3 eggs and hashbrowns. Monitor observed no participation from Tenant #3 in feeding self. 35. Three monitor observations indicated Tenant	A 047		

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 _____	C 11/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 047	Continued From page 13 #3 was total assistance with transfers, two monitor observations indicated Tenant #3 did not participate with ambulation, two monitor observations indicated Tenant #3 did not participate with toileting, one monitor observation indicated Tenant #3 did not assist with grooming, one monitor observation indicated Tenant #3 did not assist with dressing, and three monitor observations indicated Tenant #3 did not participate with feeding self. Staff B indicated Tenant #3 did not participate with transfers and toileting. Staff E indicated Tenant #3 did not participate with transfers, toileting dressing, grooming and feeding. Staff G indicated Tenant #3 did not participate with transfers. Staff H indicated Tenant #3 was total assistance with transfers, ambulation, dressing, grooming, toileting and feeding. The Director of Nursing indicated Tenant #3 needed assistance with toileting, transfers and ambulation. Tenant #3 did not participate with transfers, ambulation, feeding, toileting, dressing and grooming. Tenant #3 exceeds level of care.	A 047		

Plan of Correction for Legacy Gardens
In Response to
Complaint/Incident Investigation Report
[redacted]

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: Criteria for Admission/Retention of Tenants 481-69.23(1)

Criteria for admission and retention of tenants. Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: i. Requires maximal assistance with activities of daily living.

1. **Elements detailing how the Program will correct each regulatory insufficiency.** Tenant #1, Family was contacted on 11/16/15 by Executive Director and Director of Nursing regarding DIA visit on November 2, 3, 4, 5, & 9, 2015. Family was made aware of findings that tenant at this time is no longer eligible to reside in Legacy Gardens Memory unit due to exceeding level of care. Family was given information regarding appeal process along with the contact information for ombudsman. Family made decision to move tenant out on 11/23/15 to a long term care facility. Regional Director of Nursing had completed change of condition prior to tenant's decision to move in order to be sure service plan reflected tenants care needs at this time on 11/20/15.

   Tenant #2, Family was contacted on 11/16/15 by Executive Director and Director of Nursing regarding DIA visit on November 2, 3, 4, 5, & 9, 2015. Family was made aware of findings that according to the Iowa Assisted Living regulations tenant at this time is exceeding level of care. Family was given information regarding appeal process along with the contact information for ombudsman. Tenant's family at this time has decided to appeal. Formal thirty day notice was provided to family along with copy sent to ombudsmen and primary doctor. Change of condition was completed on 11/18/15 to address tenants care needs at this time until further decisions are made in regards to tenant's placement. Tenant's POA has requested that a hospice waiver be pursued. After evaluation of care required for tenant, a plan to continue care was developed, and hospice waiver is in the process of being completed and filed.

Tenant #3, Family was contacted on 11/17/15 by Executive Director and Director of Nursing regarding DIA visit on November 2, 3, 4, 5, & 9, 2015. Family was made aware of findings that according to the Iowa Assisted Living regulations tenant at this time is no longer eligible to reside in Legacy Gardens Memory unit due to exceeding level of care. Family was given information regarding appeal process along with the contact information for ombudsman. Tenant's family at this time has decided to appeal. Formal thirty day notice was provided to family along with copy sent to ombudsmen and primary doctor. Change of condition was completed on 11/20/15 to address tenants care needs at this time until further decisions are made in regards to tenant's placement. Tenant's POA has requested that a hospice waiver be pursued. After evaluation of care required for tenant, a plan to continue care was developed, and hospice waiver is in the process of being completed and filed.

2. **What measures will be taken to ensure the problem does not occur.**
   Regional Director of Nursing completed education 12/7/15 with Director of Nursing and Assistant Director of Nursing in regards to criteria for admission and retention. Review of documentation has been signed and in employees files. Staff education implemented as to what needs to be reported to Director of Nursing in regards to level of care for tenants. Education material will be reviewed with all current employees and implanted with new nursing employee orientation. An audit tool will be implemented 12/7/15 for Director of Nursing and Assistant Director of Nursing to utilize, to monitor that future tenants do not exceed LOC as stated in the rules and regulations set forth by the State of Iowa. The tool will be utilized as an on the floor observation/monitoring of cares provided by the staff to the tenants.

3. **How the Program plans to monitor performance to ensure compliance.**
   Regional Director of Nursing and/or Dial Retirement Communities Health Services RN's will perform regular plan of care reviews to ensure compliance in the future. Assisted Living Partners Consultants will also assist with monitoring regulatory compliance when in facility.

4. **The date by which the regulatory insufficiency will be corrected.**
   All parts of the Regulatory Insufficiency have been or will be completed by December 9, 2015.

Respectfully Submitted,

Kaylan Hamerlinck, Executive Director

December 18, 2015