IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 50741-C

January 13, 2015

Ms. Leah Luna, Director
Silvercrest Garner Farms
1575 W 53rd Street
Davenport, IA 52806

RE: Final Complaint/Incident Investigation Report – Silvercrest Garner Farms, Davenport, IA

Dear Ms. Luna:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of January 7, 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 allegation was investigated in regards to Complaint # 50741-C: Tenant Rights

Allegation: Tenant Rights
Findings: Not substantiated
Comments: Based on tenant file reviews, tenant and staff interviews, tenant community meeting and policy review there were no concerns regarding tenant rights. During a community meeting, tenants stated staff treated them well; absolutely treated them with respect and treated them as if they were the staffs' own parents. Tenants stated their tenant rights were upheld. Tenants made their own decisions and were satisfied living at the Program.

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
	S0066	A. BUILDING: _____ B. WING _____	C 01/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVERCREST AL - GARNER FARMS	1575 W 53RD DAVENPORT, IA 52806

(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: 47 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 49 TOTAL census of Assisted Living Program: No regulatory insufficiencies were cited during the complaint investigation #50741-C.	A 000		

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