IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Complaint Intake #: 31572-C
Incident Intake #: 31952-I

December 29, 2010

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

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

Dear Ms. Ward:

Enclosed is the **Final Complaint and Incident Investigation Report** from the on-site monitoring visit of December 20, 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 515/281-5721.

Sincerely,

Tamara Halvorson

Tamara Halvorson
ASB Certification Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

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

Complaint Intake #: 31572-C

Incident Intake #: 31952-I

Date of Investigation:

December 20, 2010

Monitor(s):

Lori Miner, RN BSN
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 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 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:

A complaint/incident investigation on-site visit was conducted at Fountains Assisted Living on December 20, 2010. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – Not applicable.

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition but may have tenants without cognitive disorder.

Current number of tenants in a DSP that serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS:	15
Current number of tenants without cognitive disorder:	42
Total Population:	57

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

Total Population of DSP:	14
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 received regulatory insufficiencies in the areas of: Staffing, Rights and Criteria for Admission and Retention of Tenants.

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

A. Criteria for Exclusion of Tenants

Incident Allegation #31952-I: The program reported a tenant fell and sustained a fractured hip.

- Monitoring Observation: Tenant #1, an 83 year-old, was admitted on 2-11-10 with diagnoses of: Deep Vein Thrombosis, Hypertension, Dementia, Osteoporosis, Recurrent Urinary Tract Infections and Compression Fracture of the Spinal Column. The tenant scored 5 on the Global Deterioration Scale which indicated moderately severe cognitive decline. The tenant resided in the secured dementia unit. The service plan of 11-22-10 indicated the tenant required staff assist of one with ambulation. The incident report of 11-26-10 at 3:10 p.m. documented the tenant was found on the floor near his/her bed. Documentation completed by Staff #3 indicated the tenant had been toileted at 2:30 p.m. and placed in a recliner in his/her room. Staff #1 reported, she was doing 3:00 p.m. rounds and heard the tenant calling out from his/her room and observed the tenant on the floor. Emergency services were called and the tenant transported to the hospital where a fractured hip was diagnosed. The program reported the injury to the department appropriately on 11-27-10.

- Regulatory Insufficiency: None noted.

B. Medications

Complaint Allegation #31572-C: It was alleged that medication errors were occurring and insulin syringes were prefilled with the wrong amount of insulin.

- Monitoring Observation: There were no errors identified during observation of medication pass on 12-20-10. The medication administration records (MAR) for the current month were reviewed with no discrepancies noted.

  Staff #2 reported that at the current time, three tenants at the program received insulin. One of those was independent filling syringes and the other two used insulin pens that are set each time for the correct amount of insulin to be injected.

- Regulatory Insufficiency: None noted.

C. Staffing

Complaint Allegation #31572-C: It was alleged the call lights were not answered promptly, staffing was a problem and it took the registered nurse 15 minutes to answer phone calls from staff.

- Monitoring Observation: The call light response time report was reviewed for five random days from October to December. Three response times of nearly 400 calls recorded exceeded 15 minutes. The staff members involved were no longer employed by the program so the program was unable to explain the three response times in October that exceeded 15 minutes.

During a community meeting held on 12-20-10, the tenants reported the nurse was always available and call lights were generally answered within five minutes.

Review of incident reports for the past three months revealed nurse response to staff calls for tenant falls with injuries was documented as completed.

Staff #1 reported that call lights were answered usually within five minutes and the nurse was available on-site or by phone as needed. Staff #1 stated that she was not aware of a staffing shortage because she had only been asked to do one double shift in the past three months and was not aware of any agency staff being utilized.

Review of the program staff schedule from October to December revealed at least two to three employees were scheduled for the program at all times.

- Regulatory Insufficiency: None noted.

Dated this 23rd day of December, 2010.