IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

December 1, 2008

Complaint Intake: #16134-R2
11785-R4
16301-R2
16302-R2
17291-R2
17308-R2
17371-R2

Derrick Johnson, Administrator
Silvercrest at Woodlands Creek
12605 Woodlands Parkway
Clive, IA 50325-8701

RE: I. Final Recertification and Complaint Revisit Investigation – #16134-R2, 11785-R4, 16301-R2, 16302-R2, 17291-R2, 17308-R2 and 17371-R2
II. Sanction - Conditional Operation
III. Civil Penalty
IV. Hearings and Appeals
V. Conclusion

Dear Mr. Johnson:

I. Final Recertification and Complaint Revisit Investigation – Silvercrest at Woodlands Creek, Clive, IA.

Enclosed is the **Final Recertification and Complaint Revisit Investigation** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. The Final Report notes the **Regulatory Insufficiencies,** as defined in the areas of: Evaluation of Tenant, Service Plan and Record Checks.

DIA is accepting the Plan of Correction (POC) following the program's submission of additional information.

II. Sanction - Conditional Operation

As reflected in the Preliminary Report, the program failed to comprehensively follow the regulations in 321 IAC Chapter 25. Due to the program's noncompliance, current Regulatory Insufficiencies and the findings of the on-site monitoring visit of October 15, 2008, Silvercrest at Woodlands Creek, remains under a Conditional Certificate, which was effective March 18, 2008.

The program may appeal this sanction by filing an appeal within 30 days of issuance of this letter.

III. Civil Penalty

If no appeal is requested within 30 days of receipt of this Final Complaint Investigation Report the civil penalty obligation, in the amount of two thousand five hundred ($2,500.00) dollars, is required.

IV. Hearings and Appeals

The Program may appeal the DIA decision in accordance to 321 IAC 26.4, within 30 days of notice, by submitting a request for appeal to the DIA. Hearings will be held pursuant to 481 IAC Chapter 10. If the program appeals, the civil penalty will be suspended, pending appeal. If the program does not appeal, the fine is due within 30 days of notice.

V. Conclusion

Silvercrest at Woodlands CreekConditional Certificate will continue until such time as the program is in compliance, but in no case longer than March 18, 2009. Silvercrest at the Woodlands is being assessed a $2,500.00 civil money penalty.

The Plan of Correction that was submitted is accepted. DIA may revisit the program to confirm compliance in fulfilling the POC's corrective measures. If the program wishes to appeal or request a hearing on the final findings, the program may do so within 30 days of this letter. If you have any questions in regard to these matters, please contact me at 515-281-5077

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification & Complaint Revisit Investigation Report

Assisted Living Program:

Derek Johnson, Administrator
Silvercrest at Woodlands Creek
12605 Woodlands Parkway
Clive, IA 50325-8701

Complaint Intake #: 11785-R4
16134-R2
16301-R2
16302-R2
17291-R2
17308-R2
17371-R2

Date of Investigation:

October 15, 2008

Monitor(s):

Hal L. Chase, RN BSN MPH
Michael Streepy, 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 revisit 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 recertification and complaint investigation on-site visit was conducted at Silvercrest at Woodlands Creek on October 15, 2008. In preparing this report, the following information was considered:

Current Program Census:

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.

Current number of tenants without cognitive disorder	42
Current number of tenants in a DSP that serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS):	6
Total Population:	48

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Tenant/Family Satisfaction Results – A community meeting was held with 37 tenants in attendance. Tenants stated they liked living at the program and enjoyed the friendship they have with other tenants and with staff. Tenants stated staff are polite, courteous and help them whenever they can. Tenants stated the food was good but would like more variety of entrées. The tenants would like more opportunities to play Bingo. Tenants stated they feel safe at the program, received the care they need and make their own decisions when possible. Tenants stated they would recommend the program to friends and family.

Accreditation Status – Not applicable.

Program History – There were substantiated complaints during this certification period in the areas of: Occupancy Agreement, Evaluation of Tenant, Criteria for Exclusion of Tenant, Service Plan, Medications, Nurse Review, Staffing, Managed Risk, Life Safety, and Other.

The complaint history during this certification period includes the complaint investigations of: May 22, 2007 for Complaint investigation of #11785 with Regulatory Insufficiencies in the areas of: Evaluation of Tenant, Criteria for Exclusion and Service Plan. The first revisit for Complaint #11785 on August 15 & 16, 2007, with Regulatory Insufficiencies in the areas of: Evaluation of Tenant, Criteria for Exclusion, Service Plan, Nurse Review, Life Safety, and Other, which resulted in a $3000.00 fine.

February 7, 8 and 19, 2008 for Complaint investigation of #16134 and the second revisit for Complaint #11785, with Regulatory Insufficiencies in the areas of: Occupancy Agreement, Evaluation of Tenant, Service Plan, Medications, Nurse Review, Staffing, Managed Risk and Other, which resulted in a $9000.00 fine, the issuance of a Conditional Certificate through March 18, 2009. The Program Administrator and Registered Nurse are required to attend and submit documentation to the Iowa Department of Inspections and Appeals of attendance at assisted living program management training, weekly Medication Administration Records (MAR) reviews, monthly Nurse Reviews, no new admissions and current staff training regarding the Plan of Correction (POC) issues.

April 23 and 24, 2008 for Complaint investigation of #16301, 16302, 17291, 17308, and 17371, with Regulatory Insufficiencies in the areas of: Evaluation of Tenant, Service Plan, Medications, Staffing and Life Safety, which resulted in a $10,000.00 fine, the continuation of the Conditional Certificate and the sanctions will remain.

August 5, 2008 for the first revisit of Complaints #16134, 16301, 16302, 17291, 17308 and 17371; and the third revisit on Complaint 11785, with Regulatory Insufficiencies of Medications and Other, which resulted in a fine of $2,500 00, the continuation of the Conditional Certification and the sanctions will remain, with the exception of two new admissions per week.

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: Tenant #1, a 90 year old, was admitted to the program 09-16-05 with diagnoses including Hypertension (HTN), Depression, Degenerative Joint Disease and Gastro Esophageal Reflux Disease. The tenant was staged at six on the Global Deterioration Scale (GDS) indicating severe cognitive decline, according to the narrative on the health evaluation. However, there is no documentation indicating a GDS was completed. Review of the tenant record revealed no documentation of cognitive evaluation for the service plan of 09-16-08.

Tenant #2, a 90 year old was admitted to the program 11-15-03 with diagnoses including Atrial Fibrillation, Seizures, Depression and Alzheimer's disease. The tenant was staged at six on the Global Deterioration Scale (GDS) indicating severe cognitive decline, according to the narrative on the health evaluation. However, there is no documentation indicating a GDS was completed. Review of the tenant record revealed no documentation of cognitive evaluation for the service plan of 10-13-08.

Tenant #3, a 90 year old, was admitted on 11-17-03 and has diagnoses of: Dementia, Chronic Kidney Disease, Hypothyroidism, Mitral Valve Disease, Chronic Lymphocytic Leukemia, Atrial Fibrillation, Peptic Ulcer Disease, History of Aspiration Pneumonia, Microcytic Anemia, Hard of Hearing, and Placement of a Pacemaker, Aortic Vascular Disease, Congestive Heart Failure and a Hospice Diagnosis of Debility. A cognitive evaluation of 9-2-08 staged the tenant at four on the GDS, which indicated moderate cognitive impairment.

Hospice records indicated the tenant was admitted to hospice on 4-9-08 with a diagnosis of Debility The program completed functional, cognitive and health evaluations on 9-2-08, but was in direct conflict with the tenant's functional and health status as identified in the current hospice care plan. The evaluations completed by the program did not include assessments for signs of depression, anxiety, fear and confusion, aspiration, difficulty breathing, fluid intake, perineum care, peri-care with each change of incontinent undergarments, assist with transfers and wound care to bilateral heels.

Hospice care continued until 10-5-08, when the tenant's health status improved and was discharged from hospice on 10-5-08. The program completed functional and health evaluations on 10-3-08, but did not complete a cognitive evaluation when the tenant's health status changed, indicating being discharged from hospice care due to a "stability" in health status.

Tenant #4, an 86 year old, was admitted on 9-6-08 and has diagnoses of: HTN, Hyperlipidemia and Hypothyroid. Functional and health evaluations were completed on 9-6-08 and 10-6-08, but a cognitive evaluation was not completed prior to and within 30-days of admission.

Tenant #5, a 90 year old was admitted on 9-6-08 and has diagnoses of: Aortic Stenosis, Hyperlipidemia, HTN and Hypothyroidism. Functional and health evaluations were

completed on 9-25-08 but the program did not complete a cognitive evaluation within 30-days of admission.

- Regulatory Insufficiency: The program did not evaluate each tenant's functional, cognitive and health status prior to occupancy, in order to determine the tenant's eligibility for the program, including whether services needed can be provided. (25.23(1))

- Regulatory Insufficiency: The program did not evaluate each tenant's functional, cognitive and health status within 30-days and as needed, to determine the tenant's continued eligibility for the program and to determine any modifications to services needed.(25.23(2))

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

Monitoring Observation: Tenant #1 had a service plan dated 09-16-08. Review of the tenant record revealed no documentation of cognitive evaluation for the service plan of 09-16-08. Further review of the service plan revealed the plan was not individualized or specific for activities. The plan had not been signed by the tenant or the tenant's legal representative.

Tenant #2 had a service plan dated 10-13-08. Review of the tenant record revealed no documentation of cognitive evaluation for the service plan of 10-13-08. Further review of the plan revealed the plan had not been signed by the tenant, the tenant's legal representative or two staff.

Tenant #3 was admitted to hospice on 4-9-08 with a diagnosis of Debility, until 10-5-08 when the tenant was discharged from hospice due to an improvement in health status, citing increased "stability." Hospice developed a care plan on 5-21-08, which was continually updated until 10-5-08 when the tenant was discharged from hospice. The hospice care plan established interventions which hospice and program staff were to implement. This included, for example, assessing for signs of depression, anxiety, fear and confusion, Aspiration, difficulty breathing, fluid intake, perineum care, peri-care with each change of incontinent undergarments, assist with transfers and wound care to bilateral heels.

On 6-25-08 hospice provide a home health aide to assist the tenant weekly. On 8-1-08 the home health aide was assisting the tenant twice weekly The service plan of 7-21-08 was the current service plan when the tenant was under hospice care. An updated service plan was developed on 10-3-08, after the program learned the tenant was to be discharged from hospice on 10-5-08. The service plan of 7-21-08 lacked specificity and coordination, defining when the home health aide and program staff would provide ADLs and did not include interventions related to the hospice care plan and did not identify hospice as an outsider provider of services.

As stated above, the tenant had a GDS of four, which indicated moderate cognitive decline. The service plan of 9-2-08 and 10-3-08 indicated the tenant participates in activities of choice. The Registered Nurse (RN) stated the tenant did not attend activities and only watches television and petted his/her cat. The program did not establish

interventions related to a tenant who is unable to plan their own activities, planned and spontaneous activities based upon their ability and personal interests.

Tenant #6, a 95 year old, was admitted on 9-19-03 and has diagnoses of: Osteoporosis, History of Fractured Spine, HTN and Asthma. A hospice evaluation of 5-22-08 indicated the tenant was admitted to hospice with a diagnosis of Adult Failure to Thrive.

Hospice developed a care plan on 5-22-08, which was continually updated to 9-26-08, the care plan was updated to include the use of a portable oxygen concentrator. The care plan established interventions which hospice and program staff were to implement. This included, for example, assessing for signs of depression, anxiety, fear and confusion, anticipatory grief and accepting of assistance, frustration, loss of control of medication, shortness of breath, dyspnea, constipation, elevating legs, use of support hose, pain medication, back support with ice while sitting and chest pain. The service plan of 9-30-08 and 10-14-08 lacked specificity in not identifying established hospice interventions, therefore did not coordinate care between hospice and the program.

- Regulatory Insufficiency: The program did not consistently develop a plan for each tenant based on evaluations conducted in accordance with 25.23(1) and 25.23(2), and designed to meet the specific service needs of the individual tenant. (25.28(1))

- Regulatory Insufficiency: The program did not consistently ensure that all persons who develop the plan and the tenant or tenant's legal representative shall sign the plan. (25.28(2))

- Regulatory Insufficiency: The program did not consistently individualize the service plan to indicate, at a minimum, tenant's identified needs and the tenant's requests for assistance and expected outcomes; service provider(s) if other than the program; and for tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests. (25.28(4) (a,c,d.))

C. Medications – Program has a comprehensive written medication policy that allows tenant self-administration, but accommodates the need for tenant medication assistance via nurse delegation. The medication assistance is appropriately supervised and administered. Medications are appropriately stored. [231C.16A]

During the course of the first revisit of complaint #16301, #16302, #17291, #17308, #17371, the program received a regulatory insufficiency related to not consistently following an acceptable medication protocol and did not administer medications appropriately for Tenant's #11, #12, #23, #25, #26, #30, #33, #34 and #35

Monitoring Observation: Tenant #11 was discharged from the program on a review of Medication Administration Records for 8-6-08 through 10-14-08 indicated the program followed an acceptable medication protocol and administer medications appropriately for Tenants #12, #23, #25, #26, #30, #33, #34 and #35.

- Regulatory Insufficiency: None noted.

D. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)]

Monitoring Observation: Review of personnel files revealed staff #1, a maintenance person, with a hire date of 04-07-08 had no documentation of a Department of Public Safety, criminal background check of the potential employee prior to hire. The finding was confirmed at interview with the program Administrative Assistant who stated it may have been an oversight.

- Regulatory Insufficiency: The program did not consistently complete a Department of Public Safety, criminal background check of the potential employee prior to hire. (135C.33(1))

E. Other – The provisions of this section address the program's noncompliance with other applicable statutory and administrative rule requirements.

During the course of the first revisit of complaint #16301, #16302, #17291, #17308, #17371, the program received a regulatory insufficiency related to not fully implementing the Plan of Correction.

Monitoring Observation: The Plan of Correction submitted by the program on 9-12-08 was implemented by the program.

- Regulatory Insufficiency: None noted.

Dated this 1st day of December, 2008