IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 58593-C

April 1, 2016

Ms. Tammy Olson, Administrator
Village at Legacy Pointe
1654 SE Holiday Crest Circle
Waukee, IA 50263

RE: Final Complaint/Incident Investigation Report – Village at Legacy Pointe, Waukee, IA

Dear Ms. Olson:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of March 29, 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.

1. Allegation: Service Plans and Nurse Assessment – It was alleged a tenant was in the dining room choking. Emergency personnel were called. It was alleged the service plan did not contain information from the "nurse assessment."
   Comments: Incident reports were reviewed and staff was interviewed. It was documented a tenant did have a choking episode. The clinical records for the identified tenant as well as two other tenants were reviewed. The service plans were current, were based on evaluations (nurse assessment), and met the needs of the tenant. The service plans were in compliance with regulations for an assisted living program.
   Findings: Not substantiated

2. Allegation: Tenant Rights – It was alleged staff was directed to take diabetic test strips from one tenant to give to another.
   Comments: Interviews were conducted; clinical files and incident reports were reviewed. The investigation revealed no information to suggest staff was directed to take items from one tenant to use for another, or that staff had taken items from one tenant to use on another.
   Findings: Not substantiated

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
	S0257	A. BUILDING: _____ B. WING _____	C 03/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE AT LEGACY POINTE	1654 SE HOLIDAY CREST CIRCLE WAUKEE, IA 50263

(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 Definition Number of tenants without cognitive disorder: 34 Number of tenants with cognitive disorder: 6 Total Population of Program at time of on-site: 40 TOTAL census of Assisted Living Program: 40 No regulatory insufficiencies were cited during the investigation of Complaint # 58593-C.	A 000		

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