IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
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RODNEY A. ROBERTS, DIRECTOR

June 22, 2011

Mr. Alan Bruinsma, Associate Director
Fountain View Assisted Living
5501 Gordon Drive
Sioux City, IA 51106

RE: Final Recertification Monitoring Evaluation Report – Fountain View Assisted Living, Sioux City, IA

Dear Mr. Bruinsma:

Enclosed is the **Final Recertification Monitoring Evaluation Report** 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.

DIA has completed the review of your Plan of Correction (POC) in response to the Preliminary Recertification Monitoring Evaluation Report. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC. The Final report is enclosed.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **S0172** with effective dates of **April 22, 2011** through **April 21, 2013**.

If you have any questions in regard to this certification, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Alan Bruinsma, Associate Director
Fountain View Assisted Living
5501 Gordon Drive
Sioux City, Iowa 51106

Date of Monitoring Visit:

May 25, 2011

Monitor(s):

Maribeth Freland 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 Recertification 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 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 monitoring evaluation was conducted at Fountain View ALP on 5-25-11. 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:	26
Current number of tenants with cognitive disorder:	0
Total Population:	26

Dementia Specific Program (DSP)* – Not applicable.

***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 10 tenants in attendance. The tenants reported general satisfaction with the program. They reported respectful staff interaction and timely response to calls made using emergency pendants. The tenants reported the food served by the program was palatable and the provision of scheduled activities plentiful. They reported the program's environment to be clean and safe, acknowledging they would recommend the program to others.

Program History – The program had no regulatory insufficiencies this certification period.

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

A. Food Service

- Monitoring Observation: Staff #1, a dietary aide, had a hire date of 5-25-09 and assisted with serving food to tenants. The personnel record lacked documentation of completion of food safety and sanitation orientation or training in 2010.

  Staff #2, a cook, had a rehire date of 3-29-11 and assisted with serving food to tenants. The personnel record lacked documentation of completion of food safety and sanitation orientation or training since the date of rehire.

  During interview, Staff #7, Dietary Manager and the program's designated Serve Safe Certified staff, stated that she had not completed the food safety training in the past year or for the new employee.

- Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have an annual in-service training on food protection. (IAC r. 481-69.28 (5))

B. Other

- Monitoring Observation: Staff #3, a CNA, had a hire date of 9-3-97 and continued to work with tenants at the time of the monitoring visit. The personnel record included documentation of completion of the required two hour dependent adult abuse mandatory reporter training, dated 9-3-97. The CNA's file contained documentation of an internal in-service related to dependant adult abuse on 3-30-09 however the length of the in-service was only one hour long.

  Staff #5, a CNA, had a hire date of 11-3-03 and continued to work with tenants at the time of the monitoring visit. The personnel record included documentation of completion of the required two hour dependent adult abuse mandatory reporter training, dated 11-4-03. The CNA's file contained documentation of an internal in-service related to dependent adult abuse on 3-21-09 however the length of the in-service was only one hour long.

- Regulatory Insufficiency: A person required to report cases of dependent adult abuse pursuant to section 235B.3, other than a physician whose professional practice does not regularly involve providing primary health care to adults, shall complete two hours of training related to the identification and reporting of dependent adult abuse within six months of initial employment or self-employment which involves the examination, attending, counseling, or treatment of adults on a regular basis. Within one month of initial employment or self-employment, the person shall obtain a statement of the abuse reporting requirements from the person's employer or, if self-employed, from the department. The person shall complete at least two hours of additional dependent adult abuse identification and reporting training every five years. (IAC 235B.16.5.b)

Dated this 22nd day of June 2011.