IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

April 8, 2010

Complaint: #28068-C

Fred Schmidt, Administrator
Silvercrest at Woodlands Creek
12605 Woodlands Parkway
Clive, IA 50325-8701

RE: Final Complaint Investigation Report, Silvercrest at Woodlands Creek, Clive, IA

Dear Mr. Schmidt:

Enclosed is the **Final Complaint Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code 231C.7 (2010) and 481 Iowa Administrative Code, chapters 481—69, pertaining to assisted living programs and 481—67.12(3), pertaining to monitoring, civil penalties and complaints regarding assisted living programs. **No Regulatory Insufficiencies were identified.**

A copy of the monitor's **Complaint Investigation Report** is enclosed for your information and as a record of the result of this investigation.

If you have any questions regarding this Report, please contact me at 515-281-5003.

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Complaint Intake #: 28068-C

Fred Schmidt, Administrator
Silvercrest at Woodlands Creek
12605 Woodlands Parkway
Clive, IA. 50325-8701

Date of Investigation:

March 31, 2010

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. IAC r. 481-67.10(5). 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 481 IAC chapter 69 that: serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site visit was conducted at Silvercrest at Woodlands Creek on March 31, 2010. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – Not applicable.

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition but may have tenants without cognitive disorder.

Current number of tenants in a DSP that serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS:	14
Current number of tenants without cognitive disorder:	44
Total Population:	58

***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 have been no substantiated Regulatory Insufficiencies during this recertification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

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

A. Record Checks

Complaint Allegation: It is alleged a staff person working at the program was recently arrested for possession of a controlled substance, plead guilty and was placed on probation.

- Monitoring Observation: Six staff files were reviewed. Staff #5 was hired on 5-26-09. The program completed a criminal background and abuse registries check on 5-22-09. Staff #5 was not found in the data base and was eligible to work at the program. Iowa Courts online search revealed Staff #5 was arrested on 11-14-2009 for possession of a controlled substance. Staff #5 pleaded guilty, with a deferred judgment and placed on probation. A review of Staff #5's employee file indicated the program was not informed of the arrest. The program completed a criminal background and abuse registries check during the onsite investigation of 3-31-10, which revealed further research was required and await the Department of Criminal Investigation final response for criminal history.

- Regulatory Insufficiency: None noted.

Dated this 8th day of April, 2010.