STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALPD013	A. BUILDING _____ B. WING _____	05/31/2018

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	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 4 Number of tenants with cognitive disorder: 27 TOTAL Census of Assisted Living Program for People with Dementia: 31 The investigation of Complaint #76106-C resulted in a regulatory insufficiency.	A 000	See attached POC 7/12/18	
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to ensure incident reports were completed according to policy and procedure for all incidents. This pertained to 4 of 4 tenants reviewed (Tenants #1, #2, #3 and #4). Findings follow:	A 003		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 003	Continued From Page 1 1. Record review of Tenant #1's file revealed Charting Notes (CMA/CNA) dated 5-23-18 reflected after dinner Tenant #1 left the Program and walked to the independent living. A nurse on-call came in and completed an assessment. An independent living staff brought Tenant #1 back to the building. An incident report was filled out and statements completed by all Program staff present on the evening it occurred. Charting Notes (Nurse review) dated 5-24-18 indicated Tenant #1 left the building on 5-23-18 at 6:15 p.m. Tenant #1 was escorted from the independent building back to the Program. A Tenant/Resident Incident Report indicated on 5-23-18 at 5:45 p.m. an elopement occurred with Tenant #1. The incident report had check boxes that reflected staff (unnamed) were witnesses and the location of the incident was outside (no specific location provided). 2. Record review of Tenant #2's file revealed Charting Notes (Nurse review) dated 5-23-18 indicated at approximately 2:15 p.m. staff responded to the lobby door alarm and observed Tenant #2 in front of the building in the grass. Staff stayed with Tenant #2 and called for a nurse to assist with redirecting Tenant #2 back into the building. The weather was nice and he/she was dressed appropriately. Prior to Tenant #2 exiting the building staff observed Tenant #2 wandering on the west side of the building. Staff followed protocol when responding to the alarm. There were no injuries noted to Tenant #2. The Tenant/Resident Incident Report indicated on 5-23-18 an elopement occurred with Tenant #2. There was no documentation on the incident	A 003		

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A 003	Continued From Page 2 report regarding location of the incident, time, any witnesses or any other information regarding the incident. There were no witness statements completed. 3. Continued record review of Tenant #2's file revealed Charting Notes (CMA/CNA) dated 5-25-18 indicated Tenant #2 found on the ground fighting with another tenant. The other tenant held Tenant #2 on the ground. Tenant #2 had pain on the left arm and a red mark was noted. When interviewed Staff D reported staff heard Tenant #2 scream and another tenant had Tenant #2 on the floor in the hallway. The other tenant had his/her knee on Tenant #2's chest and tried to punch Tenant #2. Tenant #2 had a red mark on his/her arm. The Tenant/Resident Incident Report indicated on 5-25-18 at 8:30 p.m. Tenant #2 was involved with a tenant conflict. The incident report had check boxes that reflected staff (unnamed) were witnesses and the location of the incident the east hallway. Additional comments indicated Tenant #2 fought with another tenant. There was an injury/pain on the left arm. The incident report did not provide a description of the incident and all required information related to the incident. There were no witness statements completed. 4. Record review of Tenant #3's file revealed Charting Notes (Nurse review) dated 3-6-18 indicated staff attempted to redirect Tenant #3 while he/she was upset with staff. Tenant #3 hit, bit, head butted and tried to kick staff. Tenant #3 lost his/her balance and staff lowered Tenant #3 to the floor. Tenant #3 was uninjured and able to stand on his/her own.	A 003		

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A 003	Continued From Page 3 Further record review revealed no incident report completed related to the incident. 5. Continued review of Tenant #3's file revealed Charting Notes (CMA/CNA) dated 3-26-18 indicated Tenant #3 was very combative and uncooperative, cried and yelled. Staff thought the behavior was "unusual" because staff had not seen him/her be that uncooperative. Further record review revealed no incident report completed related to the incident. When interviewed on 5-30-18 at 11:20 a.m. the Director of Assisted Living revealed unless a behavior involved another tenant it would be charted in charting notes and an incident report would not be completed. 6. Record review of Tenant #4's file revealed Charting Notes (CMA/CNA) dated 3-3-18 at 4:45 a.m. indicated Tenant #4 found in another tenant's apartment of the opposite sex. Tenant #4 had no clothing on and when he/she was asked to get up and leave, he/she screamed profanity and refused to leave. Other staff assisted, Tenant #4 left and continued wandering into other tenant apartments. Further record review revealed an incident report was not completed related to the incident. 7. When interviewed Staff A reported on 5-13-18 Tenant #4 left the building and was met by staff as he/she was walking out. When interviewed Staff B reported about a month ago, Tenant #4 went out to the parking lot. Staff	A 003		

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A 003	Continued From Page 4 was on break in the parking lot and Tenant #4 was brought back inside. Another tenant's family moved things out and there was no one at the door when it was disarmed. When interviewed Staff C reported on a day when another tenant's family moved things out, Tenant #4 left the building. Staff was on break in the parking lot and Tenant #4 was brought back into the building. The door alarms did not go off. Staff C was not sure if an incident report was completed. Record review failed to produce an incident report related to Tenant #4's elopement on 5-13-18. Record review revealed the Program's policy and procedure regarding incident reports. The policy indicated all accidents or unusual occurrences would be reported as incidents to the Director of Nursing or designee and the responsible party as applicable. The staff in charge, or who witnessed it or was first informed of the incident would complete an incident report. Documentation in all provided spaces and witness statements received from people involved or who witnessed the event were to be completed. The report would include the following: name of tenant involved, date and time of incident, location of incident, a description of the incident and names of all staff and other people who were present at the time of the incident. The incident would be documented in nurse's notes or a nurse review in the tenant file.	A 003		

ok 8/10/18
✓ 8/14/18

Plan of Correction for Legacy Gardens
In Response to
Complaint/Investigation Report
Dated 6/12/2018

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: Program Policies and Procedures- IAC r. 481-67.2(231B, 231C, 231D)

Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by the program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.

1. **Elements detailing how the program will correct the insufficiency.**
   The program will ensure all incident reports are completed according to policy and procedure for all incidents. Necessary supportive documentation to accompany incident reports, as applicable, is to be attached to incident reports as part of the incident report follow-up process. Current incident report policy and procedure as well as accompanying incident report form has been reviewed and then revised by DON, Courtney Bradfield, and Dial Communities Health Services RNs by July 12, 2018.
2. **What measures will be taken to ensure the problem does not recur.**
   As applicable, all incident reports will be completed in entirety and signed in accordance to incident report policy and procedure. Nursing departmental meeting scheduled to discuss incidents that are to be reported to the DON or responsible party and review of the policy and procedure on incident reports as well as the actual incident report form as applicable by July 12th, 2018.
3. **How the program plans to monitor performance to ensure compliance.**
   Within nursing follow-up of incident reports, nurse to evaluate incident report form for completeness and inclusion of necessary supporting documents including witness statements and additional descriptions by July 12, 2018. Quality Assurance audits will be performed annually and as needed by the Dial Retirement Communities Health Services RNs to ensure compliance in the future.
4. **The date by which the regulatory insufficiency will be corrected.**
   Regulatory Insufficiency has been corrected on July 12, 2018.

Respectfully Submitted,

Kaylan Hamerlinck, Executive Director

June 25, 2018