Iowa Department of Inspections and Appeals
Assisted Living Program
Complaint Investigation Report

Assisted Living Program: **Complaint Intake #: 12125**

Mr. Phillip Chase, Administrator
Silvercrest at the Woodlands
12605 Woodlands Parkway
Clive, IA 50325

Date of Investigation:

March 7, 2005

Monitor(s):

Hal L. Chase RN BSN MPH

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to, and approved by, the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are rule violations [321 IAC 26.2(5)(a)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint Investigation Report. Depending on the circumstances, DIA may re-visit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under 321 IAC - chapter 25 that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site visit was conducted at Silvercrest at the Woodlands in Clive Assisted Living on March 7, 2005. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP) **– A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.**

Current number of tenants without cognitive disorder:	64
Current number of tenants with cognitive disorder:	0
Total Population:	64

Dementia Specific Program (DSP) – Not applicable.

Accreditation Status – Not applicable.

Complaint History – There were no substantiated complaints during this certification period.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

- Monitoring Observation: During the course of the investigation, file review of Tenant #1 indicated the program completed a cognitive evaluation prior to admission using a mini mental status examination. Tenant had a score of seven, which is moderately advanced impairment. Within 30 days of admission another evaluation of cognitive status was completed; however, the Global Deterioration Scale (GDS) was not used.

  Tenant #1 was hospitalized from 12/1/04 to 12/28/04. Tenant #1 returned to the program without the program nurse conducting an evaluation to determine if the needs of the tenant could be met.

- Regulatory Insufficiency: The program did not stage the tenant's behavior using the GDS following a scored cognitive test that revealed risk.

- Regulatory Insufficiency: The program did not evaluate prior to the tenant returning to the program after hospitalization to determine the tenant's needs.

B. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

Complaint Allegation: It is alleged the program did not notify family the tenant was not taking her medication and three days of medications remained in the pill container.

- Monitoring Observation: A file review of Tenant #1 indicated that a functional assessment was completed on 12/27/04 by the program. The tenant's service plan dated 12/27/04 identifies that the tenant's daughter would set up medications and the program staff would cue or remind tenant to take medications. On 12/28/04 Tenant #1 returned to the program following a lengthy hospitalization.

  On 1/12/05 nurse's notes indicated program staff were now administering medications to the tenant. An interview with program staff confirms the nurse's notes, but no other documentation is present to determine why the program began to administer the tenant's medication. Medication Administration Records (MAR) indicate the program was administering medications beginning January 16, 2005 through February 2, 2005. MAR's indicated the tenant refused morning medications on January 16, evening medications on January 21, and morning medications and one evening medication on February 1 & 2, 2005. Leadership staff notified the family of the tenant's refusal but no other documentation was found in the tenant's file.

- Regulatory Insufficiency: The program did not have an accurate and updated service plan that met the needs of the tenant.

K. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Complaint Allegation: It is alleged staff are not responding to the tenants' requests for assistance on a timely basis.

- Monitoring Observation: The program's computer software that monitors tenant staff calls through a pendant and room call device had a total of 795 calls made by tenants for the month of February 2005. The average response to tenants was 5.2 minutes per call.

- Regulatory Insufficiency: None noted.

Dated this 11th day of March, 2005

PLAN OF CORRECTION

FOR

Silvercrest at
THE WOODLANDS
Assisted Living Community

Completion Date	Regulatory Insufficiency	Plan of Correction	Responsibility/ Other Comments
03/23/2005	Part A - Page 3 - The program did not stage the tenant's behavior using the GDS following a cored cognitive test that revealed risk.	GDS evaluations will be completed on all tenants who score less than 9 on the mini-mental exams which we conduct at appropriate intervals in accordance with state regulations.	**Responsibility:** R.N and Director of Operations **Other Comments:** None

PLAN OF CORRECTION

FOR

Silvercrest at
THE WOODLANDS
Assisted Living Community

Completion Date	Regulatory Insufficiency	Plan of Correction	Responsibility/ Other Comments
03/23/2005	Part A - Page 3 - The program did not evaluate prior to the tenant returning to the program after hospitalization to determine the tenant's needs.	All residents who are hospitalized on in another facility (i.e. ICF/SNF) will be evaluated at that site prior to their potential return to Silvercrest. At the time of the evaluation, the RN and/or the Director of Operations will make a determination as to whether they qualify for our program and what needs to be in place to ensure their needs are being met upon return.	**Responsibility:** R.N and Director of Operations **Other Comments:** None

PLAN OF CORRECTION

FOR

Silvercrest at
THE WOODLANDS
Assisted Living Community

Completion Date	Regulatory Insufficiency	Plan of Correction	Responsibility/ Other Comments
03/23/2005	Part B - Page 3 - The program did not have an accurate and updated service plan that met the needs of the tenant.	All residents will be evaluated at the intervals set forth by IA state regulations. Tenants who have been in the hospital or another facility, as well as tenants who show condition changes within Silvercrest will be evaluated with appropriate service plans written to address a residents' needs and what the facility is doing to meet those needs.	**Responsibility:** R.N and Director of Operations **Other Comments:** None