IOWA DEPARTMENT OF
# INSPECTIONS & APPEALS

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**Incident Intake #: 33845-I**

June 16, 2011

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

**RE: Final Incident Investigation Report – Whispering Creek Assisted Living, Sioux City, IA**

Dear Ms. Ellermeier:

Enclosed is the **Final Incident Investigation Report** from the on-site monitoring visit of June 8, 2011, 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 identified.**

If you have any questions regarding the enclosed Report, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

LUCAS STATE OFFICE BUILDING, 321 EAST 12TH STREET, DES MOINES, IOWA 50319-0083

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

**Incident Intake #: 33845-I**

**Assisted Living Program:**

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

**Date of Incident Investigation:**

June 8, 2011

**Monitor(s):**

Hal L. Chase, MPH, BSN

**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 June 8, 2011. 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: | 21 |
| Current number of tenants with cognitive disorder: | 3 |
| Total Population of GPP: | 24 |

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

| | |
|---|---|
| Total Population of DSP: | 12 |

| | |
|---|---|
| **Total Census of ALP:** | 36 |

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

**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. Other**

Incident Allegation #33845-I: It was reported Tenant #1's (the Tenant) family member had concerns Staff Member #1 had accepted money from the Tenant and had borrowed the Tenant's vehicle.

- Monitoring Observation: The Tenant, an 84 year old, was admitted on 8-25-10 and had diagnoses of: History of Hip Fracture, Chronic Obstructive Asthma, Diabetes Mellitus (DM) and Hypertension (HTN). A cognitive evaluation was completed on 5-11-11, that indicated normal cognition. The Tenant resided in the general population of the program.

  The program's internal investigation revealed the Tenant reported Staff #1 had driven the Tenant to his/her home to pick up a car belonging to the tenant, planning to bring the vehicle back to the program. Staff #1's boyfriend drove the vehicle back to the program. Staff #1 acknowledged there was one occasion where she drove the Tenant, using the Tenant's car, to run errands. Staff #1 acknowledged she offered to buy the Tenant's vehicle, but couldn't afford the amount the Tenant wanted. Staff #1 reported she had not accepted any money nor used the Tenant's bank card. Local police investigated the incident and concluded there was no evidence of any misappropriation of money or funds.

Staff #1 was interviewed and reported sometime in February or March 2011, The Tenant asked her to drive him/her home to pick up a car belonging to the Tenant. She did drive the Tenant to where the car was and her boyfriend drove the Tenant's car back to the program. She had used the Tenant's car to take the Tenant to the grocery store, but this occurred once. She reported the Tenant offered to sell the car to her, but could not afford to buy the car. She reported she had not asked the Tenant for money and the Tenant had not offered to lend her money.

Tenant #1 was interviewed and reported he/she asked Staff #1 to drive him/her to his/her home and drive a car, belonging to the Tenant, back to the program. Staff #1's boyfriend drove the car back to the program. There had been one additional time when Staff #1 drove the Tenant's car, taking the Tenant to the grocery store. The Tenant did not remember if Staff #1 had asked to buy the car, or if he/she offered to sell the car, but Staff #1 did not buy the car. The Tenant reported Staff #1 had not asked for nor did he/she offer money to Staff #1. The Tenant reported Staff #1 did not take advantage of him/her and hoped Staff #1 would not get into trouble.

- Regulatory Insufficiency: None noted.

Dated this 15th day of June, 2011.