IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 56587-C

January 29, 2016

Ms. Kaylan Hamerlinck, Executive Director
Legacy Pointe
1020 S. Scott Blvd.
Iowa City, IA 52240

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

Dear Ms. Hamerlinck:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of January 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. **No Regulatory Insufficiencies were identified.**

Based on review of tenant files, review of incident reports, review of policies and procedures, staff interviews, Director of Nursing interview, Executive Director interview, and monitor observations the following was found:

1. Allegation: Staffing
   Findings: Not substantiated
   Comments: According to the ALP Monitoring Entrance Form, the Program's staffing pattern was for four to five staff members per day and evening shift and two to three staff on the overnight shift. An interview with a staff member indicated five staff was scheduled to work on the day and evening shifts and three staff worked the night shift. Interviews with two staff, the Director of Nursing and the Executive Director indicated there was enough staff to meet the needs of the tenants. No concerns with staffing were identified.

2. Allegation: Service Plans
   Findings: Not substantiated
   Comments: Three tenant files were reviewed. All tenants had previously resided at the Program and had a history of falls. Incident reports were completed

appropriately when indicated. The monitor inspected the apartments and specifically the kitchens of all three tenants whose files were reviewed. No offensive odors were detected. No mold was observed on any kitchen walls. Interviews with staff, the Director of Nursing and Executive Director indicated there had never been any evidence of mold in tenant apartments, no complaints regarding mold and mold remediation had not been needed in the building. Depending on the wear and tear of an apartment, the apartment may or may not be painted in between new tenants. Normally paint touch up was all that was needed. Interviews with staff, the Director of Nursing and Executive Director did not indicate any tenant apartments with clothing strewn around now or in the past. The monitor observed two wheelchairs owned by the Program and used for tenants who had a short term need for a wheelchair. Both wheelchairs appeared in excellent condition, brakes were tested and worked appropriately and both had working foot pedals. According to an interview with the Director of Nursing, the wheelchairs had been in use for at least one year. According to an interview with the Executive Director, if a tenant needed a wheelchair for long term use, the family would need to provide it. No concerns with service plans 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
	S0116	A. BUILDING: _____ B. WING _____	C 01/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY POINTE	1020 S SCOTT BLVD 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. General Population Program Number of tenants without cognitive disorder: 64 Number of tenants with cognitive disorder: 9 Total Population of Program at time of on-site: 73 TOTAL census of Assisted Living Program: 73 No regulatory insufficiencies were cited during the investigation of Complaint #56587-C.	A 000		

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