

TERRY E. BRANSTAD
GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

KIM REYNOLDS
LT. GOVERNOR

Complaint/Incident Intake #: 57802-C

April 4, 2016

Ms. Kris Ward, Director
Legacy Pointe
1020 S. Scott Blvd.
Iowa City, IA 52240

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

Dear Ms. Ward:

Enclosed is the **Amended Final Complaint/Incident Investigation Report** from the on-site monitoring visit of March 1 & 2, 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.

The State Fire Marshal has approved the alarm system for this dementia specific program. The Regulatory Insufficiency has been removed.

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: S0116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/02/2016
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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 Dementia-Specific Program by Definition Number of tenants without cognitive disorder: 66 Number of tenants with cognitive disorder: 7 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 #57802-C.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE