IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #:
58693-C

March 21, 2016

Ms. Hallie Salmen, Executive Director
Fountain View Assisted Living
5501 Gordon Drive East
Sioux City, IA 51106

RE: Final Complaint/Incident Investigation Report, Fountain View Assisted Living, Sioux City, Iowa

Dear Ms. Salmen:

Enclosed is the **Final Complaint/Incident Investigation 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 an investigation by DIA on **March 9 & 10, 2016.** Based on observations, staff, tenant and family interviews, and review of tenant files and Program policies, the following was found:

1. Allegation: Tenant Rights
   Comments: Nine staff, one tenant and family members were interviewed. Six tenant files were reviewed. Concerns with tenant rights were not found.
   Findings: Unsubstantiated

During the course of the investigation, concerns in the areas of Incident Reports and Evaluations were found. The Report notes Regulatory Insufficiencies in the area(s) of: Program Policies and Procedures and Evaluation of Tenant.

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.

If you have any questions in regard to 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
	S0172	A. BUILDING. _____ B. WING _____	C 03/10/2016

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	481-67 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. General Population Program Number of tenants without cognitive disorder: 28 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 29 Dementia-Specific Program by Dedication: Number of tenants without cognitive disorder: 3 Number of tenants with cognitive disorder: 8 Total Population of Program at time of on-site: 11 TOTAL census of Assisted Living Program: 40 Incident investigation #58693-C was conducted at the Program on 3/9/16 - 3/10/16. The following insufficiencies were cited during the complaint investigation	A 000		
A 008	481-67.2(1)e Program Policies and Procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program ' s policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. 67.2(1) The program ' s policies and procedures on incident reports, at a minimum, shall include the following: e. All accidents or unusual occurrences within the program ' s building or on the premises that affect tenants shall be reported as incidents.	A 008		

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

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A 008	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interviews and six tenant file reviews, Program staff failed to complete an incident report regarding an unusual occurrence. This affected 1 of 5 tenants whose files were reviewed (Tenant #2). Findings follow: Record review of Tenant #2's file revealed the Tenant had a Global Deterioration Scale (GDS) of 5 and lived on a locked dementia unit. On 2/17/16 Tenant #2 was diagnosed with a sexually transmitted disease (STD). When interviewed on 3/10/16 at 10:45 a.m., the Aministrator reported an incident report had not been completed. The Administrator also said she was "taken back" with the diagnosis and "had never had anything like this happen before" at the Program. Review of the Program's Event Report Policy described the purpose of the policy as, "To assure that all events are accurately reported, assessed and followed up." Review of the Program's Event Report form revealed the form related specifically to tenant injury.	A 008		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant ' s functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as	A 037		

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A 037	Continued From page 2 needed with significant change, but not less than annually, to determine the tenant ' s continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to conduct cognitive, health and functional evaluations at least annually. This affected 1 of 5 tenants whose files were reviewed (Tenant #2). Findings follow: Review of Tenant #2's file revealed the most current Global Deterioration Scale (GDS) to assess cognitive function was dated 5/8/14. The most current health and functional evaluation provided by the Program was dated 1/30/15. When interviewed on 3/10/16 at 1:10 p.m., the Administrator confirmed the evaluations were overdue.	A 037		

03/21/2016

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with federal and state regulation, the facility has taken or will take the actions set forth in the plan of corrections. The following plan of corrections constitutes the facility allegation of compliance. The deficiencies cited have been corrected by March 23, 2016.

The following is a Plan of Correction for Resident #2 and all other tenants that may be affected at Sunrise Retirement Community in relation to A 008 and A 037.

A 008 481-67.2

The policy and procedure for event reports has been reviewed and updated to ensure all unusual occurrences, falls and injuries of unknown source will have an event report completed by the nursing staff. The incidents/occurrence will be reported to RN Delegation Nurse, DON and Administrator immediately. The copy of the policies and procedures for the event report as well as the unusual occurrence policy will be given to our current staff and new members to review and add to their "Nitty Gritty" nurse books for all new staff to review. The "Nitty Gritty" nurse books that are kept in the Assisted Living neighborhoods will be updated with the new policies for quick nurse review as well.

The RN Delegation nurse will review the Administrator reports which would include unusual occurrences, falls and/or injuries and follow up to be sure that all which require an event report are completed by the staff and investigated if event requires further research. The RN delegation nurse will include any incident including fall, unusual occurrence and injuries of unknown origin and if there was an event report completed in her monthly QI reports.

A 037 481-69.22 Evaluation of Tenant

RN delegation nurse has completed a health, cognitive and functional assessment including a GDS on resident #2 on March 15, 2016.

The current RN Delegation nurse is knowledgeable about the rules and regulations as they related to the functional, cognitive and health status assessments requirement within 30 days of occupancy, significant changes and annually. The RN Delegation nurse along with the Social Services Director have reviewed all the tenants and created an Excel spreadsheet to follow for required assessments including requirements for GDS assessments.

This assessment list will be submitted with the monthly QI report for Assisted Living to monitor and ensure assessments are completed on a monthly basis.