IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 55751-C

December 1, 2015

Mr. Clayton Ward, Administrator
Fountains Assisted Living
3752 Thunder Ridge Road
Bettendorf, IA 52722

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

Dear Mr. Ward:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of November 17, 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.

Based on tenant file reviews, staff interviews, Director of Nursing interview, review of policies and procedures and monitor observations, the following was found:

1. Allegation: Staffing
   Findings: Not Substantiated
   Comments: The ALP Monitoring Entrance Form completed by the Program at the time of the onsite visit, reflected the staffing patterns per shift for the general assisted living program and the dedicated dementia unit. The Director of Nursing was interviewed and stated there was enough staff to meet the needs of the tenants. Monitor observations indicated there was enough staff to meet the needs of the tenants. No concerns with staffing were identified.

2. Allegation: Service Plans
   Findings: Not Substantiated
   Comments: Review of three tenant files indicated service plans were completed as indicated and identified the tenant needs. No concerns with service plans were identified.

3. Allegation: Level of Care
   Findings: Not Substantiated
   Comments: Review of three tenant files, staff interviews, Director of Nursing interview, review of policy and procedures and monitor observations indicated there were no tenants who exceeded level of care. No concerns with level of care were identified.

No Regulatory Insufficiencies were identified.

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 11/17/2015

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: 45 Number of tenants with cognitive disorder: 13 Total Population of Program at time of on-site: 58 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 15 Total Population of Program at time of on-site: 15 TOTAL census of Assisted Living Program: 73 No regulatory insufficiencies were cited during the investigation of Complaint #55751-C.	A 000		

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