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 _____	04/13/2021

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. Number of tenants without cognitive disorder: 45 Number of tenants with cognitive disorder: 3 TOTAL census of Assisted Living Program: 48 There were no regulatory insufficiencies cited during the onsite infection control survey completed on 4/12/21 and 4/13/21. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000	See Attached POC 7/15/21	
A 345	481-67.9(4)b 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: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete nurse delegated training within 30 days of employment. This pertained to 5 of 5 direct care staff reviewed (Staff A, B, C, D and E). Findings follow:	A 345		

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A 345	Continued From page 1 1. Record review on 4-12-21 of Staff A's training documents revealed a hire date of 10-7-20. Nurse delegation documents were completed on 11-20-20; which was greater than 30 days from the hire date. 2. Record review on 4-12-21 of Staff B's training documents revealed a hire date of 7-13-20. Nurse delegation documents were completed on 10-6-20, which was greater than 30 days from the hire date. 3. Record review on 4-12-21 of Staff C's training documents revealed a hire date of 10-30-20. Nurse delegation documents were completed on 4-12-21, which was greater than 30 days from the hire date. 4. Record review on 4-12-21 of Staff D's training documents revealed a hire date of 9-1-20. Nurse delegation documents were completed on 10-6-20, which was greater than 30 days from the hire date. 5. Record review on 4-12-21 of Staff E's training documents revealed a hire date of 4-21-20. Nurse delegation documents were completed on 10-8-20, which was greater than 30 days from the hire date. 6. When interviewed on 4-13-21 at 2:18 p.m. the Director of Nursing confirmed all nurse delegation documents for the listed above were provided.	A 345		
A 430	481-67.19(4) Record Checks 67.19(4) Validity of background check results. The results of a background check conducted pursuant to this rule shall be valid for a period of	A 430		

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A 430	Continued From page 2 30 calendar days from the date the results of the background check are received by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete a valid background check prior to employment. This pertained to 1 of 7 staff reviewed (Staff A). Findings follow: 1. Record review on 4-12-21 of Staff A's training documents revealed Staff A was hired on 10-7-20. A criminal history background check and abuse registries background check was completed on 8-28-20 and revealed no results were found. The background check was completed greater than 30 days from Staff A's hire date and was no longer a valid background check. 2. Continued record review revealed Staff A first worked on 10-7-20. 3. When interviewed on 4-13-21 at 1:42 p.m. the Executive Director confirmed the above finding.	A 430		
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 395		

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A 395	Continued From page 3 Program failed to develop service plans that reflected the identified needs of the tenants. This pertained to 2 of 5 tenants reviewed (Tenants #3 and #5). Findings follow: 1. Record review on 4-13-21 of Tenant #3's file revealed an order was received for physical therapy (PT) and occupational therapy (OT) dated 2-15-21. The service plan in place at that time was dated 8-21-20. The service plan was not updated to reflect the initiation of PT and OT services. Continued record review revealed Progress Notes indicated the following: -On 4-7-21 it was noted Tenant #3's primary care provider (PCP) was notified on 4-5-21 that Tenant #3 had increased urgency and frequency. On 4-6-21 an order was received for a urinalysis. On 4-7-21 lab results returned and new order was received to start Bactrim DS 800-160 milligram, take one tablet twice daily for five days. -On 4-9-21 it was noted a signed acknowledgment was received from the PCP regarding receipt of the completed lab results and that Tenant #3 had started the antibiotic for the urinary tract infection (UTI) with no adverse reaction noted. Further record review revealed the service plan dated 3-30-21 did not reflect the UTI and treatment. 2. Record review on 4-13-21 of Tenant #5's file revealed Charting Notes indicated the following: -On 3-16-21 it was noted orders were received from the PCP for a PT/OT consultation.	A 395		

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A 395	Continued From page 4 -On 3-22-21 it was noted Tenant #5 was seen for PT/OT evaluate and treat. Continued record review revealed the service plan in place at that time was dated 11-27-20. The service plan was not updated to reflect the initiation PT and OT services. When interviewed on 4-12-21 at 10:03 a.m. Staff F revealed Tenant #5 made comments (regarding not wanting to live/wanting to die). When interviewed on 4-13-21 the Director of Nursing (DON) revealed when Tenant #5 had an upset stomach she would make comments; however, she had not voiced a plan for self-harm. There were no safety concerns with Tenant #5. Further record review revealed the service plan dated 11-27-20 did not reflect Tenant #5's comments and interventions. 3. When interviewed on 4-13-21 the DON confirmed no additional service plans were available for the tenant listed above.	A 395		

ok

1020 S. Scott Blvd. Iowa City, IA 319-341-0911

Plan of Correction for Legacy Gardens
In Response to
Recertification Visit
Dated 4/12/21 and 4/13/21

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 is prepared and/or executed solely because it is required by the provisions of state law.

Regulatory Insufficiency: Staffing 481-67.9(4)b
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:

b. Within 30 days of beginning employment, all nursing staff shall receive training by the program's registered nurse(s).

1. **Elements detailing how the program will correct the insufficiency.**
   a. Within 30 days of beginning employment, all program staff shall receive training by the program's DON or ADON.
2. **What measures will be taken to ensure the problem does not recur.**
   a. On July 7th, 2021 documented re-education related to 67.9 (4)b was provided to DON, Shawn Anderson by Jacobi Feckers, ED and Erica Ewoldt, Director of Health Services. Shawn expressed understanding of need for all program staff to receive delegation within 30 days of beginning employment.
3. **How the program plans to monitor performance to ensure compliance.**
   a. Program Director will perform random monthly audits to ensure delegations are complete within 30 days of beginning employment.
   b. Annual and as needed review of compliance by regional nursing team.
4. **The date by which the regulatory insufficiency will be corrected.**
   a. July 7th, 2021

Regulatory Insufficiency: Record Checks 481-67.19(4)
67.19(4)-Validity of background check results. The results of a background check conducted pursuant to this rule shall be valid for a period of 30 calendar days from the date the results of the background check are received by the program.

1. **Elements detailing how the program will correct the insufficiency.**
   a. Ensure all program staff have a valid background check that is within 30 calendar days prior to their start date.
2. **What measures will be taken to ensure the problem does not recur.**
   a. Documented re-education related to 67.19(4) provided to all hiring managers and Jessica German, Team Member Experience Director completed by program Director by July 15th, 2021.
3. **How the program plans to monitor performance to ensure compliance.**
   a. Program Director will perform quarterly audits to ensure background check results are valid and completed within 30 days of start date.
   b. Annual and as needed review of compliance by Regional Director of Operations.
4. **The date by which the regulatory insufficiency will be corrected.**
   a. July 15th, 2021

<u>Regulatory Insufficiency</u>: Service Plans 481-69.26(4)a
69.26(4) The service plan shall be individualized and shall indicate, at a minimum:
a. The tenant's identified needs and preferences for assistance.

1. **Elements detailing how the program will correct the insufficiency.**
    a. The service plan shall be individualized and shall indicate a minimum of:
        i. The tenant identified needs, requests for services, interventions and expected outcomes.
        ii. For tenants who are unable to plan their own activities, including those with dementia, there will be planned and spontaneous activities based on the participant's abilities and personal interests.
        iii. Any services and care to be provided per contractual agreements with tenant and the tenant preferences.
        iv. The provider(s) if other than the day service program (ie: Hospice, Home Health, Occupational Therapy and Physical Therapy)
        v. Transfer and referral arrangements for health care providers selected by each tenant.
2. **What measures will be taken to ensure the problem does not recur.**
    a. On July 7th, 2021 documented re-education related to 69.26(4) provided to Shawn Anderson, DON and Kelly Newcomb, ADON by Erica Ewoldt, Director of Health Care services.
3. **How the program plans to monitor performance to ensure compliance.**
    a. Regional nurse will perform periodic audit of charts during scheduled monthly visit.
    b. Annual and as needed review of compliance by regional nursing team.
4. **The date by which the regulatory insufficiency will be corrected.**
    a. July 7th, 2021

Respectfully Submitted,

Jacobi Feckers, ED

Jacobi Feckers, Executive Director

July 7th, 2021