IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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Complaint/Incident Intake #: 42107-I

January 17, 2013

Ms. Kara Bernsee, Administrator
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 16, 2013, 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 or **Rose.Boccella@dia.iowa.gov**

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:

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

Complaint/Incident Intake # 42107-I

Date of Complaint/Incident Investigation:

January 16, 2013

Monitor(s):

Lori Miner, RN BSN
Rose Boccella, MA

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:	47
Number of tenants with cognitive disorder:	9
Total Population of Program at time of on-site	56

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	11
Total Population of Program at time of on-site	12
TOTAL census of Assisted Living Program	68

Program History – During the second Complaint Revisit (34794-C, R2, 34822-C, R2, 34948-C, R2) of February 15 and 16, 2012, the program received an insufficiency in the area of Structural. During the March and April 2012 Complaint Investigation (38210-C), the program received regulatory insufficiencies in the areas of: Evaluation, Service Plan, Criteria for Admission and Retention and Staffing.

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

A. Program Reporting to the Department

Complaint/Incident Allegation: The Program reported Tenant #1 was missing Hydrocodone.

- Monitoring Observation: Tenant #1, a 91 year-old, was admitted on 11-2-11 and had diagnoses of: Hypertension, Hyperlipidemia, Spinal Stenosis, Diabetes Mellitus Type II, and Coronary Artery Disease. Tenant #1 had no errors on a cognitive ability assessment tool, on 12/12/13, which indicated no cognitive decline. The current service plan, dated 8-17-12 indicated Tenant #1 was independent with bathing, dressing, grooming, toileting, ambulation, and transfers. Tenant #1 was also independent with medications, and per Program policy, self-administered and self-stored medications. On 12-26-13, Tenant #1's son reported to the Assistant Administrator that Tenant #1 was missing medications. Tenant #1 indicated approximately 100 Hydrocodone tablets were missing between 10-29-12 and 12-26-12. The Program reported the missing narcotics to the Department on 12-27-12, within 24 hours. An incident report was completed and an investigation was completed. The local police department was notified. The Program offered a secured system for narcotic storage to Tenant #1 which Tenant #1 instituted. Tenant #1

identified a staff member, Staff #1, who had come to the apartment requesting personal items. Tenant #1 gave the personal items to Staff #1. Through interviews the Program identified Staff #1 who had not followed Program policy regarding acceptance of gifts from tenants, and Staff #1 was terminated. The Program identified other tenants who self-administered and self-stored medications and offered a secured system for storage.

Upon notification of missing narcotics, the Program notified the Department and immediately began an investigation. The Program followed their policies and procedures and notified the Department appropriately.

- Regulatory Insufficiency: None noted.