IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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RODNEY A. ROBERTS, DIRECTOR

**Complaint/Incident Intake #: 57073-I**

March 3, 2016

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

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

Dear Ms. Hamerlinck:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of February 24 & 25, 2016, 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. An investigation of Incident #57073-I was completed.

The following allegation was investigated in regards to Incident #57073-I:

1. Allegation: Service plans
   Findings: Unsubstantiated
   Comments: Review of three tenant files, staff interviews and review of Program documents did not reveal concerns related to service plans. The Program reported staff was assisting a tenant with a transfer and the tenant lost the tenant's balance and was guided to the floor by staff. The tenant sustained a fractured ankle. The tenant's service plan reflected the tenant had a history of falls and fall interventions were reflected on the tenant's service plan. The service plan indicated the tenant needed the assistance of one person with ambulation. One staff was providing assistance to the tenant at the time of incident.

**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

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 02/25/2016 |

| 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<br><br>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.<br><br>Dementia-Specific Program by Dedication<br><br>Number of tenants without cognitive disorder: 0<br>Number of tenants with cognitive disorder: 36<br>Total Population of Program at time of on-site: 36<br><br>TOTAL census of Assisted Living Program: 36<br><br>An investigation of Incident #57073-I was completed. There were no regulatory insufficiencies identified related to Incident #57073-I. | A 000 | | |

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