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 05/12/2022

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: 0 Number of tenants with cognitive disorder: 46 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 15 Total Census: 61 No regulatory insufficiencies were cited during Complaint 104605-C. During the investigation of Complaints 103491-C, 104517-C and 104636-C the following regulatory insufficiencies were cited.	A 000		
A 155	481-67.3(1) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure tenants	A 155	The Plan of Correction is attached.	

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

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A 155	Continued From page 1	A 155		

were treated with respect and recognition of personal dignity and autonomy for 2 of 3 (Tenants #2 and #3) tenants reviewed for pendant use/response. Finding follows:

When interviewed on 5/10/22 at 10:30 a.m. a complainant explained a situation Tenant #1 had told her about. According to Tenant #1 she pushed her pendant because she needed her eye drops. Staff A responded and turned off her pendant and told her not to push it again. Tenant #1 told Staff A she needed her eye drops. Staff A took the pendant away from Tenant #1. Staff B confirmed Tenant #1 came to the front desk and requested her pendant back.

When interviewed on 5/11/22 at 2:30 p.m. an additional complainant said she had gone into Tenant #3's room and found her pendant on her side table. When she questioned Tenant #3 who normally wore her pendant at all times about why it laid on the table, Tenant #3 said Staff A had told her to quit pushing her pendant and had physically removed it and placed it on the table. The complainant said Tenant #3 cried and said, "I am not stupid."

Record review on 5/11/22 revealed a Dial Senior Living Emergency Response & Life Safety Policy and Procedure revised 3/11/22. According to the policy, "Each tenant/resident will have access to a one-touch emergency response device which is monitored 24 hours per day by on-site staff..."

Record review on 5/11/22 revealed Tenant #1's service plan dated 12/4/21 stated, "Tenant may get up on her own. Staff to encourage tenant to push pendant and wait for assistance."

When interviewed on 5/11/22 at 3:45 p.m. the

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A 155	Continued From page 2 nurse said Tenant #1 and #2 had little to no cognitive impairment and understood when to use the pendants. She also confirmed staff should not take any tenants' pendants away or make tenants feel bad for pushing their pendants.	A 155		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure service plans were developed to meet the needs of 1 of 2 tenants reviewed who resided in the memory care unit (Tenant #1). Finding follows: During an interview on 5/9/22 a concerned party explained Tenant #1 had laid on the floor for approximately 12-14 hours. Staff interviews confirmed Tenant #1 had laid himself on the floor and would not get up. Tenant #1 had a Global Deterioration Scale (GDS) of three which indicated mild cognitive decline. Tenant #1 resided in the memory care unit with his wife who scored four on her GDS. According to staff interviews the staff attempted to get Tenant #1 up from the floor every 1/2 hour when completing visual checks. Tenant #1 laid himself on the floor at approximately 2:30 p.m.	A 350		

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A 350	Continued From page 3 according to interviews. The staff contacted the nurse and attempted to contact the Power of Attorney (POA) (a physician) but were not successful so they contacted Tenant #1's other son. According to staff the son (who was not the POA) told them that they should "let" him lay there, and that he can be stubborn. Staff noted no concerns regarding Tenant #1's condition but also tried to call the POA several times throughout the day. During the evening hours the POA came to the Program to attempt to get his father/Tenant #1 up off the floor. According to staff interviews the POA stayed for a while and when he left his father remained on the floor. The POA had given him a pillow and told staff to let him lay on the floor as he could not get him up either. When interviewed on 3/10/22 the delegating Nurse confirmed staff called her in the afternoon but based on their description of the event and the information from the son who said to let him lay on the floor she told the staff to continue to check on him and attempt to get him up. She also said that Tenant #1 had a history of laying on the floor and the POA had told her Tenant #1 had done it at his house during family occasions. According to the Nurse Tenant #1 had a history of laying on the floor. She confirmed this information was not included in Tenant #1's service plan. She admitted the service plan should have included strategies/interventions for staff if Tenant #1 refused to get up off the floor.	A 350		

In Response to
Final Complaint/Incident Investigation
Dated May 9th, 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: Tenant Rights 481-67.3 (1): All tenants have the right to be treated with consideration, respect, and full recognition of personal dignity and autonomy.

1. Elements detailing how the program will correct each regulatory insufficiency.
   a. Team members will be re-educated on tenant rights.
   b. Team members will be re-educated regarding resident pendants and usage
2. What measures will be taken to ensure the problem does not recur.
   a. All team members will review and state understanding of tenant rights upon hire and annually.
3. How the Program plans to monitor performance to ensure compliance.
   a. For next 3 month and periodically thereafter will discuss pendant concerns at monthly resident council meeting.
4. The date by which the regulatory insufficiency will be corrected.
   a. The regulatory insufficiency will be corrected by 6/10/22

Evaluation

Regulatory Insufficiency: Service Plans 481-69.26 (1) (2) – A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and shall be designed to meet the specific needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.

1. Elements detailing how the program will correct each regulatory insufficiency.
   a. Tenant #1 service plan to be updated upon return to community to reflect history of laying on the floor and applicable interventions.
2. What measures will be taken to ensure the problem does not recur
   a. Director of nursing and Regional Support Team to perform random service plan audits to ensure service plans are individualized to meet tenant needs.
3. How the Program plans to monitor performance to ensure compliance.
   a. DON / ADON and Regional Nursing team to perform random audits of service plans.
   b. DON / ADON to review and update service plans in a timely manner as needed to reflect change.
4. The date by which the regulatory insufficiency will be corrected.
   a. The regulatory insufficiency will be corrected by 6/10/22

ok 7/1/22