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 _____	11/20/2025

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	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. Tenants without cognitive impairment: 57 Tenants with cognitive impairment: 7 Total census: 64 This Program has met criteria to be an Assisted Living Program for People with Dementia by definition for the last two recertification visits. The following regulatory insufficiencies were cited during the standard recertification visit conducted to determine compliance with certification rules for an Assisted Living Program:	A 000	See attached POC 2/12/26	
A 280	481-67.5(2)f(3) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (3) The program shall maintain a list of each tenant's medications and document the medications administered. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document medications administered (units of sliding scale insulin). This pertained to 1 of 1 tenant who received staff administered sliding scale insulin (Tenant #1). Finding follows:	A 280		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 280	Continued From page 1 Record review on 11/19/25 and 11/20/25 of Tenant #1's file revealed he transitioned from a respite tenant to a permanent admission on 11/12/25. The Physician Order Review form reflected orders as of 11/19/25 and included the following orders: a. Blood glucose, checked four times daily (via a continuous glucometer), at 8:00 a.m., 12:00 p.m., 4:00 p.m. and 7:00 p.m. b. Insulin lispro (1 unit dial) solution pen-injector 100 unit/ml, inject 8 units subcutaneous (SQ) three times daily before meals (hold if below 70). The medication was ordered for 8:00 a.m., 12:00 p.m. and 5:00 p.m. c. Insulin lispro 100 unit/ml inject SQ per sliding scale. For blood glucose under 150 administer no units, between 150-199 administer one unit, 200-249 administer two units, 250-299 administer three units, 300-349 administer four units, 350-399 administer five units. Continued record review revealed the November 2025 medication administration record (MAR) reflected from 11/12/25 to 11/19/25 there were 17 times staff recorded their initials to indicate the insulin lispro sliding scale insulin was administered; however, none documented the number of units administered and at times the blood glucose values did not indicate sliding scale insulin should be administered. The MAR reflected the following administration of the sliding scale insulin without the number of units administered:	A 280		

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A 280	Continued From page 2 a. On 11/12/25 at 12:00 p.m. and 5:00 p.m. b. On 11/13/25 at 8:00 a.m., 12:00 p.m. and 5:00 p.m. . c. On 11/14/25 at 8:00 a.m., 12:00 p.m. and 5:00 p.m. d. On 11/15/25 at 12:00 p.m. and 5:00 p.m. e. On 11/16/25 at 8:00 a.m., 12:00 p.m. and 5:00 p.m. f. On 11/17/25 at 5:00 p.m. g. On 11/18/25 at 8:00 a.m. and 5:00 p.m. h. On 11/19/25 at 8:00 a.m. The 4:00 p.m. blood glucose value was not recorded. When interviewed on 11/20/25 at 2:21 p.m. the Director of Nursing confirmed the number units were not recorded on the MAR.	A 280		
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to administer insulin as ordered. This pertained to 1 of 1 tenant observed that had insulin administered on the medication pass (Tenant #1). Finding follows:	A 285		

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A 285	Continued From page 3 Observation on 11/19/25 at 12:10 p.m. Staff A administered medications to two tenants, including Tenant #1. Staff A went to Tenant #1's apartment and checked his blood glucose via the continuous glucometer. His blood glucose was 124 and he did not require sliding scale insulin based on the blood glucose reading; however, had he had scheduled insulin ordered before meals. Tenant #1 verbalized to Staff A he ate about 15 to 20 minutes ago. Staff A prepared Tenant #1's insulin and at approximately 12:23 p.m. she administered the insulin lispro solution 100 unit/milliliters (ml), 8 units (scheduled insulin) via an insulin pen. When interviewed on 11/19/25 at approximately 12:23 p.m. Staff A explained Tenant #1 went to physical therapy (PT) at 10:30 a.m. and then ate lunch. He also was moving to a different apartment. Staff A reported typically Tenant #1's insulin was given before meals. Record review on 11/19/25 and 11/20/25 of Tenant #1's file revealed staff administered his medications. The November 2025 medication administration record (MAR) indicated Tenant #1 had an order for blood glucose testing four times per day and insulin lispro solution pen-injector, 100 unit/ml, inject eight units before meals. Staff A 's documentation on the MAR reflected the insulin administered on 11/19/25 at 12:25 p.m. Continued record review revealed the Physician Order Review provided a list of current medications as of 11/19/25. The document reflected an order for insulin lispro (1 unit dial) 100 unit/ml, inject 8 units, subcutaneous (SQ), three times daily before meals. The order reflected to hold if the blood glucose was below	A 285		

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A 285	Continued From page 4 70. It was ordered at 8:00 a.m., 12:00 p.m. and 5:00 p.m. The document also reflected an order for blood glucose checks four times per day (via continuous glucometer) at 8:00 a.m., 12:00 p.m., 4:00 p.m. and 7:00 p.m. When interviewed on 11/20/25 at 2:21 p.m. the Director of Nursing (DON) she explained Tenant #1's insulin order reflected with meals but it could not be edited on the electronic MAR. She confirmed the insulin should be given before the meal.	A 285		
A 365	481-67.9(4)g Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: g. The program shall have in place a system by which certified or noncertified staff communicate in writing occurrences that differ from the tenant's normal health, functional and cognitive status. The program's registered nurse or designee shall train certified and noncertified staff on reporting to the program's registered nurse or designee and documenting occurrences that differ from the tenant's normal health, functional and cognitive status. The written communication required by this paragraph shall be retained by the program for a period of not less than three years, and shall be accessible to the department upon request. This REQUIREMENT is not met as evidenced	A 365		

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A 365	Continued From page 5 by: Based on observation, interview and record review the Program failed to document in writing occurrences that differed from the tenant's normal health, functional and cognitive status. This pertained to 1 of 6 current tenants reviewed (Tenant #3) and potentially affected all other current tenants reviewed (Tenants #1, #2, #4, #5 and #6). Findings follow: 1. When interviewed on 11/19/25 at 1:37 p.m. Staff B indicated Tenant #3 eloped but she was immediately brought back inside by staff. Tenant #3 wore an electronic wandering monitoring device. When interviewed on 11/20/25 at 2:21 p.m. the Director of Nursing (DON) explained an occurrence where Tenant #3 had gotten to the doors with staff but she did not believe she went out. One of the staff went to the cars and Tenant #3 followed them between the front doors. She reported the occurrence probably was not documented and mentioned instead. It occurred a week or so ago. She said Tenant #3 was not trying to leave and was right there with staff, she indicated the occurrence was not concerning. Observations on 11/20/25 at approximately 1:35 p.m. and 2:00 p.m. Tenant #3 sat in a chair near the reception desk which was located near the main entrance. She had her purse and a white garbage bag with undetermined item (s) in the bag. Record review on 11/20/25 of Tenant #3's file revealed she staged a three on the Global Deterioration Scale, which indicated mild cognitive decline. She transitioned from a respite tenant to permanent tenant on 9/22/25. A	A 365		

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A 365	Continued From page 6 Progress Note dated 11/18/25 indicated a discussion held with Tenant #3's family regarding her increased behaviors, wandering and care refusals. Continued record review revealed no documentation of staff to nurse reports (unusual occurrences that differed from a tenant's normal health, functional and cognitive status) since Tenant #3's admission. There were no documented reports of her increase in behaviors, wandering or the incident noted above in interviews. 2. Further record review revealed five other current tenant files (Tenant #1, #2, #4, #5, #6) were reviewed for staff to nurse reports of unusual occurrences. No documented staff to nurse reports for Tenant #1, #2, #4, #5, and #6 were provided for the last three months. When interviewed on 11/20/25 at 2:21 p.m. the DON reported the nurses made themselves accessible to staff. The nurses mainly received phone calls or text messages from staff. The nurses were contacted by staff regarding unusual occurrences. When interviewed on 11/20/25 at 3:54 p.m. the DON confirmed there were no staff to nurse sheets found for the time period requested. She indicated staff communicated verbally to the nurses and the nurses were made aware (regarding unusual occurrences).	A 365		
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's	A 145		

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A 145	Continued From page 7 functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to complete evaluations as needed with significant change. This pertained to 1 of 6 current tenants reviewed (Tenant #3). Finding follows: When interviewed on 11/19/25 at 1:37 p.m. Staff B said Tenant #3 had eloped but she was immediately brought back inside by staff. Staff B said Tenant #3 had an electronic wandering monitoring device. When interviewed on 11/20/25 at 2:21 p.m. the Director of Nursing (DON) said Tenant #3 had gotten to the doors with staff but she did not believe that she went out. One of the staff was going to the cars and she followed them between the front doors. She said it probably was not documented and it was just mentioned. It occurred a week or so ago. She said Tenant #3 was not trying to leave and was just right there with them, she said it was not concerning.	A 145		

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A 145	Continued From page 8 Record review on 11/20/25 of Tenant #3's file revealed she was staged a three on the Global Deterioration Scale, which indicated mild cognitive decline. She transitioned from a respite tenant to permanent tenant on 9/22/25. A Progress Note dated 11/18/25 indicated a discussion was held with Tenant #3's family regarding her increased behaviors, wandering and care refusals. It also indicated the Program would begin administering her medications (previously had received medication reminders). Continued record review revealed the October and November medication administration records (MARs) reflected an order for Bactrim DS oral tablet 800-160 milligram (mg), take one tablet by mouth, twice per day at 8:00 a.m. and 8:00 p.m. It was started on 10/31/25 and was completed on 11/03/25. When interviewed on 11/20/25 at 2:21 p.m. the DON said Bactrim DS was prescribed for a urinary tract infection (UTI) for Tenant #3 and staff administered the medication. Further record review revealed the Monthly Task Logs from September to November 2025 reflected refusals for escorts to meals and dressing assistance. Continued record review revealed evaluations were completed on 11/19/25; however, were not updated when changes with Tenant #3 were first noted including care refusals, wandering, the incident noted above in interviews, a UTI and staff administration of the medication to treat the UTI. When interviewed on 11/20/25 at 2:21 p.m. the	A 145		

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A 145	Continued From page 9 DON said they kept a very close eye on Tenant #3. They were working with the family and the primary care provider. The behaviors were pretty new, maybe a week or two. Her family were spending evenings and weekends with her. They were considering a private caregiver. She said they were currently providing medication reminders and were waiting for the pharmacy to deliver her medications (to begin administration). She said the conversation with family was on Monday and it was updated on 11/19/25.	A 145		
A 290	481-69.25(1)i Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document nurse's notes by exception. This pertained to 3 of 6 current tenants reviewed (Tenants #1, #2 and #3). Findings follow: 1. Record review on 11/19/25 and 11/20/25 of Tenant #1's file revealed a Progress Note dated 10/14/25, he was admitted for a respite stay. Continued record review of an email from the Executive Director, dated 11/20/25 at 10:36 a.m.	A 290		

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A 290	Continued From page 10	A 290		

noted Tenant #1 transitioned from a respite tenant to a permanent tenant on 11/12/25.

Further record review revealed a nurse's note was not completed when Tenant #1 transitioned from a respite tenant to a permanent tenant on 11/12/25.

2. Record review on 11/19/25 and 11/20/25 of Tenant #2's file revealed an incident report dated 9/30/25 indicated staff provided meal reminders and discovered Tenant #2 on the floor unclothed in front of his recliner. There was a female tenant in his apartment who said they had tried to get him up but were not successful. Tenant #2 and the female tenant both did not want to use their emergency pendants. At the time of the fall Tenant #2 voiced they were in an intimate relationship.

Tenant #2's Progress Note, dated 10/01/25 indicated on 9/30/25 at 4:00 p.m. he was found sitting on the floor of the living room in front of his recliner. He denied pain and no injuries were noted. The nurse's note indicated information about the fall; however, did not include there was another tenant in the apartment, both declined to use their pendants and Tenant #2 was unclothed at the time of the fall.

3. Record review on 11/20/25 of Tenant #3's file revealed October and November 2025 medication administration records (MARs) reflected an order for Bactrim DS oral tablet 800-160 milligram (mg), take one tablet by mouth, twice per day at 8:00 a.m. and 8:00 p.m. The medication started on 10/31/25 and was completed on 11/03/25.

Tenant #3's nurses notes failed to note the start

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A 290	Continued From page 11 of the Bactrim DS medication, the reason it was prescribed and the completion of the medication. When interviewed on 11/20/25 at 2:21 p.m. the Director of Nursing (DON) indicated Tenant #1 recently moved to permanent status and she confirmed there was no nurse's note completed related to the status change. She reported there was separate documentation the Executive Director completed related to Tenant #2 and the female tenant, regarding why there was not a nurse's note completed. She indicated Bactrim DS was prescribed for a urinary tract infection (UTI) for Tenant #3 and she confirmed the staff administered the medication. The DON also confirmed all nurse's notes were provided for the tenants reviewed.	A 290		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to update service plans as needed and failed to have service plans that reflected the service needs of the tenants. This	A 350		

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A 350	Continued From page 12 pertained to 5 of 6 current tenants reviewed (Tenants #1, #2, #3, #5 and #6). Findings follow: 1. Record review on 11/19/25 and 11/20/25 of Tenant #1's file revealed a Physician Order Review form listed current medications as of 11/19/25 and included the following orders: a. Blood glucose, check four times per day at 8:00 a.m., 12:00 p.m., 4:00 p.m. and 7:00 p.m. via a continuous glucometer. b. Mounjaro solution auto-injector 2.5 milligram (mg)/0.5 milliliters (ml), inject 0.5 ml (2.5 mg) subcutaneously (SQ) every seven days. When interviewed on 11/20/25 at 2:21 p.m. the Director of Nursing (DON) reported initially staff changed the sensor and now Tenant #1 changed the sensor. She indicated Tenant #1 administered the Mounjaro. Tenant #1's service plan reflected his current medication orders, staff administered medications,staff assisted with accu-checks four times daily and insulin administration four times daily. The service plan failed to reflect the use of the continuous glucometer, who changed the sensor and the frequency of the sensor changes. The plan failed to note who administered the Mounjaro SQ injection. When interviewed on 11/20/25 at 2:21 p.m. the DON confirmed Tenant #1's service plan did not reflect who administered the Mounjaro injection and it indicated accu-checks four times daily and medications as ordered related to blood glucose monitoring. 2. When interviewed on 11/19/25 at 1:37 p.m.	A 350		

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A 350	Continued From page 13 Staff B explained Tenant #3 eloped but she was immediately brought back by staff. Tenant #3 had an electronic wandering monitoring device. When interviewed on 11/20/25 at 2:21 p.m. the Director of Nursing (DON) said Tenant #3 had gotten to the doors with staff but she did not believe that she went out. One of the staff was going to the cars and she followed them between the front doors. She said it probably was not documented and it was just mentioned. It occurred a week or so ago. She said Tenant #3 was not trying to leave and was just right there with them, she said it was not concerning. Record review on 11/20/25 of Tenant #3's file revealed she was staged a three on the Global Deterioration Scale, which indicated mild cognitive decline. She transitioned from a respite tenant to permanent tenant on 9/22/25. A Progress Note dated 11/18/25 indicated a discussion was held with Tenant #3's family regarding her increased behaviors, wandering and care refusals. It also indicated the Program would begin administering her medications (previously had received medication reminders). Continued record review revealed the October and November medication administration records (MARs) reflected an order for Bactrim DS oral tablet 800-160 mg, take one tablet by mouth, twice per day at 8:00 a.m. and 8:00 p.m. Bactrim DS started on 10/31/25 and was completed on 11/03/25. When interviewed on 11/20/25 at 2:21 p.m. the DON said Bactrim DS was prescribed for a urinary tract infection (UTI) for Tenant #3 and staff administered the medication.	A 350		

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 _____	11/20/2025

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 350	Continued From page 14 Record review revealed Tenant #3's Monthly Task Logs from September to November 2025 reflected refusals for escorts to meals and dressing assistance. Continued record review revealed the service plan, updated on 11/19/25; however, the plan lacked updates when changes occurred with Tenant #3 including care refusals, wandering, the incident noted in interviews, UTI and staff administration of the medication to treat the UTI. When interviewed on 11/20/25 at 2:21 p.m. the DON explained they kept a close eye on Tenant #3. They were working with the family and the primary care provider (PCP). The behaviors were new, maybe a week or two. Her family had been spending evenings and weekends with her and they were considering a private caregiver. She indicated they were currently providing medication reminders and were waiting for the pharmacy to deliver her medications (to begin administration). She explained the conversation with family was on Monday and it was updated on 11/19/25. 3. Observation on 11/19/25 at approximately 4:35 p.m. Tenant #5 was in the parlor eating at a table with agency staff beside her. Observation on 11/20/25 at approximately 11:55 a.m. Tenant #5 was in the parlor eating at a table with Staff A beside her. On 11/19/25 during the entrance meeting with the Executive Director and DON indicated Tenant #5 did not exceed criteria for an assisted living program but was on a wait list for memory care placement. She was anxious, tearful in larger settings and served meals in the parlor.	A 350		

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 _____	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY POINTE	1020 S SCOTT BLVD IOWA CITY, IA 52240

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A 350	Continued From page 15 Record review on 11/20/25 of Tenant #5's file revealed Progress Notes indicated the following: a. On 10/07/25, Tenant #5 had a wound on the mid right shin and on the back of each ankle. The Primary Care Physician (PCP) was faxed regarding a treatment. b. On 10/10/25, a wound care order was received to the right shin and back of each ankle. The order indicated to cleanse the wound areas with wound wash daily, apply a thin layer of antibiotic ointment, cover with non-stick telfa and wrap in gauze daily until healed. c. On 11/06/25, Tenant #5 would be moving to memory care placement but it could be 60 to 90 days before there was an opening. She currently received home care services from an outside agency from 11:30 a.m. to 6:30 p.m. Monday through Saturday. Tenant #5's family was there on Sunday from 11:00 a.m. to 7:00 p.m. for one-to-one care. They assisted with bathing, meals, toileting and engagement. d. On 11/14/25, the wound to Tenant #5's right shin remained. It was healing without signs of infection. Continued record review revealed Tenant #5's service plan dated 6/16/25 reflected she was independent with meals, did not require assistance and was on a regulator diet. The service plan reflected she had staff with an outside agency that provided companion care. The service plan did not reflect Tenant #5 ate her meals in the parlor with a companion or staff. The service plan did not reflect the hours of the staff agency companion care, family assistance with	A 350		

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	S0116	A. BUILDING: _____ B. WING _____	11/20/2025

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A 350	Continued From page 16	A 350		

one-to-care on Sundays or the services provided by them including toileting and meal assistance. The service plan also noted she had a history of skin impairments or ulcers but did not reflect the wounds and treatment on Tenant #5's shin or ankles.

When interviewed on 11/20/25 at 2:21 p.m. the DON explained Tenant #5's family requested she eat in the parlor and she was agitated in the dining room. On 11/20/25 Staff A sat with her, until agency staff arrived. The DON confirmed the service plan did not reflect the eating arrangement for the parlor. She indicated at times agency staff assisted with toileting and a clothing change if needed. She confirmed Tenant #5 had a current treatment for the right shin.

4. Record review on 11/20/25 of Tenant #6's file revealed the Iowa 90 Day Assessment Results dated 10/22/25 indicated at times Tenant #6 refused assistance with toileting and dressing. Tenant #6 requested to have all meals in his apartment.

Continued record review revealed the Adult Services Monitoring Entrance Form completed by the Program, indicated Tenant #6 consistently refused personal or health-related cares. On 11/19/25 at the time of the entrance meeting with the Executive Director and Director of Nursing indicated Tenant #6 refused showers and he received assistance with bathing from hospice and staff.

Further record review revealed the Physician Order Review form indicated an order to offer a protein or nutritional shake from the refrigerator when passing medications at 8:00 a.m., 2:00 p.m. and 7:00 p.m.

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 _____	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY POINTE	1020 S SCOTT BLVD IOWA CITY, IA 52240

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A 350	Continued From page 17 The service plan dated 4/28/25 reflected Tenant #6 was independent with meals; the meals were provided three times per day and he had a regular diet. It also reflected a home health aide with hospice would assist with bathing twice weekly. The service plan reflected he might refuse assistance at times. The plan did not reflect Tenant #6 preferred to have his meals in the apartment. The service plan also was not specific to the care refusals with bathing, toileting and dressing and did not reflect the protein or nutritional shake. When interviewed on 11/20/25 at 2:21 p.m. the DON confirmed the service plan did not reflect Tenant #6 ate meals in this apartment and also did not reflect the nutritional supplement. When interviewed on 11/20/25 at 2:21 p.m. the DON confirmed all services were provided for the tenants reviewed.	A 350		

Plan of Correction for Legacy Pointe Assisted Living
In Response to
Legacy Pointe Recertification
Dated 11/19/2025-11/20/2025

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

Regulatory Insufficiency: 481-67.5(2)f(3) Medications
67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (3) The program shall maintain a list of each tenant's medications and document the medications administered.

- **Elements detailing how the program will correct the insufficiency.**
  - Tenant #1's order for sliding scale insulin was corrected to allow team members to adequately chart the number of units given based on his blood sugar reading.
- **What measures will be taken to ensure the problem does not reoccur.**
  - The DON and/or designee will ensure that sliding scale insulin orders are reviewed, verified, and correctly entered on the EMAR.
- **How the program plans to monitor performance to ensure compliance.**
  - Regional Nurse and/or designee will perform random documentation audits to ensure regulatory compliance.

- **The date by which the regulatory insufficiency will be corrected.**
  - 11/21/2025

Regulatory Insufficiency: 481-67.5(2)f(4) Medications
67.5(2) Each program shall follow its own written medication policy, which shall include the following:
f. When medications are administered traditionally by the program:

(4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.

- **Elements detailing how the program will correct the insufficiency.**
    - Tenant #1 order for insulin was reviewed and updated from "TID before meals" to "TID with meals" to ensure accurate administration.
- **What measures will be taken to ensure the problem does not reoccur.**
    - The DON and/or designee will ensure that medication orders are reviewed, verified, and correctly entered on the EMAR.
    - The DON and/or designee will re-educate certified medication aides on communities' medication administration policy.
- **How the program plans to monitor performance to ensure compliance.**
    - Regional Nurse and/or designee will perform random documentation audits to ensure regulatory compliance.

- **The date by which the regulatory insufficiency will be corrected.**
    - Tenant #1 insulin order was corrected on 11/21/2025.
    - Staff re-education will be completed by 2/12/2026.

Regulatory Insufficiency: 481-67.9(4)g Staffing
67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following:
g. The program shall have in place a system by which certified and non-certified staff communicate in writing occurrences that differ from the tenant's normal health, functional and cognitive status. The program's registered nurse or designee shall train certified and non-certified staff on reporting to the program's registered nurse or designee and documenting occurrences that differ from the tenant's normal health, functional and cognitive status. The written communication required by this paragraph shall be retained by the program for a period of not less than three years and shall be accessible to the department upon request.

- **Elements detailing how the program will correct the insufficiency.**
    - The DON and/or designee will re-educate all nursing staff on the communities Staff to Nurse communication policy.
- **What measures will be taken to ensure the problem does not reoccur.**
    - The DON and/or designee will perform random documentation audits for consistent usage of the staff-to-nurse communication forms.
- **How the program plans to monitor performance to ensure compliance.**
    DON and ADON will instruct staff to fill out staff communication sheets when needed to maintain compliance.
- **The date by which the regulatory insufficiency will be corrected.**
    - Staff re-education will be completed by 2/12/2026.

Regulatory Insufficiency: 481-69.22(3) Evaluation of Tenant
69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.

- **Elements detailing how the program will correct the insufficiency.**
    - Tenant #3 service plan was updated on 11/19/2025.
- **What measures will be taken to ensure the problem does not reoccur.**
    - The Regional nurse will re-educate the DON, ADON, and Resource Nurse on the community's Resident Assessment Policy.
- **How the program plans to monitor performance to ensure compliance.**
    - Regional Nurse and/or designee will perform random documentation audits to ensure regulatory compliance.

- **The date by which the regulatory insufficiency will be corrected.**
    - 2/6/2026

Regulatory Insufficiency: 481-69.25(1)i Tenant Documents
69.25(1) Documentation for each tenant shall be maintained by the program and shall include:
i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception

- **Elements detailing how the program will correct the insufficiency.**
    - Tenant #1 record will be updated to document the tenants transition from respite status to permanent residency.
    - Tenant #2 record will be updated to include further documentation from tenants fall on 9/30/2025 to include the presence of another resident in the apartment at the time of the incident.
    - Tenant #3 record will be updated to reflect that start of antibiotic therapy.
- **What measures will be taken to ensure the problem does not reoccur.**
    - The Regional nurse will re-educate the DON, ADON, and Resource Nurse on the community's Record keeping Policy.

- **How the program plans to monitor performance to ensure compliance.**
    - Regional Nurse and/or designee will perform random documentation audits to ensure regulatory compliance.

- **The date by which the regulatory insufficiency will be corrected.**
    - 2/6/2026

Regulatory Insufficiency: 481-69.26(1) Service Plans
69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.

- **Elements detailing how the program will correct each regulatory insufficiency.**
    - Tenant #1 service plan will be updated to reflect that he has a continuous blood sugar monitoring device and to reflect self-administration of Monjaro.
    - Tenant #3 service plan was updated on 11/19/2025 to reflect history of wandering, use of wander guard, new GDS score, medication administration, and history of refusing assistance with ADL's
    - Tenant #5 moved out of the community on 1/5/2026.
    - Tenant #6 will be updated to add that he has orders for a nutritional shake and at times prefers to eat in his own apartment.
- **What measures will be taken to ensure the problem does not reoccur.**
    - The Regional nurse will re-educate the DON, ADON, and Resource Nurse on the community's Service Plan Policy.

- **How the Program plans to monitor performance to ensure compliance.**
    - The DON, Regional Nurse, and/or designee will complete random audits of resident chart notes, assessments, and service plans to ensure accuracy and compliance.
- **The date by which the regulatory insufficiency will be corrected.**
    - 2/6/2025

Sincerely,

Jacobi Feckers,
Executive Director