IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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April 1, 2011

Fred Schmidt, Executive Director
Silvercrest at Woodlands Creek
12605 Woodlands Parkway
Clive, IA 50325

RE: Final Incident Investigation and Recertification Report – Silvercrest at Woodlands Creek, Clive, IA

Dear Mr. Schmidt:

Enclosed is the **Final Incident Investigation and Recertification 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 review of the recertification documents you submitted has been completed and are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **S0164** with effective dates of **December 3, 2010** through **December 2, 2012**.

If you have any questions regarding this certification, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Incident Intake #:** 33043-I

Fred Schmidt, Executive Director
Silvercrest at Woodlands Creek
12605 Woodlands Parkway
Clive, IA 50325

Date of Incident Investigation:

March 23, 2011

Monitor(s):

Maribeth Freland RN and Joyce Kix 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. 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 Silvercrest at Woodlands Creek on 3-23-11. 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 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:	11
Current number of tenants without cognitive disorder:	48

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

Total Population of DSP:	14
Total Population:	73

***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 27 tenants in attendance. The tenants reported general satisfaction with the program. They reported respectful staff interaction and timely response to calls made using emergency pendants. The tenants reported the food served by the program was palatable and the provision of scheduled activities plentiful. They reported the program's environment to be clean and safe, acknowledging they would recommend it to others.

Program History – The program did not receive any regulatory insufficiencies 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 a tenant attempted to harm him/herself while under the care of the program.

- Monitoring Observation: Tenant #3, an 84 year old, was admitted on 11-27-09 with diagnoses of: Coronary Artery Disease, Cerebellar Degeneration with Ataxia, Osteoporosis and Edema. The tenant did not trigger the performance of a Global Deterioration Scale (GDS) which indicated no cognitive decline. The tenant's service plan, dated 2-16-11, indicated he/she required staff assistance for bathing, dressing, grooming, toileting and transferring from bed/chair to wheelchair. Once up in the wheelchair, the tenant was independent with mobility throughout the building.

  Tenant #3's spouse, who had lived with the tenant in his/her apartment and had been his/her primary caregiver, became ill in February 2011. The spouse's illness required program staff to take a more active role in caring for Tenant #3. The tenant began exhibiting agitation with demanding and argumentative behaviors noted by staff. On 2-15-11 the nurse noted potential symptoms of a urinary tract infection coinciding with the change in the tenant's behaviors. Urinary tract infections in the elderly often result in behavioral changes accompanying the infection. The nurse immediately contacted the tenant's physician, reporting the urinary symptoms and behavior changes. On 2-16-11, the physician ordered urinalysis to be obtained however documented a belief that the behavioral changes were most likely due to the tenant's stress and frustration related to his/her spouse's current health issues. The nurse completed a nurse review addressing the behaviors and urinary symptoms.

  On 2-22-11, after culturing for bacteria type and sensitivity, the urinalysis showed positive for urinary tract infection and antibiotic therapy was immediately initiated. Staff reported the tenant exhibited calm cooperative behavior on 2-22-11. Staff assisted him/her with toileting following lunch. The tenant paged staff via the emergency pendant at approximately 1:15 PM, requesting assistance with housekeeping duties. Staff noted no distress or change in behavior at that time. At 1:30 PM, the tenant attempted to harm him/herself, called family to report this attempt and family notified the program. Program staff responded immediately, sending the tenant to the emergency room to seek medical attention.

  Documentation and staff interview revealed the tenant had no prior suicidal attempts or expression of suicidal ideation. When asked the reason for the attempt, the tenant expressed frustration with his/her spouse's health issues and felt he/she did not want to care for the tenant any longer as program staff now assisted the tenant with activities of daily living. The tenant did not have a prior medical diagnosis of depression and did not take any medications for depression prior to this episode. Staff provided adequate supervision to meet Tenant #3's needs and responded timely and appropriately following the tenant's attempt to harm him/her self. The monitor found no indication of program culpability. The program reported the incident to the department appropriately.

- Regulatory Insufficiency: None noted.

Dated this 29th day of March 2011.