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 04/01/2025

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. Number of tenants without cognitive impairment: 36 Number of tenants with cognitive impairment: 19 Total census: 55 No regulatory insufficiencies were cited during the investigation into Complaint #126628-C and Incident #125806-I. The following regulatory insufficiencies were cited during the investigation into Complaint #124787-C.	A 000	The Plan of Correction is attached	
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 by: Based on interview and record review, the program failed to properly administer medication to 1 of 1 former tenants reviewed (Tenant C1). Findings follow:	A 285		

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A 285	Continued From page 1 Record review on 2/17/25 revealed Tenant C1 was a 94-year old woman diagnosed with hypertension, chronic kidney disease stage IV, diabetes mellitus and dementia. She moved to the assisted living program on 10/10/24 and was prescribed Furosemide 20 mg., 1 tablet daily as needed. According to Drugs.com, Furosemide is used to treat fluid build-up and swelling caused by congestive heart failure, hypertension and kidney disease. An Iowa Health and Functionality Assessment was completed on 10/8/24 and Tenant C1's family reported she was able to complete all activities of daily living independently with the exception of medication administration. The Regional Manager of Health Services let Tenant C1's son/power of attorney know if the tenant needed verbal prompts or cues to complete activities of daily living, the program would need to update the assessment. Tenant C1 moved to the program on 10/10/24. Her weight on 10/15/24 was 114.4 pounds. A review of progress notes revealed the following: - On 10/21/24 Tenant C1 required extra help with toileting a few times. She had difficulty standing due to sore legs. The Assistant Director of Nursing (ADON) assessed her legs and noted edema to her bilateral extremities which Tenant C1 said were painful when touched. PRN, or as needed, Furosemide was to be administered to Tenant C1 on 10/21/24 and 10/22/24. Nursing staff were to reassess her legs (there was no evidence the medication was administered or nursing staff reassessed her legs). - On 10/25/24, staff reported Tenant C1 required additional assistance the last couple of days with cares. She seemed confused when using her	A 285		

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A 285	Continued From page 2	A 285		

walker and her legs kept giving out.
- On 10/29/24, the ADON met with POA and shared staff were helping Tenant C1 with getting dressed and pushed her to meals in a wheelchair as she seemed to need help with these tasks.
- On 10/31/24, staff reported tenant had difficulty getting her socks and shoes on as well as walking more than 10 steps. She seemed confused on what needed to be done. Staff had to cue her several times to complete tasks.

A progress note from Tenant C1's Primary Care Provider (PCP) on 11/5/24 noted her edema had been worse, with 2+ bilateral pitting edema. Her weight on 11/5/24 was 149 pounds (a 34.6 pound weight gain). The PCP ordered Furosemide twice daily as needed (PRN) for leg swelling and better edema control. Tenant C1 was to start using compression stockings as well, which the PCP would order. The program documented they received the orders to increase the Furosemide to 20 mg. twice daily PRN for leg swelling on 11/6/24 and informed the pharmacy. There was no mention of the need to wear compression stockings.

A Disciplinary Action Notice, dated 11/18/24, was created by the DON as she instructed Staff B to administer Furosemide to Tenant C1 on 11/7/24 and 11/8/24, and these pills were reportedly given, however they were not signed out in the Electronic Medication Administration Record (EMAR).

A review of the EMAR for the months of October and November 2024 revealed no documentation of Furosemide being administered to Tenant C1, including on 10/21/24 and 10/22/24, when the ADON directed staff to administer this medication.

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Tenant C1 was admitted to the hospital on 11/10/24 with bilateral lower extremity swelling secondary to fluid overload, with pulmonary venous congestion and bilateral pleural effusions. She arrived at the emergency room with her son who reported prior to going to the assisted living program his mother had no problem with leg swelling because she received Furosemide twice daily PRN. The son reported the program was not giving her the Furosemide. Tenant C1 was hypertensive with a blood pressure of 181/75. She was diuresed on admission and cardiology was consulted due to new atrial tachycardia with sinus pauses. She displayed 4+ pitting edema to her bilateral lower extremities with mild erythema noted to her left lower extremity. Tenant C1 discharged to a skilled nursing facility on 11/21/24.

On 2/18/25 at 1:30 PM Staff B stated she gave Furosemide to Tenant C1 on two occasions for swelling in her legs but did not document it in the EMAR. She reported she was aware Tenant C1 had pain in her legs and reported this to the DON. She did not get Tenant C1 dressed in the morning and was not directed by the DON to check her legs for swelling when she administered the tenant's medications to see if she needed Furosemide.

On 2/18/25 at 11:35 AM the ADON reported from time to time the caregivers would tell her Tenant C1 had swelling in her legs and the tenant would then get Furosemide. Asked how this was possible if it was not reflected on the EMAR, the ADON was not sure. However, she said in her opinion the caregivers were unable to make the decision about administering Furosemide on their own, so the medication could not be given on the

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A 285	Continued From page 4 weekend when nursing staff was not present to check for edema. Generally, a doctor would give a program parameters such as if a tenant gained so much weight, the medication should be administered. The ADON did not follow up with Tenant C1's doctor about the Furosemide order as the DON was managing the tenant's care. She said they would not have weighed Tenant C1 on their own unless there were orders to do so. She did not know if Tenant C1 was cognitively able to request Furosemide on her own. The ADON did not recall if she reassessed Tenant C1's legs after documenting the need to do so on 10/21/24. On 2/18/25 at 10:30 AM, the DON confirmed she was aware Tenant C1 had edema in her legs at times and there was an order Furosemide needed to be administered when swelling was present. She was aware the MAR reflected the medication was not administered.	A 285		
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.	A 145		

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A 145	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to evaluate the needs of 1 of 1 former tenants reviewed when she experienced a significant change in health (Tenant C1). Findings follow: Record review on 2/17/25 revealed a progress note for Tenant C1 dated 10/8/24, the date the admission assessment was completed. Tenant C1's family reported she was able to complete all activities of daily living independently with the exception of medication administration. The Regional Manager of Health Services let Tenant C1's son/power of attorney know if the tenant needed verbal prompts or cues to complete activities of daily living, the program would need to update the assessment. Tenant C1 moved to the program on 10/10/24. An Iowa Health and Functionality Assessment dated 10/8/24 noted Tenant C1 did not require assistance with mobility or ambulation. Tenant C1 was independent with bathing, dressing and toileting. A review of progress notes revealed the following: - A care conference was held on 10/15/24 with the Director of Nursing (DON), Assistant Director of Nursing (ADON), Tenant C1's sons/Powers of Attorney (POAs) and other program employees. They shared staff needed to cue and assist Tenant C1 with things since the time she arrived at the program. They also discussed a possible move to memory care. Tenant C1's family reported she was able to care for herself at home and could do it at the assisted living program.	A 145		

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A 145	Continued From page 6	A 145		

- On 10/21/24 Tenant C1 required extra help with toileting a few times. She had difficulty standing due to sore legs.
- On 10/25/24, staff reported Tenant C1 required additional assistance the last couple of days with cares. She seemed confused when using her walker and her legs kept giving out. She required assistance when using the bathroom.
- On 10/29/24, the ADON met with Tenant C1's POA and shared staff had been helping her with getting dressed and pushing her to meals in a wheelchair as she seemed to need help with these tasks. The POA stated Tenant C1 could do these things on her own. They agreed staff would set out her clothing in the morning and ask her to get up and ready for the day. Staff would then stop back in to ensure Tenant C1 was up and getting ready. If she was unable to get dressed, staff would assist with this task. Staff would encourage Tenant C1 to use her walker to ambulate to the dining room for all meals. They would provide assistance with a gait belt and push a wheelchair behind Tenant C1 in case she needed to sit down.
- On 10/31/24, staff reported Tenant C1 had difficulty getting her socks and shoes on as well as walking more than 10 steps. She seemed confused and staff had to cue her several times to complete tasks.

When interviewed on 2/18/25 at 1:45 PM Staff A reported Tenant C1 needed staff assistance with tasks from the time she moved to the program. She needed help putting on her shoes and socks, as well as with changing her pants and completing incontinence cares. Tenant C1 had a difficult time walking due to the pain in her legs. It could take her 20 minutes to walk from her apartment to the dining room, which continued throughout her month at the program. Her legs

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A 145	Continued From page 7 were red and swollen. Staff A believed she communicated this to the medication aide and the DON. On 2/18/25 at 1:30 PM Staff B stated Tenant C1 had a pretty steady decline during her time at the program. Her family got upset when they tried to take her to the dining room in a wheelchair. On 2/18/25 at 11:35 AM the ADON said she believed Tenant C1 needed a higher level of care, but her family refused to allow them to provide the amount of assistance she required. On 2/18/25 at 10:40 AM, Staff C reported she picked out Tenant C1's clothes each day and reminded her of meal times. She also helped with putting her shoes on. Tenant C1 did not like walking and preferred to use the wheelchair. She often asked for help going to the bathroom. The DON did not evaluate Tenant C1 when she demonstrated an inability to walk independently, to dress herself, to toilet independently or when she bacame increasingly confused. The ADON met with Tenant C1's POA and discussed her need for additional services, but an evaluation of her health, cognition and functional status was not completed. On 2/18/25 at 2:30 PM, the DON confirmed she failed to evaluate Tenant C1's condition when she experienced a significant change in condition.	A 145		
A 360	481-69.26(3) Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy	A 360		

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A 360	Continued From page 8 and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to update the service plan for 1 of 1 former tenants reviewed when she experienced a significant change (Tenant C1). Findings follow: Record review on 2/17/25 revealed a progress note for Tenant C1 dated 10/8/24 in which her family reported she was able to complete all activities of daily living independently with the exception of medication administration. The Regional Manager of Health Services let Tenant C1's son/power of attorney (POA) know at the time of the initial evaluation if the tenant needed verbal prompts or cues to complete activities of daily living, the program would need to reassess her needs. Tenant C1 moved to the program on 10/10/24. An initial Service Plan dated 10/8/24 noted Tenant C1 did not require assistance with mobility or ambulation. Tenant C1 was independent with bathing, dressing and toileting. A review of progress notes revealed the following: - A care conference was held on 10/15/24 with the Director of Nursing (DON), Assistant Director of Nursing (ADON), Tenant C1's sons/Powers of Attorney (POAs) and other program employees. They shared staff needed to cue and assist Tenant C1 with things since the time she arrived at the program. They also discussed a possible	A 360		

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A 360	Continued From page 9	A 360		

move to memory care. Tenant C1's family reported she was able to care for herself at home and could do it at the assisted living program.
- On 10/21/24 Tenant C1 required extra help with toileting a few times. She had difficulty standing due to sore legs.
- On 10/25/24, staff reported Tenant C1 required additional assistance the last couple of days with cares. She seemed confused when using her walker and her legs kept giving out. She required assistance when using the bathroom.
- On 10/29/24, the ADON met with Tenant C1's POA and shared staff had been helping her with getting dressed and pushing her to meals in a wheelchair as she seemed to need help with these tasks. The POA stated Tenant C1 could do these things on her own. They agreed staff would set out her clothing in the morning and ask her to get up and ready for the day. Staff would then stop back in to ensure Tenant C1 was up and getting ready. If she was unable to get dressed, staff would assist with this task. Staff would encourage Tenant C1 to use her walker to ambulate to the dining room for all meals. They would provide assistance with a gait belt and push a wheelchair behind Tenant C1 in case she needed to sit down.
- On 10/31/24, staff reported Tenant C1 had difficulty getting her socks and shoes on as well as walking more than 10 steps. She seemed confused and staff had to cue her several times to complete tasks.

When interviewed on 2/18/25 at 1:45 PM Staff A reported Tenant C1 needed staff assistance with tasks from the time she moved to the program. She needed help putting on her shoes and socks, as well as with changing her pants and completing incontinence cares. Tenant C1 had a difficult time walking due to the pain in her legs. It

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A 360	Continued From page 10	A 360		

could take her 20 minutes to walk from her apartment to the dining room, which continued throughout her month at the program. Her legs were red and swollen. Staff A believed she communicated this to the medication aide and the DON.

On 2/18/25 at 1:30 PM Staff B stated Tenant C1 had a pretty steady decline during her time at the program. Her family got upset when they tried to take her to the dining room in a wheelchair.

On 2/18/25 at 11:35 AM the ADON said she believed Tenant C1 needed a higher level of care, but her family refused to allow them to provide the amount of assistance she required.

On 2/18/25 at 10:40 AM, Staff C reported she picked out Tenant C1's clothes each day and reminded her of meal times. She also helped with putting her shoes on. Tenant C1 did not like walking and preferred to use the wheelchair. She often asked for help going to the bathroom.

The DON updated Tenant C1's service plan on 11/8/24. The service plan noted Tenant C1 was independent with dressing, mobility and toileting. She did not address Tenant C1's identified issues with ambulation and need for cues or physical assistance with dressing and toileting.

On 2/18/25 at 2:30 PM the DON confirmed she failed to address Tenant C1's needs on the 11/8/24 service plan.

Plan of Correction for Silvercrest Garner Farms
In Response to
Investigation #124787-C, #126628-C, #125806-I
Dated 2/13/2025 and 4/1/2025

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: 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.

1. Elements detailing how the program will correct each regulatory insufficiency.
    a. Certified Medication Aides will be re-educated on the PRN Medication Policy
    b. Education provided to CMA's regarding documentation of PRN medications upon administration
2. What measures will be taken to ensure the problem does not reoccur.
    a. The DON/ADON will discuss PRN medication administration documentation at staff meetings for the next six months.
    b. The DON, ADON, and/or designee will randomly review resident medication administration records to ensure compliance.
3. How the Program plans to monitor performance to ensure compliance.
    a. The regional nurse and/or designee will periodically audit supporting documentation for completion during visits to community.
4. The date by which the regulatory insufficiency will be corrected.
    a. This regulatory insufficiency will be corrected by 5/30/2025.

Evaluation

Regulatory Insufficiency: 481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.

1. Elements detailing how the program will correct each regulatory insufficiency.
    a. Tenant C1 moved out of the community on 11/10/2024.

b. DON or designee will update tenant's assessments at minimum annually and with each significant change to accurately reflect tenant status and needs.

2. What measures will be taken to ensure the problem does not reoccur.
   a. DON and ADON will be educated on Resident Assessments Policy and triggers for a change in condition assessment.
3. How the Program plans to monitor performance to ensure compliance.
   a. The DON, ADON, and/or designee will complete random audits of resident chart notes, assessments, and service plans to ensure accuracy and compliance.
   b. The regional nurse or designee will randomly review chart notes and assessments to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.
   a. This regulatory insufficiency will be corrected by 5/30/2025.

Evaluation

Regulatory Insufficiency: 481-69.26(3) Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually.

1. Elements detailing how the program will correct each regulatory insufficiency.
   a. Tenant #1 moved out of the community on 11/10/2024.
2. What measures will be taken to ensure the problem does not reoccur.
   a. Service plans will be created and kept updated to adequately reflect residents' individualized care needs.
   b. DON and ADON will be educated on Service Plan Policy
3. How the Program plans to monitor performance to ensure compliance.
   a. The DON, ADON, and/or designee will complete random audits of resident chart notes, assessments, and service plans to ensure accuracy and compliance.
   b. The regional nurse or designee will randomly review chart not4es and assessments to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.
   a. This regulatory insufficiency will be corrected by 5/30/2025.

Sincerely,

Julian Vandervelde

Executive Director