IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

April 7, 2009

Diane Sarich, Administrator
Village at Legacy Pointe Assisted Living
1654 SE Holiday Crest Circle
Waukee, IA 50263-8685

**RE: I. Immediate Sanction - Conditional Operation**
**II. Conclusion**

Dear Ms. Sarich:

**I. Immediate Sanction – Conditional Operation**

The Department of Inspections and Appeals (DIA) is granting **Village at Legacy Pointe Assisted Living** a conditional Assisted Living Program Certificate for the period beginning **April 7, 2009** DIA's decision is based upon the Code of Iowa Chapter 231C.10(2)

The program failed to comprehensively follow the regulations in 321 IAC Chapter 25 Due to the program's noncompliance with the State Fire Marshal's (SFM) office, from the on-site visit of January 20, 2009 Village at Legacy Pointe Assisted Living is being issued a conditional certificate effective April 7, 2009 and will continue until Village at Legacy Pointe Assisted Living is in compliance with the SFM office.

1. The program and its owners are to comply with Iowa law and administrative rules pertaining to assisted living programs.(25 40(1)(e)

2. The program shall comply with all requests from the SFM to replace the 20 minute fire rated door to the following mechanical room doors and replace with at a minimum of 45 minute fire rated doors: Mechanical room by room 201, 205, 215, 103, 114 and main entry by delayed egress doors, within the previously communicated 60 days timeframe.

## II. Conclusion

Village at Legacy Pointe Assisted Living is being issued a Conditional Certificate effective April 7, 2009.

If the program remains out of compliance with 321 IAC chapter 25, DIA may suspend or revoke the program's Conditional Certificate. If you have any questions in regard to these matters, please contact me at (515) 281-5077

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

# Iowa Department of Inspections and Appeals
# Assisted Living Program
# Final Recertification Monitoring Evaluation Report

**Assisted Living Program:**

Diane Sarich, Administrator
Village at Legacy Point Assisted Living
1654 SE Holiday Crest Circle
Waukee, IA 50263-8685

**Date of Monitoring Visit:**

January 21, 2009

**Monitor(s):**

Hal L. Chase, RN BSN MPH
Rose Boccella, MA

**Definitions:**

The following definitions are relevant:

**Regulatory Insufficiency** - A violation of a statutory or rule provision within the Iowa Code or 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 rule violations [321 IAC 25.8(3)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Recertification Monitoring Evaluation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

**Dementia-specific assisted living program** - An assisted living program certified under this chapter that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

**Overview:**

An on-site monitoring evaluation was conducted at Village at Legacy Point Assisted Living on January 21, 2009. In preparing this report, the following information was considered:

**Current Program Census:**

***General Population Program (GPP)**** – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.

| | |
|---|---|
| Current number of tenants without cognitive disorder: | 39 |
| Current number of tenants with cognitive disorder: | 4 |
| Total Population: | 43 |

***Dementia Specific Program (DSP)**** – Not applicable.

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

**Tenant/Family Satisfaction Results** – A community meeting was held with 38 tenants in attendance. Tenants stated the program was a nice place to live, clean and neat. Tenants stated staff were the "best," were trained to provide the services they needed and were always available to help them. Tenants stated the food was "exceptional," and wholesome. The food temperatures were always maintained with hot foods served hot and cold food served cold. When asked if the program could improve on the services offered, tenants stated nothing needed to be changed. Tenants stated there were enough activities offered and they "loved" the Activities Director. Tenants stated they felt safe living at the program and received the services they expected and needed. Tenants stated they make their own decisions, can call staff if they become ill and can call 911 in case of an emergency. Tenants stated they are satisfied with the program and would recommend it to friends.

**Program History** – There were no substantiated Regulatory Insufficiencies during this certification period.

**On-Site Monitoring Evaluation** – The monitor(s) made the observations detailed in the following areas.

**A. Medications** – Program has a comprehensive written medication policy that allows tenant self-administration, but accommodates the need for tenant medication assistance via nurse delegation. The medication assistance is appropriately supervised and administered. Medications are appropriately stored. [231C.16A]

Monitoring Observation: Medication Administration Record (MARs) for December 2008 and January 2009 were reviewed and indicated the following medication errors.

| | | |
|---|---|---|
| Tenant #2 | ASA 325mg 1 tablet daily – ordered noted a start date of 12-4-08. | Medication not started on 12-4-08. MAR indicated medication not available on 12-6-08 – 12-8-08. No medication incident report completed. |
| | Xyzal 5mg 1 tablet daily – order noted a start date of 12-10-08. | Medication not administered until 12-13-08. No medication incident report completed. |
| | Aspirin 325mg ½ tablet daily | MAR indicated tenant refused 12-13-08 – 12-19-08. Program did not make an appropriate referral r/t refusal of medication. |
| Tenant #3 | Polyethylene Glycol 3350 1 capful in water daily | MAR indicated multiple refusals beginning 1-6-09 – 1-19-09. Program did not make an appropriate referral r/t refusal of medication. |
| | Advair 250/50 Diskus Inhaler 1 puff twice daily | MAR indicated multiple refusals beginning 1-1-09 – 1-8-09. Program did not make an appropriate referral r/t refusal of medication. |
| Tenant #7 | Cerovite Senior 1 tablet daily<br>Aricept 10mg 1 tablet at bedtime | Not recorded as given 1-6-09<br>Not recorded as given 1-6-09 |
| Tenant #8 | Fentanyl Patch 25mcg/hr apply 50mcg -2 patches every 72 hours. | Fentanyl Patch not available 12-8-08. Given the next day on 12-9-08. Program did not make an appropriate referral r/t availability of medication. |

- Regulatory Insufficiency: The program did not administer medications as prescribed by the tenant's physician. {25.29(2)a}

**B. Nurse Review** - Program provides a registered nurse to ensure the appropriate administration and documentation of medications, ensure that physician orders are current, and assess and document the tenants' health related activities. [321 IAC 25.30]

Monitoring Observation: Five tenant files were reviewed. Tenant #2, #3, and #4's file indicated physician orders were not timed consistently.

- Regulatory Insufficiency: The program did not consistently provide written documentation showing the time, date and signature. (25.30 (4))

Dated this 10th day of March, 2009