IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 51881-C

June 10, 2015

Ms. Nicole Ellermeier, Director
Whispering Creek AL
2607 Nicklaus Blvd.
Sioux City, IA 51106

RE: Final Complaint/Incident Investigation Report – Whispering Creek AL, Sioux City, IA

Dear Ms. Ellermeier:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of May 20 - 27, 2015, 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 observations, staff interviews, and review of tenant files, discharged files, incident reports, program policies, the following was unsubstantiated:

Allegation: Service Plans
Findings: Unsubstantiated
Comments: Cognitive, functional, and health evaluations were conducted prior to and upon admission. Evaluations were conducted as needed with change of condition and service plans were developed and updated appropriately.

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
	S0307	A. BUILDING. _____ B. WING _____	C 05/27/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING CREEK	2607 NICKLAUS BLVD SIOUX CITY, IA 51106

(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: 34 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 37 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: 51 No regulatory insufficiencies were cited during Complaint Investigation, #51881-C.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE