IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Incident Intake: 30318-I
30319-C

December 7, 2010

Ms. Kris Ward, Director
Fountains Assisted Living
3752 Thunder Ridge Road
Bettendorf, IA 52722

RE: Final Incident and Complaint Investigation Report – Fountains Assisted Living, Bettendorf, IA

Dear Ms. Ward:

Enclosed is the **Final Incident and Complaint Investigation Report** from the on-site monitoring visit of August 25, 2010, completed by the Department of Inspections and Appeals ("DIA") in accordance with Iowa Code chapter 231C and Iowa Administrative Code ("IAC") chapters 481—67 and 481—69. **No Regulatory Insufficiencies were identified.**

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Kris Ward, Director
Fountains Assisted Living
3752 Thunder Ridge Road
Bettendorf, IA 52722

Incident Intake #: 30318-I
30319-C

Date of Incident Investigation:

August 25, 2010

Monitor(s):

Joyce Kix, RN

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 August 25, 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:	52
Current number of tenants with cognitive disorder:	5
Total Population of GPP:	57

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 – The program did not receive any regulatory insufficiencies during this certification period.

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

A. Criteria for Exclusion of Tenant

Incident Allegation # 30318-I: The program reported staff found blood in a tenant's brief and it was alleged the tenant had been sexually assaulted.

- Monitoring Observation: Tenant files were reviewed of five people residing in the secured dementia unit. Seven staff members were interviewed. There were no eye witnesses to the alleged incident. Local police investigated and sent samples for forensic testing. The results returned with no evidence of DNA for identification purposes. The monitor was unable to identify a perpetrator.

- Regulatory Insufficiency: None noted.

Complaint Allegation #30319-C: It was alleged a tenant became aggressive and assaulted another tenant.

- Monitoring Observation: Five tenant files were reviewed. Seven staff members were interviewed. There were no eye witnesses to the alleged incident. The evidence did not support the allegation of assault.

- Regulatory Insufficiency: None noted.

Dated this 7th day of December 2010.