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 08/30/2022

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: 50 Number of tenants with cognitive disorder: 2 Memory Care Unit Number of tenants without cognitive disorder: 5 Number of tenants with cognitive disorder: 11 Total census: 68 No regulatory insuffiencies were cited during the investigation of Complaint #106987-C, Complaint #105371-C or Complaint #106893-C. The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for a Dementia-Specific Assisted Living Program.	A 000		
A 275	481-67.5(2)f(2) 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: (2) Medications shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications.	A 275	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 275	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation and interview the Program failed to ensure medications were kept in a locked place or cabinet not accessible to persons other than employees responsible for medication administration. Findings include: On 8/25/22 at 8:09 am, the medication cart was observed in the library unattended. The door to the library was propped open. There were 4 cups containing medications or treatments on the top of the medication cart. One paper cup contained a cream, two plastic cups contained a gold liquid, and one plastic cup contained a variety of medications. Shortly thereafter Staff G, the certified medication aid (CMA) for the morning, entered the library after passing medications to a tenant in the dining room. Staff G took the medications off the cart and moved the locked medication cart into the hallway outside of the dining room. On 8/29/22 at 11:15 am, the Registered Nurse (RN) confirmed the findings. Photos taken of the medications left on the medication cart on 8/25/22 were shared with the RN.	A 275		
A 400	481-67.19(3) Record Checks 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state.	A 400		

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A 400	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete the criminal history check process for 1 of 1 staff reviewed with a possible criminal history (Staff A). Findings include: On 8/22/22 a review of Staff A's file revealed a hire date of 5/18/21. The file included a single contact repository (SING) form dated 5/5/21. The form indicated further research was required regarding the criminal history. There was no indication the Program followed up to see if the individual did have a criminal history. On 8/29/22 at 11:15 am the Registered Nurse (RN) confirmed this finding.	A 400		
A 435	481-67.19(5) Record Checks 67.19(5) Employment prohibition. A person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a program unless an evaluation has been performed by the department of human services. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete an evaluation by the Department of Human Services (DHS) for 1 of 1 staff reviewed with a criminal history (Staff H) Findings include: Review of Staff H's employee file revealed a hire date of 6/22/22. The file included a single contact repository (SING) form originally completed on	A 435		

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A 435	Continued From page 3 6/17/22. The criminal history check revealed further research was required. The further research, completed on 6/20/22, indicated a criminal history had been located. The results of the criminal history would be faxed to the Program. There was no indication in the file regarding what the history entailed or that an evaluation was received by DHS allowing the individual to work at the Program. On 8/29/22 at 11:15 am the Registered Nurse (RN) confirmed this finding.	A 435		
A 680	481-69.33(7) Transportation 481-69.33(231C) Transportation. When transportation services are provided directly or under contract with the program: 69.33(7) Each vehicle shall have a first-aid kit, fire extinguisher, safety triangles and a device for two-way communication. This REQUIREMENT is not met as evidenced by: Based on observation and interview the Program failed to ensure the van used for tenant transportation contained all required items. Findings include: On 8/22/22 at 1:10 pm during an inspection of the Program's van utilized in tenant transportation, the following items were not located in the vehicle: a first aid kit, a fire extinguisher, and safety triangles. On 8/29/22 at 11:15 am, the Registered Nurse (RN) confirmed the above finding.	A 680		

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In Response to
Recertification/Complaint Investigation
Dated October 13, 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: Medications 481-67.5(2)f(2) – 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 medication certified team members will review and state understanding of medication administration policy upon certification and annually
3. How the Program plans to monitor performance to ensure compliance.
    a. For next 3 month at random and periodically thereafter, nurses will monitor medication carts to ensure medication administration policy is being followed.
4. The date by which the regulatory insufficiency will be corrected.
    a. The regulatory insufficiency will be corrected by 10/31/22

Evaluation

Regulatory Insufficiency: Record Checks 481-67.19(3) – Record Checks

1. Elements detailing how the program will correct each regulatory insufficiency.
    a. Retraining will be conducted regarding the Iowa regulation for SING background checks and the subsequent follow-up procedure if it is applicable.
2. What measures will be taken to ensure the problem does not recur
    a. An orientation checklist will be followed for new employees
3. How the Program plans to monitor performance to ensure compliance.
    a. Executive Director will monitor each new hire paperwork for the next 3 months at random and routinely thereafter.
4. The date by which the regulatory insufficiency will be corrected.
    a. The regulatory insufficiency will be corrected by 10/31/22

Evaluation

Regulatory Insufficiency: Record Checks 481-67.19(5) – Record Checks

1. Elements detailing how the program will correct each regulatory insufficiency.
    a. Retraining will be conducted regarding the Iowa regulation for SING background checks and the subsequent follow-up procedure if it is applicable.
2. What measures will be taken to ensure the problem does not recur
    a. An orientation checklist will be followed for new employees
3. How the Program plans to monitor performance to ensure compliance.
    a. Executive Director will monitor each new hire paperwork for the next 3 months at random and routinely thereafter.
4. The date by which the regulatory insufficiency will be corrected.
    a. The regulatory insufficiency will be corrected by 10/31/22

Evaluation

Regulatory Insufficiency: Record Checks 481-69.33(7) – Transportation

1. Elements detailing how the program will correct each regulatory insufficiency.
    a. Retraining will be conducted on the policy regarding transportation and safety
2. What measures will be taken to ensure the problem does not recur
    a. Routine evaluations will be conducted on vehicle safety measures in place.
3. How the Program plans to monitor performance to ensure compliance.
    a. Executive Director to monitor safety compliance at least twice annually
4. The date by which the regulatory insufficiency will be corrected.
    a. The regulatory insufficiency will be corrected by 10/31/22

✓ 3/31/23