IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

March 24, 2015

Complaint/Incident Intake #: 48631-I

Ms. Beverly Zenor, Administrator
Fountain View Assisted Living
5501 Gordon Drive East
Sioux City, IA 51106

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

Dear Ms. Zenor:

Enclosed is the **Final Incident Investigation & 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, following a survey by DIA on **March 25, 2015.**

The following allegation was investigated in regards to Incident 48631-I: A certified medication aide (CMA) assisted the tenant into a chair after the tenant fell. The tenant was subsequently diagnosed with a fractured hip at the emergency room later that day.

Based on interviews and record review of the tenant file and program policies, a concern in the area of tenant rights could not be substantiated.

1. Allegation – Tenant Rights, CMA assisted tenant into a chair after a fall.

   Findings - Not Substantiated

   Comments – The tenant identified in the investigation was found sitting on the floor in the apartment by the CMA. The tenant repeatedly tried to get off the floor and the CMA asked the tenant to stay on the floor until the nurse arrived to conduct an assessment. The tenant insisted on getting up so the CMA assisted the tenant into the recliner. The tenant denied complaints of pain until later in the day. Program staff communicated with the tenant's family throughout the day. Family requested pain reliever for the tenant. The tenant then complained of leg and knee pain. The tenant's family transported to the emergency room and the tenant was diagnosed with a fractured hip.

The Report notes a Regulatory Insufficiency in the area(s) of: Occupancy Agreement.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

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.

Also enclosed you will find the Assisted Living Program Certificate **S0172** with effective dates of **April 22, 2015** through **April 21, 2017**.

If you have any questions in regard to this 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
	S0172	A. BUILDING: _____ B. WING _____	C 03/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAIN VIEW ASSISTED LIVING	5501 GORDON DRIVE EAST SIOUX CITY, IA 51106

(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	481-69 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. General Population Program Number of tenants without cognitive disorder: 22 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 24 Dementia-Specific Program by Dedication: Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 8 Total Population of Program at time of on-site: 9 TOTAL census of Assisted Living Program: 33 A recertification visit and Incident investigation #48631-I were conducted at the Program on 3/16/15 - 3/18/15. No regulatory insufficiencies were cited as the result of investigation #48631-I. The following regulatory insufficiency was cited as the result of the the recertification survey.	A 000		
A 032	481-69.21(2) Occupancy Agreement 481-69.21(231C) Occupancy agreement. 69.21(2) In addition to the requirements of Iowa Code section 231C.5, the written occupancy agreement shall include, but not be limited to, the following information in the body of the agreement or in the supporting documents and attachments: a. The telephone number for filing a complaint with the department. b. The telephone number for the office of	A 032		

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
	S0172	A. BUILDING: _____ B. WING _____	C 03/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAIN VIEW ASSISTED LIVING	5501 GORDON DRIVE EAST SIOUX CITY, IA 51106

(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 032	Continued From page 1 the tenant advocate. c. The telephone number for reporting dependent adult abuse. d. A copy of the program ' s statement on tenants ' rights. e. A statement that the tenant landlord law applies to assisted living programs. f. A statement that the program will notify the tenant at least 90 days in advance of any planned program cessation, which includes voluntary decertification, except in cases of emergency. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to include in the occupancy agreement and supporting documents, a statement that the tenant landlord law applies to assisted living programs. Findings follow: The Human Resource (HR) Director provided the Program's Assisted Living Tenancy Agreement for Tenant #1 and Tenant #2. Review of the following signed tenancy agreements revealed no statements regarding the application of tenant landlord law. a. Tenant #1's, signed 10/24/14. b. Tenant #2's, signed 1/10/14. When interviewed on 3/17/15 at 11:00 a.m., the HR Director confirmed the signed agreements did not contain the tenant landlord law statement. She said the staff in the office that made the tenancy agreement packets failed to include the correct signature sheet.	A 032		

Please accept this Plan of Correction for our Assisted Living recertification visit date. 3/18/15.

Provider/identification number: SO172

Regarding:

A032: 481-69.21

All tenants shall have signed occupancy agreements that fulfill the requirements of Iowa Code 231.C5. The Fountainview Occupancy agreement shall also include, but not be limited to, the following information in the body of the agreement or in the supporting documents and attachments: a. the telephone number for filing a complaint with the department., b., the telephone number for the office of the tenant advocate., c., The telephone number for reporting dependent adult abuse., d., a copy of the program's statement on tenants' rights., e., a statement that the tenant landlord law applies to assisted living programs, and f., a statement that the program will notify the tenant at least 90 days in advance of any planned program cessation, which includes the voluntary decertification, except in cases of emergency.

Tenant #1, now has in place the appropriate contract to comply with the above requirement, inclusive of point e., landlord law statement. This contract was in place as of 3/18/15.

Tenant #2, now has in place the appropriate contract to comply with the above requirement, inclusive of point e., regarding landlord law statement. This contract was in place as of 3/18/15.

Fountainview Assisted Living current contract form dated, 10-22-14, is in place for all future contract use with any existing and new residents. The contract files of all current tenants shall be reviewed to determine the proper contract form dated 10-22-14 is in place for all tenants. If there are any further contracts in error, the tenant shall be asked to sign the appropriate contract form dated 10-22-14. This shall be accomplished prior to 4-8-15.

The system wide quality improvement for use of the erroneous contract shall be implementation of attached policy for saving new forms, updating current forms to the most current version and proper procedure for the superseding of our form documents. Completion date for carrying out the application of this policy to the contract form used incorrectly was 3-18-15.

Policy for saving documents & updating forms:

It will be the policy of Sunrise Retirement Community to maintain current documents in the following manner:

- Documents that are created will be saved to a common/shared folder on the network located at F:/Documents. This folder will be accessible to all staff.
- All documents will have a header showing the file path, so that they can be easily retrieved from the shared drive.
- All documents shall have the effective date of their implementation as part of their saved name.
- When documents are superceded, the old document should be opened and in bold letters across the top, the words "SUPERCEDED" should be added to the document and resaved.
- Documents that are printed and kept in hard copy format should have the above file path printed on them and only the most current copy of the form should be retained in the book. All historical documents should be immediately removed from the book so that they are not inadvertently used.

Br Zenor
04/02/15