IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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Complaint/Incident Intake #: 43595-I

May 30, 2013

Ms. Kara Bermsee, 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. Bermsee:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of May 21, 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 Bermsee, Administrator
Silvercrest at Woodlands Creek
12605 Woodlands Parkway
Clive, Iowa 50325

Complaint/Incident Intake #:

43595-I

Date of Complaint/Incident Investigation:

May 21, 2013

Monitor(s):

Maribeth Freland RN
Joyce Kix 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:	47
Number of tenants with cognitive disorder:	11
Total Population of Program at time of on-site	58

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	3
Number of tenants with cognitive disorder:	12
Total Population of Program at time of on-site	15
TOTAL census of Assisted Living Program	73

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. The program received a regulatory insufficiency in the area of Policy and Procedure during the April Complaint (4382-C) visit.

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

Tenant Rights

Complaint/Incident Allegation: It was reported two tenants living together in the same apartment reported gift cards totaling 120 dollars and two rings were missing.

- Monitoring Observation: Tenant #1, an 89 year old, was admitted to the program on 2-1-12 with diagnoses of Diabetes and Coronary Artery Disease. Tenant #1 missed two questions on the program's cognitive ability assessment completed on 1-7-13, indicating low risk for cognitive decline. Tenant #1 was independent with all activities of daily living, receiving only laundry services, housekeeping services and meals from the program.

  Tenant #2, an 87 year old, was admitted to the program on 2-1-12 with diagnoses of Hypertension, Edema and Coronary Artery Disease. Tenant #2 missed two questions on the program's cognitive ability assessment completed on 1-7-13, indicating low risk for cognitive decline. Tenant #2 was independent with all activities of daily

living, receiving only laundry services, housekeeping services and meals from the program.

On 5-7-13 Tenants #1 and #2, who resided together in the same apartment, reported two rings were noted to be missing from the apartment in mid-summer of 2012. The rings were kept in a dresser drawer and only worn for special occasions. Tenant #1 reported the rings were noted to be missing about 3 months after he/she was admitted. Tenant #1 reported telling the Assistant Executive Director about the missing rings during the summer of 2012; however, the Assistant Executive Director could not remember this report and was unable to locate any investigation related to the missing rings from the summer of 2012. The Assistant Executive Director initiated an investigation related to the missing rings on 5-7-13 immediately following the most recent report. Tenants #1 and #2 were unable to remember an exact month or date of the missing rings. The program and the monitors were unable to look into the allegation any further due to the amount of time that had gone between the alleged theft and current report.

On 4-10-13, Tenants #1 and #2 reported they placed two Target gift cards on a side table inside their apartment prior to going to the main dining room area for breakfast. Both indicated locking the apartment door on exit. Approximately one hour later the two tenants returned to the apartment to prepare to go shopping. The tenants left the building approximately 2 ½ hours later, each assuming the other had the gift cards. After completing the shopping at Target, the two tenants realized that neither had the gift cards. After returning back to the apartment, both tenants noted the cards were not on the table where they had previously left them and had been unable to find the gift cards upon searching. Tenants #1 and #2 reported the missing gift cards to the program on 4-18-13. The program initiated an investigation related to the tenants' allegation of theft of the gift cards, interviewing all staff working during the time of the incident.

Tenants #1 and #2 reported checking with the family members who had given the cards as gifts to see if either had a receipt for the purchase of the gift cards or some other identifying information to track the cards. Neither family member had any such information. Tenants #1 and #2 refused to have police called related to the alleged theft and neither wanted the program to make restitution of the monetary value of the gift cards. Both tenants reported a belief that the program did everything appropriately with follow-up and considered the situation "done and over with".

The monitors were unable to determine substantiation of theft of the gift cards as interviews did not present anyone suspect, the tenants did not have any identifying information for tracking of the gift cards and 25 staff members worked during the time of the alleged theft of which 22 had a universal master key that would open Tenant #1 and #2's apartment door.

- Regulatory Insufficiency: None noted.