IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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Complaint/Incident Intake #: 50558-I
50890-C
51419-I

January 27, 2015

Mr. Clayton Ward, Director
Fountains AL
3752 Thunder Ridge Road
Bettendorf, IA 52722

RE: Final Complaint/Incident Investigation Report – Fountains AL, Bettendorf, IA

Dear Mr. Ward:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of January 12 -15, 2015, 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. The following allegations were investigated in regards to incident investigations #50558-I, #50890-C and #51419-I.

Based on tenant family interviews, staff interviews, record reviews, policy reviews and monitor observations, the following areas were unsubstantiated:

Self-Reported Incident: #50558-I

Based on Tenant #1's file review, staff interviews, review of incident reports and policy review, Tenant #1 attempted to stand on own, lost balance and fell. Tenant #1 was transported to the emergency room and was returned to the Program. The following day staff noted bruising and swelling to the right shoulder and the family was notified. The next day family transported Tenant #1 for medical attention and it was discovered Tenant #1 had a fractured right clavicle and was given a sling. According to Tenant #1's service plan dated 9-11-14, Tenant #1was a one person assist and used a roller walker. The Program completed an incident report and notified the Department appropriately.

Self-Reported Incident: # 51419-I

Based on Tenant #2's file review, staff interviews, review of incident report and policy review, Tenant #2's family reported missing medications. According to Tenant #2's service plan dated 8-22-14, Tenant #2 set up own medications. The Program conducted an investigation including an interview with Tenant #2, contact with the hospice program that set up the medications, a search of the apartment and interviewed all staff scheduled during a two day period. The medication could not be accounted for and no staff was identified as a suspect. The Program completed an incident report and notified the Department appropriately.

Complaint Intake: #50890-C

Allegation: Service Plans
Findings: Not Substantiated
Comments: Seven tenant files were reviewed during the onsite investigation. All tenant files had service plans completed as needed upon admission, within 30 days of admission, at the time of a change of condition and annually. There were no concerns regarding completion of service plans.

Three out of seven tenants had completed or were in the process of a transfer study. According to a staff interview, transfer studies were initiated based on staff reports regarding tenant needs. Physical therapy services would be utilized first and then a transfer study was implemented for up to 21 days.

Allegation: Nurse Review
Findings: Not Substantiated
Comments: Seven tenant files were reviewed during the onsite investigation. Nurse reviews were completed as needed. There were no concerns regarding completion of service plans.

Allegation: Medication Management
Findings: Not Substantiated
Comments: Seven tenant files were reviewed during the onsite investigation. Tenant #3's file revealed physician medication orders dated 9-18-14 to discontinue Haldol 5mg/ml injection PRN; discontinue Zyprexa Zydis 5 mg disintegrating tablet; discontinue Haldol .5mg 1-2 tablets twice daily and discontinue Haldol .5mg at bedtime. All medication changes were noted by the nurse on 9-18-14. All discontinuation orders indicated immediate discontinuation. None of the orders indicated a tapering schedule.

Private family interviews were conducted during the onsite and none of the families had ever seen any pills or medications on the floor.

According to a physician order dated 7-26-14 for Tenant #3, an order for weekly weights was discontinued. The Program notified the physician that staff was unable to obtain weights as Tenant #3 was unable to stand alone on the scales; hospice was providing services and was also monitoring the weight. The monitor observed the scales used in the dementia unit. According to staff, tenants would need to be able to stand in order to be weighed or need staff assistance to hold onto something during the weighing process.

Allegation: Family Notification
Findings: Not Substantiated
Comments: Seven tenant files were reviewed during the onsite investigation. Documentation in Clinical Notes and on Incident reports noted tenant family notification. According to staff interviews, the Program did not have a policy in regards to Family Notification. Decisions in regards to what hospital a tenant was sent in an emergency was based on tenant choice at the time of admission. Sometimes medics would make a decision to transport to a different hospital than the one the tenant preferred.

Allegation: Staffing
Findings: Not Substantiated
Comments: The ALP Monitoring Entrance Form completed by the Program at the time of the onsite reflected staffing patterns per shift in the general population and the dementia unit. Five staff were interviewed and indicated there was enough staff to meet the needs of the tenants. Private family interviews were conducted with dementia unit tenants' family members. All families indicated all cares were provided as needed and there was always enough staff and more staff could be called for help if needed.

Allegation: Life Safety
Findings: Not Substantiated
Comments: The monitor checked all handicap accessible door pads and all doors operated appropriately. A copy of the most recent Fire Safety Inspection report was obtained. According to the Manager, the handicap doors had been investigated by the Fire Marshall and the doors had been fixed and were operating correctly. Documentation of a Fire Marshall visit dated 3-25-14 was provided, along with the Program's Plan of Correction. A Fire Marshall report dated 5-30-14 was provided. The report indicated all orders from the 3-25-14 inspection report were in compliance and the Program may be certified as an Assisted Living Program pending final certification by DIA.

A five gallon container of ice melt was observed between the two double doors at the main entrance. According to the Department's Construction/Design Engineer Senior, the State of Iowa does not have any regulation that prevents having a bucket of ice melt, sand or other such items in the entrance area or between the double set of entrance doors.

Monitor observations of the dementia specific unit reflected counters, the sink, dishwasher area, service island, water dispenser area and walls were clean and free of dirt or debris. A copy of a painter's invoice dated 10-24-14 was obtained that reflected the walls in the dementia unit kitchen and dining room area was painted in October 2014.

Staff was interviewed and stated the upholstery on the chairs was cleaned as needed with the third shift cleaning chairs at night. Staff also indicated cleaning products were used on any shift with spills being cleaned up immediately. According to an interview with the Manager, new dining room chairs for the dementia unit had been ordered. A Sales Order

Confirmation document indicated 24 new dining room chairs were ordered on 12-10-14 with an anticipated delivery ship date of 2-6-15.

Staff was interviewed and stated clothing protectors were not used when soiled. Monitor observation at meal time indicated three tenants used clothing protectors and clean protectors were retrieved from a locked drawer. A total of eight clothing protectors were observed and all were clean and new. None of the clothing protectors were in disrepair.

The monitor observed the meal process, including the checking of food temperatures at a noon meal. All foods checked exceeded the required temperature for serving. A review of temperature log books for breakfast, lunch and dinner was completed. All hot foods checked exceeded 135 degrees and all cold foods registered between 32 and 38 degrees. No issues with food temperatures were observed or reported.

Allegation: Tenant Records
Findings: Not Substantiated
Comments: Tenant records were available to the monitor upon request without any concerns or issues. All documents were provided as requested. Staff was interviewed and stated medical records could be printed off the computer immediately when requested.

According to Tenant Admission Information documents, emergency contact information was listed.

A copy of the Involuntary Transfer Policy and Procedure and the Waiver Petition Policy and Procedure was provided. The Involuntary Transfer Notice letter for Tenant #3, dated 9-10-14 indicated the rights to disagree with the Program's decision and rights pursuant to 481 Iowa Administrative Code 69.24 to contest the transfer. In an appeal, any written materials needed to be submitted within 10 working days of receipt of the letter. According to paperwork found in Tenant #3's file, the Program followed their written policy.

Allegation: Tenant Rights
Findings: Not Substantiated
Comments: Private dementia unit family interviews were conducted and all families indicated they were pleased with the services provided to their loved ones by the Program. They stated tenants were treated well, staff was good and it was a great place to be. One tenants' family stated they were very pleased with everything, the dementia unit was a clean, neat environment and all cares were performed as needed. Tenants were kept clean from food spills and if a clothing protector was used it was always clean. The families stated they had no complaints or concerns.

Private general population tenant interviews were conducted. All tenants enjoyed living at the Program; stated staff was wonderful, were the greatest and treated the tenants like family. Tenants were treated with respect and had no concerns.

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0236	A. BUILDING: _____ B. WING _____	C 01/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAINS ASSISTED LIVING	3752 THUNDER RIDGE ROAD BETTENDORF, IA 52722

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-67 Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Dementia-Specific Program by Definition Number of tenants without cognitive disorder: 41 Number of tenants with cognitive disorder: 15 Total Population of Program at time of on-site: 56 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 14 Total Population of Program at time of on-site: 14 TOTAL census of Assisted Living Program: 70 No regulatory insufficiencies were cited during the incident investigations #50558-I, #50890-C and #51419-I.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE