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 01/09/2023

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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 45 Number of tenants with cognitive disorder: 11 Total census: 56 No regulatory insufficiencies were cited during the investigation into Complaint #108958-C. The following regulatory insufficiencies were cited during the investigation into Complaints #107890-C and #107853-C.	A 000		
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 policy on medication errors involving 3 of 7 tenants reviewed (Tenants #1, #2 and #3). Findings follow: 1) Record review on 1/3/23 of a Medication Administration Record (MAR) for Tenant #1 revealed on 9/12/22 at 8:35 AM, it was documented she received the wrong medication. She was administered 10 mg. Loratidine, 300 mg. Bupropion mg. XL extended release, 40mg. Pantoprazole sodium oral delayed release tablet, 20 mg. Escitalopram oxalate oral tablet, Vitamin D-3 25MCG/1000IU, Fluticasone Propionate Nasal Suspension 50 MCG/ACT, Memantine HCl Oral Tablet 10 mg, Aspirin Low Dose Oral Tablet	A 150	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 150	Continued From page 1	A 150		

Chewable 81 mg., Atorvastatin Calcium Oral tablet 40 mg., Atorvastatin Calcium Oral tablet 40 mg., Diclofenac Sodium External Gel 1 %, Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 25 MG, Isosorbide Mononitrate ER Oral Tablet Extended Release 24 Hour 30 MG and Vitamin B-12 tablet 1000MCG. These medications were not prescribed to her.

2) Tenant #2 moved into the program on 8/26/22. The program completed an evaluation for Tenant #2 on 8/11/22 noting staff would be responsible for administering the tenant's medication when she moved in. A review of Tenant #2's MAR for the month of August 2022 revealed she was not administered any medication from 8/26/22 until the evening of 8/28/22. Tenant #2 was diagnosed with Type II diabetes and was prescribed two types of insulin, one of them four times daily, in addition to other medication.

3) Tenant #3 (the husband of Tenant #2) moved into the program on 8/26/22. The program completed an evaluation for Tenant #3 on 8/11/22 noting staff would be responsible for administering his medication when he moved in. A review of Tenant #3's MAR for the month of August 2022 revealed he was not administered any medication from 8/26/22 until the evening of 8/28/22. In addition, he did not receive warfarin (an anti-coagulant) until 9/1/22.

The program had a Medication Errors Policy and Procedure policy which indicated a Medication Error Report must be completed in the event of a violation of medication/treatment administration. The tenant's attending physician must be notified of any medication/treatment error as applicable and any adverse reaction.Medication errors may occur when medications are not administered

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A 150	Continued From page 2 due to unavailability from the pharmacy. Medication errors also were the failure to administer medication to the right person, right medication, right dose, right time, right route or complete the right documentation. Documentation errors included the failure to initial the Medication Administration Record for medications administered and the failure to complete a med error report the day the error occurred or was found. On 1/9/23 at 2:30 PM, the Director of Nursing confirmed a Medication Error report was not completed when Tenant #1 received the wrong medication, although her physician was notified. Tenant #2 and Tenant #3 did not have Medication Error reports written when the MARs noted they received no medication from 8/26/22 until 8/28/22. The Director of Nursing thought the tenants did receive medication but confirmed the record did not reflect this. There was no communication with the physician of Tenant #2 and Tenant #3.	A 150		
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced	A 285		

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A 285	Continued From page 3	A 285		

by:
Based on interview and record review, the program failed to administer medication as prescribed for 3 of 7 tenants reviewed (Tenants #1, #2, #3). Findings follow:

1) Record review on 1/3/23 of a Medication Administration Record (MAR) for Tenant #1 revealed on 9/12/22 at 8:35 AM, it was documented she received the wrong medication. She was administered 10 mg. Loratidine, 300 mg. Bupropion mg. XL extended release, 40mg. Pantoprazole sodium oral delayed release tablet, 20 mg. Escitalopram oxalate oral tablet, Vitamin D-3 25MCG/1000IU, Fluticasone Propionate Nasal Suspension 50 MCG/ACT, Memantine HCl Oral Tablet 10 mg, Aspirin Low Dose Oral Tablet Chewable 81 mg., Atorvastatin Calcium Oral tablet 40 mg., Atorvastatin Calcium Oral tablet 40 mg., Diclofenac Sodium External Gel 1 %, Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 25 MG, Isosorbide Mononitrate ER Oral Tablet Extended Release 24 Hour 30 MG and Vitamin B-12 tablet 1000MCG. These medications were not prescribed to her.

Nursing notes dated 9/12/22 revealed the nurse was notified Tenant #1 was given the wrong medication. Tenant #1 was assessed by the nurse and no concerns were noted.

2) Tenant #2 moved into the program on 8/26/22. The program completed an evaluation for Tenant #2 on 8/11/22 noting staff would be responsible for administering the tenant's medication when she moved in. A review of Tenant #2's MAR for the month of August 2022 revealed she was not administered any medication from 8/26/22 until the evening of 8/28/22. Tenant #2 was diagnosed with Type II diabetes and was prescribed two

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A 285	Continued From page 4 types of insulin, one of them four times daily, in addition to other medication. 3) Tenant #3 (the husband of Tenant #2) moved into the program on 8/26/22. The program completed an evaluation for Tenant #3 on 8/11/22 noting they would be responsible for administering his medication when he moved in. A review of Tenant #3's MAR for the month of August 2022 revealed he was not administered any medication from 8/26/22 until the evening of 8/28/22. In addition, he did not receive warfarin (an anti-coagulant) until 9/1/22. On 1/3/23 at 5:15 PM, Tenant #3 reported when he moved into the assisted living program, there were several times he did not get his warfarin as staff said it was not on the computer, so they could not administer the pills. He said the day after he was unable to get his warfarin, staff could not find his wife's insulin. The following evening, he did not get his warfarin. Due to the confusion, a meeting was held with the Director of Nursing which did help to straighten out the issue with his pills. The Director of Nursing confirmed these findings on 1/9/23 at 2:30 PM.	A 285		
A 325	481-67.9(1) Staffing 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the	A 325		

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A 325	Continued From page 5	A 325		

program failed ensure needs were fully met at all times for 4 of 7 tenants reviewed (Tenants #3, #5, #6 and #7). Findings follow:

An interview with the Director of Nursing on 1/9/23 at 2:30 PM revealed staff should respond to tenant's emergency call pendants within 15 minutes of them being pressed. The program used a Device Activity Report to determine the length of time it took staff to respond to pendants after they were pushed. Reports from the month of December 2022 were reviewed.

1) A review of Tenant #3's Device Activity Report revealed he pressed his pendant 50 times in December. Fourteen of the 50 times the pendant was pressed, it took staff more than 15 minutes to respond. The longest response time was 40 minutes and the shortest response time was 11 seconds.

On 1/3/23 at 5:15 PM, Tenant #3 reported pendant response time varied widely. There were times staff could come in 30 seconds to 5 minutes to 40 minutes. One time his wife had an extremely low blood glucose value of 20. He pressed his pendant for assistance but also called 911. The EMTs and staff arrived at the same time.

2) Tenant #5 pressed her pendant 30 times in December 2022 according to the Device Activity Report. Staff responded to her pendant in over fifteen minutes 8 of the 30 instances. The longest time was 24 minutes.

4) Tenant #6 pressed her pendant 228 times in December, 2022. Fifty of the 228 times, staff took more than 15 minutes to respond to the pendant.

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A 325	Continued From page 6 5) Tenant #7 pressed her pendant 30 times in December 2022. On 4 occasions, it took staff more than 15 minutes to respond to her pendant. Two of the times were over 48 minutes. The Director of Nursing confirmed these findings on 1/9/22 at 2:30 PM.	A 325		

In Response to
Recertification/Complaint Investigation
Dated February 20, 2023

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: Policies 481-67.2(3) – Program Policies and Procedures

1. Elements detailing how the program will correct each regulatory insufficiency.
    a. Team members will be re-educated on medication error policy.
2. What measures will be taken to ensure the problem does not recur.
    a. All medication certified team members will review and state their understanding of medication error policy upon certification and annually.
3. How the Program plans to monitor performance to ensure compliance.
    a. For next 3 month and periodically thereafter, the director of nursing will review medication error policy with certified team members to ensure competency of the policy and how to respond appropriately in the event of a medication error.
4. The date by which the regulatory insufficiency will be corrected.
    a. The regulatory insufficiency will be corrected by 3/31/23

Evaluation

Regulatory Insufficiency: Medications 481-67.5(2)f(4) – Medication Administration

1. Elements detailing how the program will correct each regulatory insufficiency.
    a. Team members will be re-educated on medication administration policy.
2. What measures will be taken to ensure the problem does not recur.
    a. All certified team members will review medication administration policy and will demonstrate their understanding of the medication administration policy,
3. How the Program plans to monitor performance to ensure compliance.
    a. The Director of Nursing will conduct medication administration observation to certified team members for the next three months, and periodically after, to determine understanding and competency of medication administration.
4. The date by which the regulatory insufficiency will be corrected.
    a. The regulatory insufficiency will be corrected by 3/31/23.

Evaluation

Regulatory Insufficiency: Staffing 481-67.9(1) – Pendants

1. Elements detailing how the program will correct each regulatory insufficiency.
    a. Team members to be re-educated on pendant response policy.
2. What measures will be taken to ensure the problem does not recur.
    a. Team members will review and state competency of pendant response policy.
3. How the Program plans to monitor performance to ensure compliance.
    a. Pendant response times will be monitored at least weekly to monitor pendant response times to determine average response times.
4. The date by which the regulatory insufficiency will be corrected.
    a. The regulatory insufficiency will be corrected by 3/31/23.

✓ 3/31/23