IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 37026-C

January 18, 2012

Ms. Kara Bernsee, Executive Director
Silvercrest at Woodlands Creek
12605 Woodlands Parkway
Clive, IA 50325

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

Dear Ms. Bernsee:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of January 10 & 11, 2012, 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 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint/Incident Investigation Report

Assisted Living Program: **Complaint/Incident Intake #: 37026-C**

Kara Bernsee, Executive Director
Silvercrest at Woodlands Creek
12605 Woodlands Parkway
Clive, IA 50325

Date of Complaint/Incident Investigation:

January 10th and 11th, 2012

Monitor(s):

Hal L. Chase, RN BSN MPH
Lori Miner, RN BSN
Ann Martin, RN

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 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 (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview: ***In preparing this report, the following information was considered:***

Current Program Census

Assisted Living Programs are defined by the type of population served. The census numbers below were provided by the Program at the time of the on-site visit.

Dementia-Specific Program by Definition	
Number of tenants without cognitive disorder:	46
Number of tenants with cognitive disorder:	7
Total Population of Program at time of on-site	53
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	4
Number of tenants with cognitive disorder:	10
Total Population of Program at time of on-site	14
TOTAL census of Assisted Living Program	67

Program History – The program received regulatory insufficiencies in the areas of: Tenant Documents, Service Plan, Medications, Nurse Review, Staffing, Policies and Procedures, Life Safety and Structural Requirements during the Complaint and Incident Investigation of July 2011.

The program received regulatory insufficiencies in the areas of Policies and Procedures, Medications, Level of Care and Structural Requirements during the Complaint Revisit Investigation (34794-CR, 34822-CR and 34948-CR) of November 29-30 and December 1-2 and 4-5, 2011.

Complaint/Incident Investigation – The Complaint/Incident investigator(s) made the observations detailed in the following areas:

A. Policies and Procedures

Complaint/Incident Allegation: It was alleged a tenant gave money to a staff person in exchange for better cleaning services.

- Monitoring Observation: The Assistant Director was interviewed and provided a written statement documenting two occasions in which Staff #7 was given $20 by Tenant #33. The first instance occurred the week of 12-12-11, in which Tenant #33 had given Staff #7 a Christmas gift. The written statement documented the Assistant Director spoke to Tenant #33 and indicated staff members could not accept individual gifts. After speaking with Tenant #33, the money was placed in the employee Christmas fund. The written statement documented a second occasion during the week of 1-2-12 in which Staff #7 received a $20 gift from Tenant #33. The statement indicated the money will be returned to the family of Tenant #33.

Staff #7 was interviewed and stated Tenant #33 had given her money on two occasions, and Staff #7 gave the money to the Assistant Director. Staff #7 reported no other tenants have given money or gifts to staff members.

The Program Nurse was interviewed and stated she knew of no staff accepting or taking money or valuables from a tenant. Staff #33 stated a tenant had given a box of chocolates and it was placed in the break room. Staff #16 and #23 knew of no staff accepting money or gifts from tenants.

A review of the employee handbook indicated employees were not allowed to accept gifts from tenants, and doing so would result in disciplinary action.

Staff #7 followed the policy outlined by the Program.

- Regulatory Insufficiency: None noted.

B. Staffing

Complaint/Incident Allegation: It was alleged housekeeping did not adequately clean tenant apartments and tenants and family had complained. It was alleged staff members were disrespectful.

- Monitoring Observation: Training records of three housekeeping staff were reviewed. Staff #7 was hired 6-6-11, Staff #22 was hired 2-24-10, and Staff #38 was hired 6-29-09. Training records documented current mandatory dependent adult abuse training, dementia training, and housekeeping training.

  The Assistant Director reported Staff #7 received two reprimands for failure to complete housekeeping assignments satisfactorily. Staff #7 was re-educated on her assignments.

  Staff #7 stated family members complained about dusting. Comment cards were left for tenants to comment on services received.

  Staff #4 and #16 were interviewed and indicated no tenants had complained about housekeeping services. Staff #23 and #33 indicated tenants had complained about housekeeping services but no one person was identified.

  During interviews, Tenants #29, #31, and #32 reported no concerns about housekeeping. Tenant #27 and #28 stated Staff #7 was the housekeeper. It was reported Staff #7 initially did not do a good job but was doing a good job now. Tenant #30 reported needing to show a new housekeeper what to do, but the apartment was clean when the housekeeper left. Both Tenant #30 and #33 expected housekeepers to clean behind and under the furniture.

  Observations were made in the apartments for Tenants #27, 28, 29, 30, 31, 32, and 33. The apartment recently vacated by Tenant #21 was also observed. Two of the apartments were noted to have two bathrooms. All bathrooms were generally neat

and tidy and free of mold. The rest of the apartment including kitchen space, living area and sleeping area were also noted to be generally neat and tidy.

The Assistant Director and Program Nurse reported no instances of staff being inappropriate to tenants.

Staff #4, 7, 16, 23, and 33 indicated no staff members had been inappropriate to tenants.

Tenants #27, 28, 29, 30, 31, 32, 33 reported staff members were respectful.

During the onsite visit, there were no instances observed of staff members being inappropriate to tenants.

The Program identified unsatisfactory housekeeping services and took actions to correct the problem, including the use of comment cards to be completed by tenants after housekeeping services were provided. Tenants indicated no concern about housekeeping or indicated services had improved. Housekeeping staff had been trained to provide services.

There were no known instances of staff members being inappropriate to tenants.

- Regulatory Insufficiency: None noted.

C. Other

Complaint/Incident Allegation: It was alleged the Program retaliated against a staff member for talking to the Department of Inspections and Appeals.

- Monitoring Observation: In an interview, both the Assistant Director and the Program Nurse stated no staff members had been terminated for talking with a monitor.

  During interviews, Staff # 4, 7, 16, 23, and 33 reported having no knowledge of a staff member being terminated for talking with monitors from the state.

  The Program provided a list of five staff members recently terminated. Staff #42 was hired 4-7-08 and was terminated on 10-18-11 for failure to perform job duties satisfactorily. Staff #41 was hired 1-20-11 and was terminated on 11-6-11 for sleeping at work. Staff #12 was hired 10-8-08 and was terminated 12-1-11 for failure to maintain a safe environment. Staff #39 was hired 8-29-11 and was laid off for low census on 12-12-11. Staff #40 was hired 11-17-11 and was terminated on 1-5-12 for failure to perform job duties satisfactorily.

  There was no evidence to support the alleged claim of retaliation.

- Regulatory Insufficiency: None noted.