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 05/11/2022

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	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. General Population Number of tenants without cognitive disorder: 44 Number of tenants with cognitive disorder: 6 TOTAL Census of General Population : 50 Memory Care Unit Number of tenants without cognitive disorder: 3 Number of tenants with cognitive disorder: 13 TOTAL Census of Memory Care Unit: 16 TOTAL Census of Assisted Living Program for People with Dementia : 66 The following regulatory insufficiencies was cited during the investigation of Incident # 104475-I.	A 000		
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the Program staff failed to follow the Program's policy on alarmed doors for the locked memory unit during an incident involving one	A 150		

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 05/11/2022

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 150	Continued From page 1	A 150		

tenant (Tenant #1) and potentially affected all tenants in the locked memory care unit.. Findings include:

1. On 5/5/22 a review of Tenant #1's record revealed an admission date of 12/29/17. Tenant # 1 resided in the memory care unit of the program. Tenant #1 had a diagnosis of hypothyroidism, Type I diabetes, aural vertigo, hyperlipidemia, anxiety disorder, dementia, schizoaffective disorder, history of UTI's and conversion disorder with seizures. Tenant #1 had a GDS score of 4 as of 4/4/22. Tenant # 1's most recent service plan dated 4/4/22 indicated the following: Tenant had a history of wandering/exit seeking. Tenant has current or history of wandering and exit seeking. Staff to redirect resident into an activity, offer food/beverage, and/or redirect tenant back into apartment if noted to be doing either. Staff may offer to take tenant for a walk outside of memory unity in assisted living. If tenant wishes to go outside of memory care unit, staff to remain with tenant for entire length of walk.

2. On 5/5/22, a review of incident reports for Tenant #1 indicated on 4/28/22, Tenant # 1 eloped from the memory care unit. Tenant #1 walked around the building to the front door of the assisted living where she was greeted by an assisted living staff and the Assistant Executive Director.

3. On 5/9/22, a review of Tenant # 1's progress notes revealed the following note created by the Director of Nursing (D.O.N): On 4/28/22 Tenant #1 exited the west exit door and walked outside to the front entrance door of the assisted living. An Assisted living staff member heard knocking at the assisted living front door and let Tenant #1 in. Tenant #1 was wearing jeans, a t-shirt, and

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 05/11/2022

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 150	Continued From page 2	A 150		

tennis shoes. Tenant #1 was not noted to be having any exit seeking or wandering behaviors prior to the incident. Staff reported no visible injuries and the tenant denied any pain.

4. According to https://wunderground.com, the weather on 4/28/22 at approximately 8:00 pm was 59 degrees with an east wind at 14 mph.

5. On 5/5/22 at 2:30 pm, the D.O.N stated in interview, the Assistant Executive Director conducted an internal investigation immediately as she was already in the building.

6. On 5/9/22 at 11:49 am, the Assistant Executive Director stated she was in the building at the time of the elopement. The Assistant Executive Director immediately met with Staff C, Staff D, and Staff E as they were working in the memory care unit at the time of the elopement. The Assistant Executive Director stated it was the Program's standard practice of care for all staff working to wear a pager. The pager was worn by staff to provide a 2nd alarm for staff when someone attempts to exit the unit. When a tenant would exit out of the first door of each exit, an alarm page would sound to each pager staff wore. The Assistant Executive Director discovered Staff D had not been wearing a pager during the elopement. Staff D told the Assistant Executive Director the batteries were dead in her pager and so she did not wear it. The Assistant Executive Director immediately showed Staff D where batteries were located in the unit and replaced the batteries on the pager. The Assistant Executive Director was told by Staff C and Staff E that they did not hear their pagers sound during the elopement. The Assistant Executive Director checked the Arial system which provides data from the pager system. The pager system was

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 05/11/2022

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 150	Continued From page 3	A 150		

indeed working during the elopement and both pagers worn by staff during the elopement alarmed at 8:10 pm. Staff had not responded to the alarms given by the pager.

7. On 5/9/22 at 12:10 pm, Staff E stated she had worked second shift on 4/28/22 when Tenant #1 eloped from the memory care unit. Staff E stated she had been in room #16 assisting another tenant when Tenant #1 eloped at 8:10 pm. Staff E stated she had last seen Tenant #1 sitting out by the nurse's station at around 8:00 pm during her hourly safety check. Staff E stated she did not hear her pager or an alarm sound while in room #16.

8. On 5/9/22 at 12:42 pm, Staff C stated she had worked second shift on 4/28/22 when Tenant #1 eloped from the memory care unit. Staff C stated she had been in room #1 assisting a wife and husband couple when Tenant #1 eloped at 8:10 pm. Staff C stated she had last seen Tenant #1 sitting out by the nurse's station at around 8:00 pm during her hourly safety check. Staff C stated she did not hear her pager or an alarm sound while in room #1.

9. On 4/29/22, Staff D wrote the following statement regarding the incident on 4/28/22: "It is my statement that on Wed. April 28th, 2022 Tenant #1 went missing. She was wearing jean pants, and a gray sweater. The door alarm was not on. I was putting laundry away." Staff D was not wearing a pager at the time of the incident because it needed batteries and she had not tried to inquire on how to replace the batteries from co-workers.

10. On 5/5/22 at 2:30 pm during an observational tour of the memory care unit, the pager system

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 05/11/2022

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 150	Continued From page 4 was tested to see how loud the alarm sound on a staff pager was. The surveyor and D.O.N pressed open the west exit door of the unit. The staff pagers sounded at the other end of the hallway and were easily heard by the surveyor and D.O.N It would be very difficult for staff not to hear the pager alarm they were wearing themselves. On 5/9/22 during a review of Program policies, the Program's policy: "Alarmed Door Policy and Procedure for Locked Memory Unit," was reviewed. The policy included the following statement: "If a door alarms, staff is to immediately perform a physical check of the area that is outside of the door that alarmed to ensure that no tenant/resident is outside of the building and then the staff are to perform a physical check of each tenant/resident in the facility to ensure tenant/resident safety and to ensure that no tenant/resident has exited through the alarmed door." On 5/9/22 at 11:49 am, the Assistant Executive Director confirmed it was the Program's standard practice of care for all staff working to wear a pager. The pager was worn by staff to provide a 2nd alarm for staff when someone attempts to exit the unit. When a tenant would exit out of the first door of each exit, an alarm page would sound to each pager staff wore. Staff would then respond appropriately. On 5/11/22 at 8:45 am, the Executive Director confirmed the above finding.	A 150		