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

Assisted Living Program: **Complaint Intake #: 12430**

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

Date of Investigation:

September 15, 2005

Monitor(s):

Hal L. Chase, RN

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 on September 15, 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:	74
Current number of tenants with cognitive disorder:	1
Total Population:	75

***These are the census numbers represented by the program to be applicable.**

Dementia Specific Program (DSP) **–** Not applicable.

Accreditation Status – Not applicable.

Complaint History – There were substantiated complaints in the areas of criteria for exclusion of tenants and service plans during this certification period.

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

A. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

Complaint Allegation: It is alleged the program did not initiate transfer for Tenant #1, who had wandered out of the building, and did not provide the appropriate level of care for the tenant's safety.

- Monitoring Observation: One of three tenant files reviewed indicated the program did not initiate transfer of a tenant who required a higher level of care than the program could provide. A review of Tenant #1's file indicated Tenant #1 was hospitalized prior to the monitoring visit, and the file did not have documentation reporting the tenant had tried to elope from the building. Three direct care staff and the program nurse reported the tenant had tried numerous times to leave the program and had successfully eloped from the program a "few times". Staff was not sure the number of times the tenant had eloped. Leadership staff reported incident reports were written but the program has a policy of destroying incident reports after 30 days. Two tenants who knew Tenant #1 well were interviewed and each reported the tenant had eloped on a few occasions though they didn't know how many times. Tenant's family decided the tenant should not return to the program and the tenant was admitted to a long term care facility.

- Regulatory Insufficiency: None noted.

Dated this 28th day of September 2005.