IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

July 8, 2009

Complaint #22208-C

Jim Hunter, Executive Director
Silvercrest Legacy Pointe Assisted Living
1020 S Scott Blvd.
Iowa City, IA 52240-2944

RE:
I. Final Recertification Monitoring Evaluation & Complaint Investigation Report - #22208-C
II. Civil Penalty
III. Standard Certification
IV. Hearings and Appeals
V. Conclusion

Dear Mr. Hunter:

I. Final Recertification Monitoring Evaluation & Complaint Investigation Report – Silvercrest Legacy Pointe Assisted Living – Iowa City, IA

Enclosed is the **Final Recertification Monitoring Evaluation & Complaint Investigation 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 the **Regulatory Insufficiency,** as defined in the area of Other (Lack of Notification).

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

II. Civil Penalty

The civil penalty obligation, in the amount of five hundred ($500.00) dollars, is required. The civil penalty has been paid and received by the Department.

III. Standard Certification

Also enclosed you will find the Assisted Living Program Certification with effective dates of **May 9, 2009 through May 8, 2011**.

IV. Hearings/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 Legacy Pointe is being assessed a $500.00 civil money penalty. The civil money penalty has been paid and received by the Department.

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 Monitoring Evaluation & Complaint Investigation Report

Assisted Living Program: **Complaint Intake #: 22208-C**

Jim Hunter, Executive Director
Silvercrest Legacy Pointe Assisted Living
1020 S Scott Blvd
Iowa City, IA 52240-2944

Date of Investigation:

June 2, 2009

Monitor(s):

Stephanie Cummins, MA
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 monitoring evaluation and a complaint investigation on-site visit were conducted at Silvercrest Legacy Pointe Assisted Living on June 2, 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:	56
Current number of tenants with cognitive disorder:	1
Total Population:	57

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.**

Accreditation Status – Not applicable.

Tenant/Family Satisfaction Results – A community meeting with 13 tenants and 1 tenant interview were held. Tenants did not have concerns regarding housekeeping in the common areas of the building. They stated when the housekeeper was gone additional staff were needed to replace the housekeeper to ensure apartments were cleaned. One tenant reported his/her apartment was three weeks behind schedule and a few tenants reported the garbage was not emptied daily. There were no issues reported regarding the laundering of bed linens although one tenant had concerns regarding his/her personal laundry. Tenants stated maintenance issues were addressed appropriately. They described staff as nice and excellent and stated they were treated with respect. They reported there was not enough relief for housekeeping and dietary staff when staff were on vacation or did not work. Tenants stated staff responded within five to seven minutes when they called for assistance. One tenant reported waiting one hour for a non-emergency call. According to the tenants, breakfast was the best meal and they did not have any issues or concerns regarding that meal. However, the meat was not of good quality and was difficult to eat. One tenant reported using a pocket knife to cut a pork cutlet that was served recently. The majority of the tenants had issues with the meat quality. They also requested more fresh vegetables and stated at times the temperature of the vegetables needed improvement. A few tenants stated too much food was served and they were concerned with the waste, others stated the portions were appropriate. There were sufficient activities on the weekdays; however, more activities were needed on the weekends. They stated the recent activity calendar had more activities listed. Tenants enjoyed Happy Hour, outings and card games. They felt safe and reported they had fire drills. They made their own decisions and stated the nurse was available when needed. They also stated Administrative staff listened to their concerns and were approachable. They were satisfied with the program and would recommend it to others.

Program History – The previous recertification visit resulted in Regulatory Insufficiencies in the areas of Service Plans, Record Checks and Nurse Review. There were no other substantiated Regulatory Insufficiencies this certification period.

Complaint Investigation/ On-Site Monitoring Evaluation– The complaint investigator(s)/monitors 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 was alleged a tenant exceeded the appropriate level of care.

Monitoring Observation: Tenant #3 was discharged on 4-1-09. A review of six tenant files and interviews with Staff #1, #2 and #3 indicated none of the tenants exceeded the appropriate level of care. The parlor area was observed and was free of odors and was clean.

- Regulatory Insufficiency: None noted.

B. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

Complaint Allegation: It was alleged tenants requested smaller portions of food and the program was unwilling to accommodate the request for smaller portions.

Monitoring Observation: A community meeting with 13 tenants and 1 tenant interview were held. A few of the tenants had concerns with food waste and too much food served. Some of the tenants indicated the portions were appropriate. The kitchen had a current food license and staff were appropriately trained regarding food safety and sanitation. (IAC Chapter 25 for assisted living programs does not have a regulation that pertains to this allegation.)

- Regulatory Insufficiency: None noted.

C. 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 was alleged administrative staff did not listen to concerns raised by the tenants.

Monitoring Observation: A community meeting with 13 tenants and 1 tenant interview were held. The tenants stated administrative staff listened to their concerns and were approachable.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged a tenant's pendant was not working and when the tenant called for assistance the tenant was told it would be fixed in the morning. The tenant asked staff to call an ambulance, which was allegedly refused by staff and the tenant had to call the ambulance himself/herself.

Monitoring Observation: Tenant #2 was discharged on 3-20-09.

Tenant #2 an 88 year old was admitted on 1-4-06 and diagnoses include Atrial Fibrillation with Pacemaker, Anxiety, Arthritis, Legally Blind, Hypertension (HTN), Hypothyroidism and Restlessness. The tenant moved to independent living on 3-20-09. According to notes dated 1-15-09 the tenant called an ambulance and notified staff by phone that he/she had called the ambulance. The tenant was complaining of chest pain and fever. According to the notes, the tenant's pendant was not working earlier that night and there was an area in the tenant's apartment where the call light did not work. Staff removed the call light from the tenant's bathroom and advised the tenant to use it if needed, or to call using the tenant's telephone and staff would answer. The tenant was treated for pneumonia and returned to the program on 1-20-09. Evaluations and service plan updates were completed appropriately post hospitalization. The nurse reported she did not recall the tenant stating he/she had asked to go to the hospital and staff did not send the tenant. The Executive Director (ED) stated he had never heard that the tenant told staff he/she wanted to go and staff refused. Notes did not indicate the tenant requested to go to the hospital and staff refused. The nurse stated the tenant received a pendant, which functioned appropriately, after the tenant returned from the hospital.

A community meeting with 13 tenants and 1 tenant interview were held. The tenants did not have any issues with receiving medical attention or services outside the building when requested and stated they could go if needed. Interviews with Staff #1, #2 and #3 stated tenants made the decision if they requested medical services outside the building.

- Regulatory Insufficiency: None noted.

D. Structural requirements – The structure of the program shall be designed and operated to meet the needs of the tenants. The buildings and grounds shall be well-maintained, clean, safe and sanitary.

Complaint Allegation: It was alleged maintenance issues were not addressed; including replacing the drinking fountain on the main floor, which had not been functioning.

Monitoring Observation: A community meeting with 13 tenants and 1 tenant interview indicated maintenance issues were addressed appropriately. Interviews with Staff #1, #2 and #3 indicated maintenance issues were addressed appropriately. The Maintenance Director was interviewed and he stated the drinking fountain on the main floor by the office was not functioning in February. They were deciding whether to repair or replace the fountain and were getting bids. He stated a sign was posted above the broken fountain referring tenants to the functioning drinking fountain on the second floor. A review of records indicated a new drinking fountain was ordered and the invoice was dated 2-25-09. The drinking fountain on the main floor was functioning at the time of the visit. While the drinking fountain on the main floor was not functioning, a drinking fountain was available on second floor and drinking water was also available in the kitchen and in the tenants' apartments.

- Regulatory Insufficiency: None noted.

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

Monitoring Observation: Tenant #1, an 85 year old was admitted on 3-14-05 and diagnoses include: Congestive Heart Failure (CHF), Constipation, Atrial Flutter, Hypothyroidism and Osteoporosis The tenant fell on 4-16-09 at about 4:15 p.m. and fractured his/her femur. The tenant was taken by ambulance to the hospital and from the hospital the tenant was admitted to another facility for skilled care. The nurse indicated the tenant may be readmitted to the program pending a nursing evaluation scheduled on 6-4-09. The program did not report the tenants fall, with a substantial injury, to DIA.

- Regulatory Insufficiency: The program did not notify the Department of Inspections and Appeals within twenty-four hours, by the most expeditious means available, of an accident causing substantial injury or death, or any fire or natural or other disaster occurring at or near the assisted living program. (231C.12)

Dated this 8th day of July, 2009.