IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

June 2, 2008

Complaint #17108

Ms. Kris Ward, Administrator
The Fountains Assisted Living
3752 Thunder Ridge Rd
Bettendorf, IA 52722-1210

RE: Complaint Investigation Report, The Fountains, Bettendorf, IA

Dear Ms. Ward:

The Department of Inspections and Appeals (DIA) has reviewed the Plan of Correction (POC) in response to the Complaint Investigation Report dated April 9, 2008. Based on the information provided, DIA accepts the POC. No further action on the part of the program is necessary.

We appreciate your prompt action in correcting the Regulatory Insufficiencies. If you have questions, please contact me at 515-281-4116.

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Preliminary Complaint & Recertification Monitoring Evaluation Report

Assisted Living Program: **Complaint Intake #: 17108**

Ms. Kris Ward, Administrator
The Fountains Assisted Living
3752 Thunder Ridge Rd
Bettendorf, IA 52722-1210

Date of Monitoring Visit:

April 9, 2008

Monitor(s):

Hal L. Chase, RN BSN MPH

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to, and approved by, the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are rule violations [321 IAC 25.8(3)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of an Initial Certification Monitoring Evaluation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under this chapter that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at The Fountains Assisted Living on April 9, 2008. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	54
Current number of tenants with cognitive disorder:	4

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.

Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting:	11
Current number of tenants without cognitive disorder:	1
Total Population:	70

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Tenant/Family Satisfaction Results – A community meeting was held with 22 tenants in attendance. Tenants stated housekeeping services are okay except for dusting, which doesn't seem to get done. Tenants stated staff were friendly, supportive and well trained. They stated the food was okay, served hot with a variety of dishes offered. Tenants complained of money being stolen, but the program has called the police and investigations are on-going. Tenants stated there were plenty of activities offered, they felt safe residing at the program and they made their own decisions. They stated when they were sick, staff took care of them. Tenants gave numerous examples of how staff cared for them when they had the Norwalk virus. Tenant's stated they could call staff if they were ill or they could call 911, if needed. Tenant's stated they are satisfied with the program and would recommend the program to friends and family.

Program History – There are no substantiated Regulatory Insufficiencies as the certification period starts June, 8, 2008.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

Monitoring Observation: Tenant #1, a 94 year old, was admitted on 9-26-07 and has diagnoses of: Chronic Obstructive Asthma, Adhesive Capsule Shoulder, Osteoporosis and Hearing Loss. The program notified the tenant's physician on 3-3-08 that the tenant was complaining of urinary incontinence. An order was written for medication and for a urinalysis and culture and sensitivity. Physician orders of 3-18-08 indicated an order for Occupational (OT) and Physical Therapy (PT) evaluation and treatment. Resident care notes of 3-25-08 indicated the tenant was found on the floor and was unable to ambulate. The program did not complete a functional, cognitive and health evaluation to determine any modifications to services needed.

Tenant #2, an 86 year old, was admitted on 4-28-07 and diagnoses include: Cerebral Vascular Accident (CVA), Diabetes Mellitus, Seizures, Hypertension (HTN), Depression, Dementia, Post Nasal Drip and an Overactive Bladder. A cognitive evaluation was completed on 4-5-08, staging the tenant at a six on the GDS, indicating severe cognitive decline. Resident care notes of 2-12-08 indicated the physician ordered the tenant "to be walked twice daily," and to complete blood pressure checks daily. On 3-5-08 the tenant's physician discontinued daily blood pressure checks. Resident notes of 3-27-08 indicated the tenant needed a one person assist with transfer to the wheelchair and to the recliner as the tenant was "weaker" and coughing up yellow "phelm" following a nebulizer treatment. Program records of 3-27-08 through 3-31-08 indicated the tenant was showing signs and symptoms of the Norwalk virus. The program did not complete a functional, cognitive and heath evaluation to determine any modifications to services needed.

Tenant #3, a 80 year old, was admitted on 6-22-07 and diagnoses include: Congestive Heart Failure (CHF), Pulmonary HTN, Diabetes Mellitus II, Pacemaker, History of Cerebral Vascular Accident (CVA) with Aphasia, Hypothyroidism and Degenerative Joint Disease (DJD). Resident notes of 3-30-08 indicated the tenant was complaining of vomiting, coughing and diminished lung sounds. Resident notes of 3-31-08 indicated the tenant was complaining of diarrhea, emesis of gastric fluids and being weak and unsteady. Program records of signs and symptoms of the Norwalk Virus indicated the tenant was symptomatic with diarrhea and vomiting between 3-30-08 and 3-31-08. The program did not complete functional, cognitive and heath evaluations to determine any modifications to services needed.

Tenant #4, an 85 year old was admitted on 8-29-06 and diagnoses include: Recurrent Pulmonary Embolism, Recurrent Urinary Tract Infection, Macular Degeneration, HTN, Depression and Dementia. The program completed functional, cognitive and health evaluations on 4-5-08. Resident notes of 3-5-08 indicated an order for a Physical Therapy (PT) and Occupational Therapy (OT) evaluation and treatment. Resident care notes of 3-30-08 indicated the program notified the tenant's physician that the tenant was having episodes of diarrhea and bed-rest due to weakness. Resident notes of 4-3-08 indicated the tenant was found on the floor requiring four staff to assist the tenant from the floor. The program did not complete functional, cognitive and heath evaluations to determine any modifications to services needed.

- Regulatory Insufficiency: The program did not evaluate each tenant's functional, cognitive and health status, as needed, to determine any modifications to services needed. (25.23(2))

B. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

Monitoring Observation: Tenant #1's service plan was updated on 1-15-08. The program notified the tenant's physician on 3-3-08 as the tenant was complaining of urinary incontinence. An order was written for medication and for a urinalysis and culture and sensitivity. Physician orders of 3-18-08 indicated an order for an OT and PT evaluation and treatment. The program did not update the service plan with a change in the tenant's health status.

Tenant #2's service plan was updated on 1-11-08 and 4-5-08. The tenant presented a change in health status beginning 2-12-08 and continuing through 3-31-08, requiring the program to provide additional assistance with personal and health-related cares. The program did not update the service plan with a change in the tenant's health status.

Tenant #3's service plan was last updated on 8-21-07. The tenant presented a change in health status beginning 3-30-08 through 3-31-08, requiring the program to provide additional assistance with personal and health related-cares. The program did not update the service plan with a change in the tenant's health status.

Tenant #4's service plan was updated on 7-17-08 and on 4-5-08. The tenant presented a change in health status and PT and OT evaluation and treatment were ordered by the physician on 3-5-08. The tenant presented signs and symptoms of the Norwalk Virus beginning 3-30-08. The program did not update the service plan with a change in the tenant's health status.

Tenant #5, an 89 year old, was admitted on 3-3-07 and diagnoses include: Diabetes Mellitus, Peripheral Vascular Disease, Ulcers on the left foot, HTN, Memory Loss, Hyperlipidemia and a Lung Mass. Resident notes of 2-21-08 indicated the tenant was admitted to hospice with a diagnosis of a Lung Tumor. The program completed a service plan on 2-19-08 and 3-20-08 but did not include hospice care and services provided by hospice.

- Regulatory Insufficiency: The program did not update the serve plan, as needed, when a tenant needs personal care or health-related care. (25.28(3)

- Regulatory Insufficiency: The program did not individualize the service plan to indicate the tenant's identified needs and the tenant's requests for assistance and expected outcomes and did not identify services and service providers, if other than the program. (25.28 (4)a, c)

D. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Complaint Allegation: The program reported approximately 26 tenants exhibited various signs and symptoms of illness and they contacted the local Department of Public Health. The program initiated additional training for staff on universal precautions and began serving tenants meals in their rooms.

Monitoring Observation: A community meeting was held with 22 tenants in attendance. Tenants stated there was extra staff at the program when everyone was sick. Tenants gave numerous examples of how staff cared for them when so many were ill. A review of a staff schedule from March 16, 2008 through April 12, 2008 indicated five to six direct care staff were available on the day shift, three to six direct care staff were available on the evening shift and two to three direct care staff were available on the night shift.

The Registered Nurse (RN) prepared a time-table of actions taken by the program beginning 3-29-08 through 4-9-08. Regular checks were conducted on identified ill tenants. Tenants were encouraged to drink fluids and tenants showing signs and symptoms of illness were served meals in their apartments. Staff sprayed disinfectant on all door handles, hall rails and common areas. Staff were to educate tenants to wash their hands frequently and for staff to wash their hands and to wear gloves when giving personal cares to tenants. Signs were posted on the entry doors alerting visitors to wash their hands.

The RN, in a written statement, indicated she was in the building when the tenants demonstrated flu-like symptoms from 8:30 a.m. "till late in the evening often after 3rd shift was here." The RN indicated she continually assessed tenants, notified the tenants' physicians and immediate family and educated staff, tenants and family on good hand-washing technique. Certified Nursing Assistant's (CNAs) were "continuously given instruction on how to properly care for" tenants by; encouraging fluids to avoid dehydration, give skin care, emotional support, implement fall prevention, observe universal precautions, report signs and symptoms of illness, when to call the RN, monitoring for fever and providing nutrition to tenants.

The program notified each of the tenants' physicians the current status of ill tenants. On 3-31-08, the local Health Department was contacted, the dining room was closed through 4-9-08, group activities were suspended, fluids were given to tenants between meals and the number of staff were increased to assist tenants with cares.

The local Health Department conducted an investigation and found nothing at the program or in the temperature logs of food prepared by the program that would indicate a problem with the kitchen. The local Health Department advised the program to restrict staff to certain units which the Administrator acknowledged, complying with the Health Department's request.

- Regulatory Insufficiency: None noted.

Dated this 2nd day of June, 2008.