IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

January 30, 2009

Complaint Intake: 11785-R5
16134-R3
16301-R3
16302-R3
17291-R3
17308-R3
17371-R3

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

RE: I. Final Recertification Revisit and Complaint Investigation Revisit Report – #11785-R5, 16134-R3, 16301-R3, 16302-R3, 17291-R3, 17308-R3 and 17371-R3
II. Standard Certification Operation
III. Conclusion

Dear Mr. Johnson:

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

Enclosed is the **Final Recertification Revisit and Complaint Investigation Revisit Report** 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 no Regulatory Insufficiencies.**

II. Standard Certification Operation

As reflected in this Report, the program is currently in full compliance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapter 321—25. A standard certificate is being issued effective immediately. The program's sanctions are discontinued.

III. Conclusion

The program has been issued a full certificate effective December 3, 2008 through December 2, 2010, which concludes the current certification period. The program's sanctions are discontinued.

If you have any questions in regard to these matters, please contact me at (515) 281-5077.

Sincerely,

Ann Martin

Ann Martin
Bureau Chief
Health Facilities Division
Adult Services Bureau

Enclosure

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

Assisted Living Program:

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

Complaint Intake# 11785-R5
16134-R3
16301-R3
16302-R3
17291-R3
17308-R3
17371-R3

Date of Monitoring Visit:

January 20, 2009

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 25.8(3)]. 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 Recertification Monitoring Evaluation 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 this chapter 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 specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A recertification revisit and complaint revisit on-site monitoring evaluation was conducted at Silvercrest at Woodlands Creek Assisted Living on January 20, 2009. 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:	43
Current number of tenants with cognitive disorder:	3
Total Population:	47

Dementia Specific Program (DSP)* – Not applicable.

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

Tenant/Family Satisfaction Results – 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.

October 15, 2008 for the second revisit of Complaints #16134, 16301, 16302, 17291, 17308 and 17371; and the fourth revisit on Complaint 11785, with Regulatory Insufficiencies of: Evaluation of Tenant, Service Plan and Record Checks, which resulted in a fine of $2,500.00, the continuation of the Conditional Certification with all other sanctions removed.

On-Site Monitoring Evaluation – The monitor(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)]

During the revisit of 10-15-08, the program received regulatory insufficiencies related to not consistently completing Tenant #1, #2, #3, #4 and #5's functional, cognitive and health evaluations prior to occupancy and within 30-days and as needed to determine if services were needed and/or if modifications to services were needed.

- Monitoring Observation: Tenant #2 was discharged from the program on 12-15-08. Tenant #1, #3, #4 and #5's functional, cognitive and health evaluations were completed as needed to determine continued eligibility and to determine modifications to service needed.

- Regulatory Insufficiency: None noted.

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

During the revisit of 10-15-08, the program received regulatory insufficiencies related to not consistently completing Tenant #1, #2, #3 and #6's service plans based on evaluations, did not ensure all persons who developed the service plan sign the service plan and did not consistently individualize the service plan to indicate identified needs, 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.

- Monitoring Observation: Tenant #2 was discharged from the program on 12-15-08. Tenant #1, #3 and #6's service plans were based upon evaluations, were signed by the tenant and three additional staff, were individualized to indicate identified needs, requests for assistance and expected outcomes, indicated the service provider if other than the program and identified planned and spontaneous activities based on the tenant's abilities and personal interests.

- Regulatory Insufficiency: None noted.

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

During the revisit of 10-15-08, the program received regulatory insufficiencies related to not consistently completing a Department of Public Safety criminal background check of Staff #1 prior to hire.

- Monitoring Observation: Personnel records of Staff #1 and four newly hired staff were reviewed and indicated criminal background checks were completed prior to hire.

- Regulatory Insufficiency: None noted.

Dated this 30th day of January, 2009.

Silvercrest at Woodland Creek Assisted Living Revisit Tenant List 1-20-09W.doc

Tenant List:

1. Mae Moe
2. Loretta Tangman
3. Marion Wheelock
4. Celia Tobis
5. Harry Tobis
6. Edna Borreson

Staff List:

1. Richard Rarick