IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

September 14, 2010

Ms. Nicole Ellermeier, Administrator
Whispering Creek Assisted Living
2607 Nicklaus Blvd.
Sioux City, IA 51106

RE: Final Initial Certification & Incident Investigation Report - Whispering Creek Assisted Living, Sioux City, IA

Dear Ms. Ellermeier:

Enclosed is the **Final Initial Certification & Incident Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69. **No Regulatory Insufficiencies were found during this evaluation.**

The on-site evaluation demonstrates regulatory compliance by the Program, and the Program's certification will continue for a period of two years, without interruption, from the original date of certification.

Enclosed you will find the Assisted Living Program Certificate **S0307** with effective dates of **January 4, 2010** through **January 3, 2012**. This certificate is to be posted in the building for public viewing.

If you have any questions regarding this certification, please contact me at 515/281-5721.

Sincerely,

Tamara Halvorson

Tamara Halvorson
ASB Lead Certification Coordinator
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Initial Certification & Incident Investigation Report

Assisted Living Program: **Incident Intake #: 29552-I**

Ms. Nicole Ellermeier, Administrator
Whispering Creek Assisted Living
2607 Nicklaus Blvd.
Sioux City, IA 51106

Date of Incident Investigation:

August 18, 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 an Incident 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:

An on-site visit was conducted at Whispering Creek Assisted Living on August 18, 2010. 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:	9
Current number of tenants with cognitive disorder:	3
Total Population of GPP:	12

Dementia Specific Program (DSP)* – A program that is dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP:	4
Total Census of ALP:	16

***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 eleven tenants. Tenants stated they like living at the program, staff were polite, courteous and were trained to provide the services they needed. Tenants stated they liked the food prepared by the program and stated they had a gourmet cook. The Administrator listened to their concerns and tried to come up with solutions. They felt safe, received the services they contracted for and made their own decisions. The program offered activities they enjoyed. Tenants stated they were aware of their rights and were generally satisfied with the program.

Program History – There were no Regulatory Insufficiencies found during this certification period.

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

A. Staffing

Incident Allegation: The program reported Tenant #1's family member had reported Staff #1 had verbally abused Tenant #1. The Administrator inquired when the verbal abuse occurred and what had been said. Family reported Staff #1 agitated the tenant as the family did not see the tenant become agitated with other staff members. Family of Tenant #1 did not give dates or actions of the verbal abuse from Staff #1.

- Monitoring Observation: Tenant #1, an 80 year old, was admitted to the program on 3-15-10 with diagnoses of: Alzheimer's Dementia, Diabetes Type 2, Hypertension (HTN) and Dyslipidemia. A cognitive evaluation completed on 7-1-10, staged the tenant at five on the GDS which indicated moderate severe cognitive decline. The tenant resided in the dementia unit. Clinical notes of 3-25-10 through 7-23-10 indicated at least eight episodes of increased agitation, paranoia, increased aggression toward staff and tenants, refusing to complete activities of daily living (ADLs), refusing staff assistance with care, using profane language, hitting objects, mood swings and stomping feet when wanting to leave the dementia unit. Service plan of 7-13-10 established interventions related to the behaviors documented in the clinical notes.

  Five staff were interviewed. Staff #1's file indicated she completed eight hours of dementia training on 5-6-10 and nurse delegated training relating to providing personal and health related cares to tenants on 4-12-10. Program records indicated Staff #1 was assigned to work in the general population program and would not work in the dementia unit. Staff #1 was interviewed by a monitor and stated she provided relief for staff in the dementia unit for their 15-minute breaks and half-hour lunch breaks. She stated she provided cares to tenants during this time if needed. She stated Tenant #1 was a very smart and intelligent person and has good and bad days. The tenant would often ask where he/she was and would ask why he/she was at the program. The tenant would get "very" upset when told where he/she was and would, at times, be confrontational with staff and other tenants. The tenant would ask to call a family member and would cuss and yell at the family member and then hang up. Staff #1 stated she has not verbally abused the tenant and stated she was not aware of any staff who was verbally abusive toward Tenant #1 or any other tenant.

  Staff #4 was interviewed by a monitor and stated she was not aware of nor had witnessed tenants being verbally harmed by staff. Staff #4 stated she had heard Staff #1 yelling at Tenant #1 but did not witness the event. Staff #4 stated the tenant will want to call a cab, a lawyer, or the police. The tenant stated he/she has been falsely incarcerated and tells staff they are liars. The tenant pounds his/her fist on the arm or back of the couch, paces from the room in front of the unit to the tenant's room over and over and slams his/her door. Staff #4 stated she had never seen Staff #1 yell at any tenant but other staff have told her Staff #1 has yelled at Tenant #1 to "shut up" and "go to your room."

  Staff #5 was interviewed by a monitor by phone as the staff person no longer worked for the program. Staff #5 stated she did not see or hear of any verbal abuse toward Tenant #1 or any other tenants residing at the program. Staff #6 stated Staff #1 had been rude to Tenant #1, telling the tenant to go to .... room. Staff #6 stated Staff #1 told her the tenant was ..... nuts, but no other staff were present when Staff #1 told

her this. Staff #6 stated she had not seen any other tenants being verbally or physically abused by staff.

The program RN, in a written statement stated Staff #1 had the knowledge base and skills to do the job assigned. Staff #1's performance in tenant care is exceptional and the RN believes Staff #1 provided high-quality services for tenants. Staff #1 monitors the health, safety and well-being of tenants and reported to the RN as needed. Staff #1 is able to make independent decisions but knows when to seek input.

- Regulatory Insufficiency: None noted.

Dated this 8th day of September, 2010.