IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

DEAN A. LERNER, DIRECTOR

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

May 15, 2008

Mr. Jim Lambert, Administrator
Silvercrest Assisted Living Garner Farms
1575 W 53Rd St
Davenport, IA 52806-2448

RE: I. Final Recertification Monitoring Evaluation Report
II. Civil Penalty
III. Hearings and Appeals
IV. Conclusion

Dear Mr. Lambert:

I. Final Recertification Monitoring Evaluation Report – Silvercrest Assisted Living Garner Farms, Davenport, IA

Enclosed is the **Final Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. The Final Report notes the **Regulatory Insufficiencies,** as defined in the areas of: Evaluation of Tenant, Criteria for Exclusion of Tenant, Criteria for Exclusion of Tenant, Service Plan, Medications, Nurse Review and Staffing.

DIA is accepting the Plan of Correction (POC) following the program's submission of additional information. The Request for Reconsideration under Food Service is accepted. The Request for Reconsideration under Evaluation of Tenant, Service Plan and Nurse Review, in regard to Tenant #3 is denied as these same issues appeared in the reports from December data reflects that the tenant exceeded criteria at the time of our visit.

II. Civil Penalty

If no appeal is requested within 30 days of receipt of this Final Complaint Investigation Report the civil penalty obligation, in the amount of five hundred ($500.00) dollars, is required.

III. Hearings/Appeals

The Program may appeal the DIA decision in accordance to 321 IAC 26.4, within 30 days of notice, by submitting a request for appeal to the DIA. Hearings will be held pursuant to 481 IAC Chapter 10. If the program appeals, the civil penalty will be suspended, pending appeal. If the program does not appeal, the fine is due within 30 days of notice.

IV. Conclusion

The Plan of Correction that was submitted is accepted. The Request for Reconsideration in regard to Food Service is accepted. The Request for Reconsideration under Evaluation of Tenant, Service Plan and Nurse Review, in regard to Tenant #3, is denied as issues were documented in December of 2007 and again in January of 2008, in regard to Tenant #3, that were not addressed with updated evaluations, service plans and nurse reviews. These Regulatory Insufficiencies were not based solely on the March 18, 2008 visit.

DIA may revisit the program to confirm compliance in fulfilling the POC's corrective measures. If the program wishes to appeal or request a hearing on the final findings, the program may do so within 30 days of this letter.

If you have any questions in regard to these matters, please contact me at (515) 281-5077.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Amended Final Monitoring Evaluation Report

Assisted Living Program:

Mr. Jim Lambert, Administrator
Silvercrest Assisted Living Garner Farms
1575 W 53rd St
Davenport, IA 52806-2448

Date of Monitoring Visit:

March 18, 19 & 20, 2008

Monitor(s):

Hal L. Chase, RN BSN MPH

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or 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 rule violations [321 IAC 25.8(3)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of an Initial Certification Monitoring Evaluation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under this chapter that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Silvercrest Assisted Living Garner Farms on March 18, 19 & 20, 2008. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	52
Current number of tenants with cognitive disorder:	1
Total Population:	53

Dementia Specific Program (DSP)* – Not applicable

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Tenant/Family Satisfaction Results – A community meeting was held with fourteen tenants. Tenants stated the program was nice but sometimes staff walk into their apartments without knocking. Staff are trained well, but felt a RN should be on-site twenty fours a day. Tenants stated the food was terrible, and although they complain about it, nothing is done to change it. Tenants stated they are not given a choice of entrées and they get the same vegetable for lunch and supper. Tenants stated they wanted more activities for adults, as there are crafts that are meant for children. Tenants stated they felt safe but someone should be at the front door all of the time. Tenants were concerned that someone could enter the building and Tenants wouldn't know who they are. Tenants stated they are not offered therapeutic diets. Tenants stated they make their own decisions and can call staff if they are ill or need help. Tenants stated they are not satisfied with the program and would not recommend the program to friends.

Program History – There were substantiated Regulatory Insufficiencies in the areas of: Service Plan, Staffing and Managed Risk this certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

Monitoring Observation: Tenant #1, a 95 year old, was admitted on 1-18-06 and has diagnoses of: Hypertension (HTN), Hyperlipidemia, Osteoporosis, Dementia, a History of Multiple Compression Fractures and a History of Frequent Falls. A cognitive evaluation was completed on 7-19-07, staging the tenant at a five-six on the Global Deterioration Scale (GDS), indicating moderate to severe cognitive decline. Nurse's notes of 1-10-08 indicated the tenant's physician was contacted, as the tenant was becoming increasingly agitated, anxious, yelling and hitting staff and spouse. An order for Lorazepam was received. The program did not complete a functional, cognitive and health evaluation to determine modifications to services needed.

Tenant #2, a 64 year old, was admitted on 10-16-03 and has diagnoses of: Cerebral Palsy, Osteoporosis, Menopausal Depression, Pain, Hypothyroidism, History of Urinary Incontinence, and History of Breast Cancer with Bilateral Mastectomy. Nurse's notes of 2-28-08 indicated the tenant returned from the hospital with post-operative instructions for staff to follow including: no extra walking, to wear a surgical boot when out of bed, elevate left foot as much as possible, sponge bathe as desired and to keep dressing intact, clean and dry. The program did not complete a functional, cognitive and health evaluation to determine modifications to services needed.

Tenant #3, an 88 year old, was admitted on 1-22-02 and has diagnoses of: Chronic Obstructive Pulmonary Disease (COPD), Hypothyroidism, History of Cerebrovascular Accident (CVA), Memory Loss, Dementia and Edema. The tenant's physician was notified on 12-3-07 that the tenant was confused the past few days and the program requested an order for a urinalysis. On 1-15-08, the program notified the tenant's physician that the tenant had a weight loss of six pounds in one week. On 3-18-08, the program notified the tenant's physician that the tenant had a "very unsteady" gait and needed the assist of staff to prevent falls. In none of these instances did the program complete a functional, cognitive and health evaluation to determine modifications to services needed.

Tenant #4, an 87 year old, was admitted on 9-22-07 and has diagnoses of: HTN, Dementia, Edema, Fatigue, Arthritis and Hair Loss. The service plan was updated on 1-4-08 for staff to monitor and report changes to the registered nurse (RN) related to the tenant's moods and behavior due to a medication change. On 1-7-08 the service plan was updated for staff to provide increased assistance with transfers and ambulation and to provide cares during episodes of pain. In neither instance did the program complete a functional, cognitive and health evaluation to determine modifications to services needed.

- Regulatory Insufficiency: The program did not evaluate each tenant's functional, cognitive and health status as needed and to determine the tenant's continued eligibility for the program to determine any modifications to services needed. The evaluation shall be conducted by a health care professional or a human service professional. (25.23(2))

B. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

Monitoring Observation: Staff #1 and #2 stated Tenant #1 required a routine two person assist with transfer, ambulation and evacuation. The RN, prepared and signed a document indicating the tenant was a two person transfer since 7-19-07, for safety purposes, due to fluctuating functional ability. A functional evaluation of 7-19-07 indicated the tenant was a total lift assist with transfers. The service plan of 7-19-07 indicated the tenant was an assist of two for showers, a total lift for transfers and staff were to use the assist of one to two staff, dependent upon the tenant's cooperation and the staffs' size. The monitor observed, on two separate occasions, the use of two staff to transfer the tenant when personal cares were given. The tenant was unable to ambulate or bear weight during the observations.

- Regulatory Insufficiency: The program knowingly retained a tenant who requires routine two-person assistance with standing, transfer or evacuation. (25.23(3)b)

C. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

Monitoring Observation: Tenant #2's nurse's notes of 2-28-08, indicated the tenant returned from the hospital with post-operative instructions for staff. Post-operative instructions included: no extra walking, to wear a surgical boot when out of bed, to elevate the left foot as much as possible, sponge bathes as desired and to keep dressings intact, clean and dry. The program did not identify the tenant's need for assistance in the service plan.

Tenant #3's physician was contacted on 3-18-08 and informed the tenant had a "very unsteady" gait and needed the assistance of staff to prevent falls. The service plan of 6-22-07 indicated the tenant was independent with transfer and ambulation. The program did not identify the tenant's need for assistance in the service plan.

Tenant #4's service plan had been updated on 1-4-08 for staff to monitor and report changes to the RN related to the tenant's moods and behavior. On 1-7-08 the service plan was updated for staff to provide increased assistance with transfer and ambulation and to provide cares during episodes of pain. In both instances the tenant and RN initialed the service plan but did not have a multi-disciplinary team of two additional staff sign the service plan. The program made changes to the service plan on 1-4-08 and 1-11-08 without completing a functional, cognitive and health evaluation to support the updated service plans. Nurse's notes of 1-11-08 indicated the tenant's physician ordered the tenant's legs to be elevated for two hours after lunch and to keep the tenant's legs elevated when sitting in the lounge chair. Nurse's notes of 2-5-08 indicated the tenant needed to be reminded to elevate his/her legs, as ordered by the physician; however, the service plan was not updated to reflect the physician's order.

- Regulatory Insufficiency: The program did not develop a service plan for each tenant based on the evaluations conducted in accordance with 25.23(1) and 25.23(2) and designed to meet the specific service needs of the individual tenant. (25.28(1))

- Regulatory Insufficiency: The program did not update the tenant's service plan when a tenant needs personal care or health-related care, as needed by a multidisciplinary team that consists of no fewer than three individuals, including a health care professional and other staff appropriate to meet the needs of the tenant, in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. (25.28 (3))

- Regulatory Insufficiency: The program did not individualize the service plan and indicate at a minimum, the tenant's identified needs and the Tenant's requests for assistance and expected outcomes. (25.28(4)a)

D. Medications – Program has a comprehensive written medication policy that allows tenant self-administration, but accommodates the need for tenant medication assistance via nurse delegation. The medication assistance is appropriately supervised and administered. Medications are appropriately stored. [231C.16A]

Monitoring Observation: Medication and treatment documentation indicated medications and treatments were not charted as given. The RN stated the computer system is to flag the Director of Nursing computer with missed medication dosages and it is not working correctly. Medication and treatment issues with Tenant's #2 and #4 are recorded in the following table. A review of Tenants #5 through #8's Medication Administration Records (MARs) for March, 2008, indicated additional medication or treatment errors. Errors for those tenants are not represented in this table; however, support the monitoring observation that the program did not document medications or treatments or that medications or treatments were not given.

Tenant #2	MAR indicates staff are to provide the tenant assistance with ambulation in the hall three times per day.	Not recorded as completed on 4-11-08.
Tenant #2	Assist with putting Ted Hose on in the a.m.	Not recorded as completed on 4-14-08.
Tenant #2	Apply blue surgical boot to left foot daily when Tenant is out of bed	Not recorded as completed in the a.m. on 4-14-08.
Tenant #2	Elevate left foot on 2-3 pillows daily in the a.m. and p.m. and at night.	Not recorded as completed at night on 3-6-08, in the morning on 3-7-08 and at night on 3-8-08 and 3-9-08.
Tenant #2	Apply left leg brace daily in the a.m. and take off in the p.m.	Not recorded as completed on a.m. shift 3-10-08 and 3-14-08.
Tenant #4	Docusate Sodium, 100 mg, three times daily	Not recorded as given at 2:00 p.m. on 3-8-08.
Tenant #4	Amitriptyline, 10mg daily	Not recorded as given as the tenant was sleeping on 3-12-08.

- Regulatory Insufficiency: The program did not administer medications provided by an Iowa-licensed registered nurse or advanced registered nurse practitioner registered in Iowa or the authorized agent in accordance with 655-subrule 6.2(5) and 655 –sub rule 6.3(1) and Iowa Code chapter 155A and in executing the medical regimen as prescribed by the physician, the registered nurse did not exercise professional judgment in accordance with minimum standards of nursing practice as defined in these rules. (25.29(2)a), (IAC655-6.2(5)e(152))

E. Nurse Review - Program provides a registered nurse to ensure the appropriate administration and documentation of medications, ensure that physician orders are current, and assess and document the tenants' health related activities. [321 IAC 25.30]

Monitoring Observation: Tenant #1's nurse's notes of 1-10-08 indicated the tenant's physician was contacted as the tenant was becoming increasingly agitated, anxious and was yelling and hitting staff and the tenant's spouse. The program did not assess and document the health status of the tenant.

Tenant #2's nurse's notes of 2-28-08 indicated the tenant returned from the hospital with post-operative instructions for staff to follow. Post-operative instructions included: no extra walking, to wear a surgical boot when out of bed, to elevate the left foot as much as possible, sponge bathes as desired, and to keep the dressing intact, clean and dry. The program did not assess and document the health status of the tenant.

Tenant #3's physician was notified on 12-3-07 that the tenant was confused the past few days and the program requested an order for a urinalysis. On 1-15-08, the program notified the tenant's physician that the tenant had a weight loss of six pounds in one week. On 3-18-08, the program notified the tenant's physician that the tenant had a "very unsteady" gait and needed assistance of staff to prevent falls. In all three instances, the program did not assess and document the health status of the tenant.

- Regulatory Insufficiency: The program did not assess and document the health status of each tenant, make recommendations and referrals as appropriate and monitor progress on previous recommendations at least every 90 days or if there are changes in health status. (25.30(3))

F. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Monitoring Observation: A review of the program's Dependent Adult Abuse training consisted of training videos: "Healthcare Ergonomics", "Elder Abuse and Neglect Show You Care" and "Sexual Harassment in Health Care." The program administrator stated these three videos were used as training for staff on dependent adult abuse.

- Regulatory Insufficiency: The program did not have a training program curriculum approved by the appropriate licensing or examining board or the abuse education review panel established by the director of public health pursuant to section 135.11. (235B.16)

Dated this 15th day of May, 2008.