IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 58242-C

April 11, 2016

Mr. Clayton Ward, Director
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 April 4, 2016, 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 review of tenant files, staff interviews, management interviews, review of pest control invoices and review of policies, the following was found:

1. Allegation: Structure/Life Safety: It was alleged there were bed bugs in the dementia unit and the Program failed to provide treatment immediately. Bugs were seen in a tenant's bed, causing a rash and bites to the tenant. Bugs were also seen in another tenant's room. Staff was to spray the soles of tenants' shoes and clothes with alcohol.
   Comments: Review of two tenant files did not indicate either tenant had bed bug bites or a rash. The Program became aware of the possibility of bed bugs on 2-23-16 and immediately contacted a pest control company. The company diagnosed the problem on 2-23-16 and treatment for bed bugs was initiated on 2-24-16. Follow-up treatments were provided on 3-8-16 and 3-28-16 and no further evidence of bed bugs was identified. Bed bugs were contained in one apartment. Interviews with staff and management did not reveal any evidence of bed bugs being seen on any tenant nor did any tenant have bites or rashes from bed bugs. Cleaning and laundry services were completed as recommended by the pest

control company. The Program followed the advice of the pest control company in having staff spray tenants' clothing and bottoms of their shoes with 91% alcohol as a preventative measure. No concerns with Structure/Life Safety were identified.
Findings: Not substantiated

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 04/04/2016

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. General Population Program Number of tenants without cognitive disorder: 41 Number of tenants with cognitive disorder: 9 Total Population of Program at time of on-site: 50 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 16 Total Population of Program at time of on-site: 16 TOTAL census of Assisted Living Program: 66 No regulatory insufficiencies were cited during the investigation of Complaint # 58242-C.	A 000		

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