IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED

February 29, 2012

Mr. Jim Lambert, Administrator
Silvercrest Garner Farms Senior Living
1575 W. 53rd Street
Davenport, IA 52806

RE: I. Final Recertification Monitoring Evaluation Report
II. Civil Penalty
III. Appeals/Hearings
IV. Standard Certification
V. Conclusion

Dear Mr. Lambert:

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

Enclosed is the **Final Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapter 481—67 and 481—69. The Report notes the Regulatory Insufficiencies in the area(s) of: Medications and Food Service. Silvercrest Garner Farms Senior Living("Program") is being assessed a $500 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a).

DIA is accepting the Plan of Correction (POC) following the Program's submission of information.

LUCAS STATE OFFICE BUILDING, 321 EAST 12TH STREET, DES MOINES, IOWA 50319-0083

ADMINISTRATION	ADMINISTRATIVE HEARINGS	HEALTH FACILITIES	INVESTIGATIONS
(515) 281-5457	(515) 281-6468	(515) 281-4115	(515) 281-5714
FAX: (515) 242-6863	FAX: (515) 281-4477	FAX: (515) 242-5022	FAX: (515) 242-6507

Telephone Number for the Hearing Impaired: (515) 242-6515

II. Civil Penalty

If, within thirty (30) days of the receipt of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant in accordance with IAC 67.12(3)d. If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send cover letter to the attention of **Jim Berkley** and remit the penalty assessed by check or money order in the amount of three hundred twenty five dollars ($325) within 30 business days after the receipt of this demand letter.

III. Appeals/Hearings

The Program may appeal the DIA decision in accordance with IAC rule 481—67.13 within 30 days of this notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to IAC chapter 481—10. If the Program appeals, the civil penalty will be suspended, pending the appeal process. If the Program does not appeal, the fine is due within 30 days of notice.

IV. Standard Certification

Enclosed you will find the Assisted Living Program Certificate **S0066** with effective dates of **March 8, 2012** through **March 7, 2014**.

V. Conclusion

The Program is being assessed a $500 civil penalty pursuant to Iowa Code section 231C.11 and 481 IAC 67.12(3)(a). The POC submitted on December 22, 2011, has been reviewed and will constitute the final POC related to the on-site visit of November 8, 2011.

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 this letter and report, please contact your Program Coordinator, Jim Berkley, at 515/281-4116.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Jim Lambert, Administrator
Silvercrest Garner Farms Senior Living
1575 W 53^{rd} St.
Davenport, IA 52806

Date of Monitoring Visit:

November 8, 2011

Monitor(s):

Joyce Kix, RN
Maribeth Freland, 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 were provided by the Program at the time of the on-site.

Dementia-Specific Program by Definition	
Number of tenants without cognitive disorder:	39
Number of tenants with cognitive disorder:	7
Total Population of Program at time of on-site	46
TOTAL census of Assisted Living Program	46

Tenant/Family Satisfaction Results – A community meeting was held with eight tenants. They reported the program was neat, clean and safe. Nursing staff responded to calls within 10 to 15 minutes and provided good care. The tenants had some concerns regarding the food not always being hot and meats dry and tough. Most tenants were generally satisfied and six of them would recommend the program to friends.

Program History – The program did not receive any regulatory insufficiencies during this certification period.

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

A. Medications

Monitoring Observation: During observation of medication administration on 11-8-11 at 9:45 a.m., the monitor observed Staff #5 give medications to Tenant #1. The medication Magnesium 64 and Potassium 20 milliequivelants (meq) were delivered to the tenant whole. Tenant #1 pushed the pills away and said he/she can't swallow them because they are usually crushed. Staff #5 advised the tenant they did not have a physician's order to crush the pills. Tenant #1 attempted to swallow the Magnesium 64 and choked on the pill and fifteen minutes later the tenant coughed up the pill. The tenant's medication cupboard contained a pill crusher which had white residue in it. Staff #4 and #5 reported that for many weeks they had crushed the tenant's medications. The clinical record lacked documentation of a physician's order to crush the medications.

A Medication Error report for Tenant #2 indicated the tenant had an order for liquid Lorazepam and liquid Haldol, Both anti-anxiety medications were ordered to be taken as needed. The narcotic count sheet indicated the staff administered one milliliter (ml) of Lorazepam each time given, documenting 0.5 ml remained in the bottle on 8-21-11. The actual count completed 8-23-11 revealed 7 ml left in the bottle resulting in an additional 6.5 ml remaining.

Another narcotic count sheet indicated the staff administered .25 ml for each dose of Haldol with 20.75 ml remaining in the bottle on 8-19-11. The actual count completed 8-23-11 indicated 16 ml remained in the Haldol bottle resulting in 4.75 ml unaccounted for. It was suspected that staff mixed the bottles up and administered Tenant #2 Haldol when they intended to administer Lorazepam and also gave the tenant Lorazepam when they intended to give the Haldol. This occurred on multiple occasions to create a discrepancy on the narcotic count sheet compared to the actual medication on hand. The tenant potentially received four times the physician's ordered dose of Haloperidol and only one-fourth the physician ordered dose of Lorazepam.

Regulatory Insufficiency: The administration of medications shall be provided by a registered nurse, a licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by unlicensed personnel in accordance with requirements in 655-Chapter 6 governing nurse delegation. (IAC r. 481-67,5(6) a.)

B. Food Service

Monitoring Observation: Personnel records for six employees were reviewed for training. Staff #1, #2, and #3 assisted with serving and/or cooking food as part of their duties. Staff #1, hired as a certified nurse aide, did not have documentation of initial orientation for safe food handling prior to providing that service to tenants. Staff #2, a cook, did not have documentation of annual completion of in-service for safe food handling. Staff #3, a cook, did not have documentation of annual completion in-service for safe food handling.

Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have an annual in-service training on food protection.
(IAC r. 481-69.28 (5))