IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

March 4, 2010

**Incident #25343-M**

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

**RE: Final Incident Investigation Report, Fountains Assisted Living, Bettendorf, IA**

Dear Ms. Ward:

The Department of Inspections and Appeals (DIA) has reviewed the Plan of Correction (POC) in response to the Incident Investigation Report dated February 1 and 2, 2010. 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 Insufficiency. 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 Incident Investigation Report

**Assisted Living Program:** **Incident Intake #: 25343-M**

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

**Date of Incident Investigation:**

February 1 and 2, 2010

**Monitor(s):**

Joyce Kix, RN
Stephanie Cummins, 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. IAC r. 481-67.10(5). 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 Incident 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 481 IAC - chapter 69 that: serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

**Overview:**

An on-site visit was conducted at Fountains Assisted Living on February 1 and 2, 2010. 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: | 51 |
| Current number of tenants with cognitive disorder: | 5 |
| Total Population of GPP: | 56 |

***Dementia Specific Program (DSP)**** – A program that is dementia specific and provides specialized care in a dedicated setting.

| | |
|---|---|
| Total Population of DSP: | 15 |
| **Total Census of ALP:** | 71 |

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

**Program History** – There were substantiated Regulatory Insufficiencies this certification period in the areas of: Evaluation of Tenants, Service Plans, Nurse Review, Staffing, Structural Requirements and Other (confidentiality).

**On-Site Monitoring Evaluation** – The monitors made the observations detailed in the following areas.

**A. Other**

Complaint Allegation: The program reported three tenants indicated they had money missing from their apartments.

Monitoring Observation: The program reported to the Department on 9-15-09 that Tenant #1 reported money was missing from his/her apartment on 8-3-09 and again on 8-18-09. Tenant #2 reported money missing on 8-19-09 and Tenant #3 reported money missing on 8-24-09. The program was aware of the potential theft on 8-4-09 and failed to notify the Department within 24 hours of the suspected dependant adult abuse. According to the Executive Director, she was asked by a Bettendorf Police Investigator, the week of August 18, 2009, to delay contacting the Department until after the person they were investigating was caught as the Investigator wanted to keep the investigation as quiet as possible. An e-mail dated September 14, 2009 from the Police Investigator to the Executive Director stated the Executive Director could now contact the Department to report the theft. The program reported the theft within 24 hours of being notified to do so by the Police Investigator.

- Regulatory Insufficiency: If a staff member or employee is required to make a report pursuant to this section, the staff member or employee shall immediately notify the person in charge or the person's designated agent who shall then notify the department within twenty-four hours of such notification. If the person in charge is the alleged dependent adult abuser, the staff member shall directly report the abuse to the department within twenty-four hours. (235E.2(3)a).

Dated this 4th day of March, 2010.