IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

November 10, 2008

Complaint #20254-C

Kris Ward, Executive Director
The Fountains Assisted Living
3752 Thunder Ridge Rd
Bettendorf, IA 52722-1210

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

Dear Ms. Ward:

Enclosed is the **Complaint Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. **No Regulatory Insufficiencies were identified.**

If you have questions, please contact me at 515-281-4116.

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Complaint Investigation Report

Assisted Living Program: **Complaint Intake #: 20254-C**

Kris Ward, Executive Director
The Fountains Assisted Living
3752 Thunder Ridge Rd
Bettendorf, IA 52722-1210

Date of Investigation:

October 20, 2008

Monitor(s):

Hal Chase, RN BSN MPH
Stephanie Cummins, SW MA

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 26.2(5)(a)]. 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 a Complaint Investigation 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 321 IAC - chapter 25 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 special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site visit was conducted at The Fountains Assisted Living on October 20, 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:	50
Current number of tenants with cognitive disorder:	10
Total Population:	60

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:	15
Current number of tenants without cognitive disorder:	0
Total Population:	15

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

Accreditation Status – Not applicable.

Program History – There have been no substantiated Regulatory Insufficiencies this certification period.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

Complaint Allegation: It is alleged the program has many tenants that should be deemed as skilled care. It is alleged Tenant #1, in the dementia unit, should have a lift to facilitate his/her transfers to the bathroom and back to bed at night because it is a safety issue for the tenant and staff. It is alleged the person in charge of the dementia unit, at night, has to call for help to transfer Tenant #1 and then it is nearly impossible to get him/her there and back. It is alleged two staff keep hurting themselves to help the tenant and Tenant #1 needs a Hoyer lift. It is alleged Tenant #1 soaks his/her bed and he/she is not aware of his/her incontinence. It is alleged that despite complaints to management, nothing is done about Tenant #1. It is alleged tenants have gotten out windows in the dementia unit and into the adjacent field.

Monitoring Observation: According to a program document, Tenant #1 was discharged on 10-9-08. Staff interviews with Staff #1, #2, #3 and #4 did not identify any tenants that exceeded criteria for exclusion of a tenant. A review of staff incident reports for the 2008 year indicated one staff was injured during a transfer with Tenant #1. The report was dated 9-30-08. This was the only staff incident report related to tenant transfers or lifting. Staff #3 stated she could go leadership staff about concerns with a tenant and they act on staff's concerns. Staff #4 stated staff can go to leadership staff about concerns regarding the appropriateness of a tenant residing at the program. Staff #1, #3 and #4 did not identify any tenants that eloped out of the building. Staff #1, #2, #3 and #4 stated staffing was sufficient to meet the needs of the tenants.

- Regulatory Insufficiency: None noted.

B. 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: It was alleged staff did not have training on gait belts, gait belts were not available in the medication room, staff did not use gait belts as instructed and staff did not use a gait belt as instructed for Tenant #2.

Monitoring Observation: The monitors observed staff transfer Tenant #2. Staff transferred the tenant using a gait belt. A review of Tenant #2's service plan indicated a gait belt was required for safety. The monitors observed staff transfer Tenant #3. Staff transferred the tenant using a gait belt. A review of Tenant #3's service plan indicated staff were to use a gait belt with all transfers. A review of seven staff files and in-service documentation indicated staff had training on transfers and gait belts. Staff #1, #2, #3 and #4 indicated gait belts were accessible. Staff #1, #2, #3 and #4 indicated staff used gait belts.

- Regulatory Insufficiency: None noted.

Dated this 10th day of November, 2008.