IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 50286-I

November 25, 2014

Ms. Kaylan Hamerlinck, Manager
Silvercrest Legacy Pointe
1020 S. Scott Blvd.
Iowa City, IA 52240-5832

RE: Final Complaint/Incident Investigation Report – Silvercrest Legacy Pointe, Iowa City, IA

Dear Ms. Hamerlinck:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of November 17, 2014, 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.

Based on a tenant file review, staff interviews, Program investigation, monitor observation and review of Program documents and policies there were no concerns regarding staffing and the incident involving the tenant indicated in the Program's self-report. The tenant had impaired decision making ability and left the Program without staff knowledge or authorization on 9-22-14. The estimated time between when the tenant was last observed by staff and when the tenant was found outside ranged from approximately 10 to 20 minutes per staff interviews. The tenant was observed by staff directly outside the Program's main entrance doors and was redirected into the building by staff. The tenant was dressed appropriately and did not sustain any injuries. The Program was not required to have door alarms and the tenant did not require any safety checks prior to the elopement. After the tenant returned inside the building safety checks every 15 minutes were initiated. Those checks continued until the tenant's family requested the checks be discontinued and the family and/or private caregiver provided continuous supervision, which was provided to the time of the tenant's discharge. The tenant did not have a history of elopements prior to the incident and there were no elopements after the incident. Staff interviews indicated there was enough staff to meet the identified needs of the tenants and staff followed the applicable policies and procedures related to the incident.

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

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0116	A. BUILDING: _____ B. WING _____	C 11/17/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVERCREST LEGACY POINTE	1020 S SCOTT BLVD IOWA CITY, IA 52240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-67 Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 54 Number of tenants with cognitive disorder: 1 *Total population of program at time of on-site:* 55 Total census of Assisted Living Program: 55 No insufficiencies were cited during the investigation of Incident #50286-I.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE