PRINTED: 04/11/2022
FORM APPROVED

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 03/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVERCREST 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	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. General Population Number of tenants without cognitive disorder: 53 Number of tenants with cognitive disorder: 0 Memory Care Unit Number of tenants without cognitive disorder: 7 Number of tenants with cognitive disorder: 10 Total Census of Assisted Living Program for People with Dementia : 70 The following regulatory insufficiencies were cited during the investigation into Complaint #100432-C.	A 000	The Plan of Correction is attached	
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to follow the Medication Administration policy for 2 of 2 tenants reviewed (Tenant #3 and Tenant #4). Findings follow: Review of the Time Variance Report for Tenant #3 revealed she was to receive Polymyxin B-Trimethoprim Ophthalmic Solution at 8:00 AM and 8:00 PM daily. According to the program's Medication Administration policy, medication and	A 150		

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A 150	Continued From page 1 treatments must be administered within one hour before or after the prescribed time indicated on the Medication Administration Record (MAR). The Time Variance Report for 10/1/21 to 3/8/22 revealed 111 times when the tenant received the eye drops outside of the approved administration window. Tenant #4 was to be administered the medications Atorvastation Calcium 20mg. at 9:00 AM each morning and a Culturelle capsule at 8:00 PM each evening. A review of the Time Variance Report for 10/1/21 to 3/8/22 revealed Tenant #4 received either her morning or evening pill outside of the administration window 23 times during this time period. The Director of Nursing confirmed these findings on 3/9/22 at 3:15 PM.	A 150		
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on Interview and record review the program failed to provide adequate services to 3 of 3 tenants reviewed (Tenant #1, Tenant #2 and Tenant #3). Findings follow: 1. Record review on 3/9/22 revealed Tenant #1 had a Service Plan dated 12/29/21. According to	A 160		

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A 160	Continued From page 2 Tenant #1's Service Plan, she required extensive assistance with dressing. Staff were to provide this assistance two times per day, every day. Staff were to wash and put away Tenant #1's laundry weekly and wash her bed linens on laundry days. Staff were also to assist Tenant #1 with her showering needs every Monday and Thursday through 12/29/21. Staff were to remain with Tenant #1 the entire time she was in the shower. A review of monthly task logs between 10/1/21 and 3/8/22 revealed staff did not assist Tenant #1 with dressing on 10/1/21, 10/8/21, 10/10/21, 10/11/21, 10/14/21, 10/17/21, 10/18/21, 10/20/21, 10/21/21, 10/22/21, 10/23/21, 10/24/21, 10/25/21, 10/26/21, 10/27/21, 10/29/21, 10/30/21, 11/1/21, 11/2/21, 11/3/21, 11/5/21, 11/6/21, 11/7/21, 11/8/21, 11/10/21, 11/12/21, 11/13/21, 11/15/21, 11/16/21, 11/17/21, 11/19/21, 11/20/21, 11/21/21, 11/22/21, 11/24/21, 11/26/21, 11/30/21, 12/1/21, 12/8/21, 12/9/21, 12/10/21, 12/15/21, 12/17/21, 12/18/21, 12/20/21, 12/22/21, 12/23/21, 12/26/21, 12/27/21, 12/30/21, 12/31/21, 1/3/22, 1/4/22, 1/5/22, 1/6/22, 1/7/22, 1/8/22, 1/9/22, 1/10/22, 1/11/22, 1/12/22, 1/14/22, 1/15/22, 1/16/22, 1/17/22, 1/18/22, 1/19/22, 1/21/22, 1/23/22, 1/24/22, 1/28/22, 1/31/22, 2/2/22, 2/4/22, 2/6/22, 2/7/22, 2/9/22, 2/10/22, 2/11/22, 2/13/22, 2/16/22, 2/18/22, 2/19/22, 2/20/22, 2/21/22, 2/23/22, 2/25/22, 3/2/22, 3/3/22, 3/4/22, 3/5/22, 3/6/22, 3/7/22 and 3/8/22. Staff were responsible for assisting Tenant #1 with this task for the dates of 5/12/21 until 3/8/22. A review of monthly task logs from 10/1/21 to 3/8/22 revealed staff did not assist Tenant #1 with washing and putting away her clean laundry and washing her bed linens on 11/3/21, 12/21/21, 1/5/22, 1/12/22, 1/19/22, 2/16/22 or 2/22/22.	A 160		

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A 160	Continued From page 3 Staff were responsible for assisting Tenant #1 with this task for the dates of 5/12/21 until 3/8/22. A review of monthly task logs from 10/1/21 until 12/29/21 revealed staff did not assist Tenant #1 with showering on 10/14/21, 11/8/21, 11/15/21, 12/9/21 or 12/20/21. Staff were responsible for assisting Tenant #1 with showering from the dates of 9/29/21 until 12/29/21. 2. Tenant #2 had a Service Plan dated 1/30/22. According to Tenant #2's Service Plan, staff were to wash and put her laundry away once per week. They were to change and wash her bed linens on laundry days. Staff were also to assist Tenant #2 with showers or whirlpool baths. They were to assist Tenant #2 in and out of the shower and have her use the shower stool. Staff were to assist Tenant #2 with washing and drying areas the tenant was unable to reach and remain with her the entire time she was in the shower or whirlpool bath. The monthly task log form indicated these tasks were in effect for Tenant #2 since 5/4/21. A review of monthly task logs from 10/1/21 to 3/8/22 revealed staff did not assist Tenant #2 with washing and putting away her clean laundry and washing her bed linens on 10/22/21, 10/30/21, 11/2/21, 11/6/21, 11/12/21, 12/3/21, 12/7/21, 12/24/21, 12/29/21, 1/4/22, 1/5/22, 1/7/22, 1/8/22, 1/14/22, 1/15/22, 1/19/22, 1/21/22, 1/28/22, 2/1/22, 2/2/22, 2/4/22, 2/11/22, 2/22/22, 3/1/22, 3/5/22 and 3/8/22. A review of monthly task logs from 10/1/21 to 3/8/22 revealed staff did not assist Tenant #2 with showering on 10/30/21, 11/6/21, 11/10/21, 12/29/21, 1/5/22, 1/8/22, 1/15/22, 1/19/22, 2/2/22, 2/23/22 and 3/5/22.	A 160		

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A 160	Continued From page 4 3. Tenant #3 had a Service Plan dated 6/13/21. According to Tenant #3's Service Plan, staff were to ask if she would like a sponge bath, shower or whirlpool bath on shower days. Staff were to remain with Tenant #3 the entire time she was in the shower or bath. Tenant #3 received assistance with bathing twice a week. Staff were also to wash Tenant #3's laundry and bed linens every Tuesday and put her laundry away each Wednesday. A review of monthly task logs from 10/1/21 to 3/8/21 revealed staff did not assist Tenant #3 with her twice weekly showers on 10/14/21, 11/8/21, 12/16/21, 1/24/22 and 2/28/22. A review of monthly task logs from 10/1/21 to 3/8/21 revealed staff did not wash Tenant #3's laundry and bed linens on 10/19/21, 11/2/21, 11/9/21 and 12/21/21. A review of monthly task logs from 10/1/21 to 3/8/21 revealed staff did not put Tenant #3's laundry away on 10/2/21, 10/27/21, 11/3/21, 11/17/21, 1/5/22, 1/12/22, 1/19/22, 4. The Director of Nursing confirmed these findings on 3/9/21 at 3:15 PM.	A 160		

In Response to
Final Complaint/Incident Investigation
Dated March 10th, 2022

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared is prepared and/or executed solely because it is required by the provisions of state law.

Evaluation

Regulatory Insufficiency: Program Policies and Procedures 481-67.2 (3)– The program shall follow the policies and procedures established by the program.

1. Elements detailing how the program will correct each regulatory insufficiency.
    a. Team members re-educated on medication administration policy.
    b. Re-education with staff regarding medications being administered withing one hour prior and one hour after scheduled time
2. What measures will be taken to ensure the problem does not recur.
    a. DON / ADON to randomly review administration times and adjust times based on resident preference and physician orders
    b. DON / ADON to perform ongoing education to staff members regarding medication administration times
3. How the Program plans to monitor performance to ensure compliance.
    a. DON / ADON and Regional nurse to perform random audits of the time variance report
4. The date by which the regulatory insufficiency will be corrected.
    a. The regulatory insufficiency will be corrected by 4/30/22

Evaluation

Regulatory Insufficiency: Tenant Rights 481-67.3 (2) – All tenants have the following rights: To receive care, treatment and services which are adequate and appropriate.

1. Elements detailing how the program will correct each regulatory insufficiency.
    a. Team members re-educated on ADL charting and ensuring completion of scheduled tasks
    b. Team members re-educated if a task is not documented, it is considered not completed
2. What measures will be taken to ensure the problem does not recur
    a. DON / ADON and Regional Nursing team to perform random audits of monthly task log to ensure that scheduled ADL's are charted
    b. DON / ADON to randomly review resident service plans to ensure appropriate tasks require documentation
3. How the Program plans to monitor performance to ensure compliance.
    a. DON / ADON and Regional Nursing team to perform random audits of monthly task log to ensure that scheduled ADL's are documented
4. The date by which the regulatory insufficiency will be corrected.
    a. The regulatory insufficiency will be corrected by 4/30/22

J 5/9/22