IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 55460-C

December 1, 2015

Mr. Greg Ernst, Administrator
Silvercrest at Woodlands Creek
12605 Woodlands Parkway
Clive, IA 50325

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

Dear Mr. Ernst:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of November 24, 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. The following allegations were investigated in relation to complaint #55460-C:

Allegation: Concerns were raised about the Program's hiring and termination of employees
Findings: Not Investigated
Comments: There are no assisted living regulations related to employer-employee relations.

Allegation: Staffing-it was alleged staff are not trained to administer medications, especially on the overnight shift.
Findings: Not substantiated
Comments: Staff and nurse interviews were conducted, staff training records, medication error and incident reports were reviewed, and a medication pass was observed with a focus on overnight staff. No issues were identified related to staff ability to administer medications. Staff training was documented to have been completed.

Allegation: Medication management-it was alleged there were multiple medication errors and attempts were made to cover up errors. It was alleged narcotic counts were "off" and staff attempted to cover up errors in the narcotic count.
Findings: Not substantiated

Comments: Staff and nurse interviews were conducted, medication error and incident reports were reviewed, computerized medication records were reviewed. While there were medication errors, the Program took action to identify the error and prevent recurrence. It was reported a new computer system was put into use recently for medications including the counting of controlled medications including narcotics. There was no evidence to suggest errors or narcotic counts were covered up.

Allegation: Tenant Rights-it was alleged medications were misappropriated and tenants were directly affected.
Findings: Not substantiated
Comments: Staff and nurse interviews were conducted, medication error and incident reports were reviewed, computerized medication records were reviewed including narcotic count records. There was no information to suggest medications were misappropriated and or that tenants were missing medications.

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
	S0164	A. BUILDING: _____ B. WING _____	C 11/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVERCREST AT WOODLANDS CREEK	12605 WOODLANDS PARKWAY CLIVE, IA 50325

(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: 50 Number of tenants with cognitive disorder: 9 Total Population of Program at time of on-site: 59 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 14 Total Population of Program at time of on-site: 15 TOTAL census of Assisted Living Program: 74 No regulatory insufficiencies were cited during the investigation of Complaint # 55460-C.	A 000		

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