IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 60616-I

July 18, 2016

Ms. Brenda Colvin, Interim 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. Colvin:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of July 11, 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. An incident investigation was conducted and the following allegation was not substantiated:

1. Allegation – Staffing/Level of Care
   Findings – Not Substantiated
   Comments: The Program reported a tenant eloped. The Program was dementia-specific by definition at the time of the onsite visit, but had not met the regulatory requirement for two sequential recertification visits and therefore the doors were not required to be alarmed. The tenant file was reviewed and interviews were conducted. The tenant, who was identified by the Program as being cognitively impaired and had been seated in a wheelchair, left the lobby and walked outside approximately 10 feet and was seen by a staff member working in the dining room. It was estimated the tenant was out of the building less than five minutes. The staff member went outside and brought the tenant back into the Program. The tenant wanted to watch television, and was assisted to do so. The staff responded appropriately. The tenant had no further exit-seeking behavior and had no history of exit-seeking. The tenant had no injuries and no falls related to the elopement, and was dressed appropriately for the weather. No other tenants had eloped from the Program. Evaluations of function, cognition, and health were completed following the elopement and the service plan was updated to include frequent safety checks. Discussions began with the family regarding the tenant's needs being better served in a more secure setting. The tenant transferred to a secured dementia unit

approximately one month later. While requiring care in a secured unit, the tenant did not exceed criteria for retention in an assisted living program.

No Regulatory Insufficiencies were identified.

If you have any questions in regard to the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Linda Kellen, Bureau Chief
Adult Services/Special Services

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 07/11/2016

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: 32 Number of tenants with cognitive disorder: 9 Total Population of Program at time of on-site: 41 TOTAL census of Assisted Living Program: 41 No regulatory insufficiencies were cited during the investigation of Incident #60616-I.	A 000		

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