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 11/18/2024

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 visit. Number of tenants without cognitive impairment: 54 Number of tenants with cognitive impairment: 20 Total census: 74 The following regulatory insufficiencies were cited during the investigation of Incident #116154-I and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000	The Plan of Correction is attached	
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to adequately address service needs for 1 of 7 tenants reviewed (Tenant #1). Findings follow: On 11/12/24 record review revealed Tenant #1's	A 350		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 350	Continued From page 1	A 350		

current service plan, dated 2/10/24, which indicated she had current or history of occasional disruptive, aggressive or socially inappropriate behavior. The service plan noted Tenant #1 may need special tolerance or staff training, but provided no additional interventions/strategies for managing inappropriate behavior. The service plan also noted Tenant #1 had a history of skin impairment, but provided no additional information regarding staff services related to skin care or toileting, other than noting a toileting schedule.

Review of progress notes revealed Tenant #1 had incidents of aggression on 10/21/24, 2/25/24, 12/06/23, 10/05/23 and 9/13/23. Tenant #1 injured another tenant when she pushed her to the floor on 10/05/23, resulting in the other tenant being hospitalized. Tenant #1's previous service plan, dated 10/10/23, suggested interventions and action staff could implement to attempt to manage Tenant #1's aggression, but the current service plan, dated 2/10/24, did not contain that information.

Tenant #1's progress notes also indicated ongoing issues with skin impairment in her peri-area. A progress note dated 7/04/24 noted the rash in her groin area was worse and the nurse discussed with primary care provider. A progress note on 9/17/24 indicated irritation to the genital area had improved, and staff should continue to manage with barrier cream, good hygiene and consistent toileting schedule. A note on 10/02/24 noted her peri-area was raw, red, excoriated and inflamed. Staff were advised to apply medicated cream.

On 11/13/24 at 10:55 a.m. the Director of Nursing (DON) confirmed the current service plan failed to

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A 350	Continued From page 2 provide information on ways to manage Tenant #1's aggression/disruptive behavior. The DON indicated Tenant #1 had long term concerns regarding skin impairment in the peri-area. Staff were to apply a barrier cream each time after changing her. The DON verified the current service plan failed to provide information on how to manage/prevent Tenant #1's skin integrity issues.	A 350		
A 405	481-69.26(4)c Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: c. The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure service plans included sufficient information regarding services provided for 3 of 3 tenants reviewed who utilized outside providers (Tenant #3, Tenant #5 and Tenant #6). Findings follow: 1. On 11/13/24 record review revealed Tenant #3's current service plan, dated 10/28/24, indicated she received Occupational Therapy (OT) from an outside provider. The service plan failed to provide information regarding the frequency or purpose of the OT visits. On 11/13/24 at 2:50 p.m. the Director of Nursing (DON) confirmed Tenant #3's service plan did not	A 405		

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A 405	Continued From page 3 provide additional information regarding OT services. 2. On 11/18/24 record review revealed Tenant #5's progress note dated 11/12/24 indicated a change of condition due to outside nursing services being provided for wound care to his toe. Tenant #5's current service plan, dated 11/12/24, noted he received visiting nursing services from an outside provider. The service plan failed to provide information regarding the frequency or purpose of the nursing service. The section of the service plan regarding skin care indicated the tenant had a history of skin impairment, but gave no information regarding a wound to his toe. On 11/18/24 at 1:15 p.m. the DON verified Tenant #5's service plan did not provide additional information regarding visiting nursing services. 3. On 11/18/24 record review revealed Tenant #6's current service plan indicated she received hospice service and a private caregiver at family discretion. The service plan noted hospice provided bathing services twice per week, but had no additional information regarding frequency or type of services provided by the private caregiver. When interviewed on 11/18/24 at 11:15 a.m. the private caregiver said she provided almost daily service to Tenant #6, from morning to dinner time. The private caregiver indicated she assisted Tenant #6 with her activities of daily living throughout the day. On 11/18/24 at 1:25 p.m. the DON said Tenant #6's service plan contained information regarding bathing services by the hospice provider, but did	A 405		

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A 405	Continued From page 4 not provide additional information regarding frequency or type of services provided by the private caregivers.	A 405		

THE FOUNTAINS
DIAL SENIOR LIVING

Plan of Correction for The Fountains Senior Living
In Response to
Recertification and Incident #116154-I
Dated 11/18/2024

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

Regulatory Insufficiency: Service Plans 481-69.26(1)

69.26(1) – A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.

1. **Elements detailing how the program will correct the insufficiency.**
    a. Tenant #1's service plan was updated on 11/13/2024 adequately addressing resident needs.
2. **What measures will be taken to ensure the problem does not recur.**
    a. Assessments and service plans will be created and kept updated to accurately reflect each resident's individual needs.
3. **How the program plans to monitor performance to ensure compliance.**
    a. The DON, Regional Nurse and/or designee will complete random audits of resident chart notes, assessments and service plans to ensure accuracy and compliance.
4. **The date by which the regulatory insufficiency will be corrected.**
    a. The regulatory insufficiency was corrected on 11/13/2024.

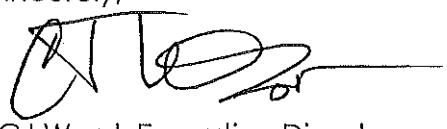
Regulatory Insufficiency: Service Plans 481-69.26(4)c

69.26(4)(c) – The service plan shall be individualized and shall indicate, at a minimum: The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy.

1. **Elements detailing how the program will correct the insufficiency.**
    a. Tenants #3, #5, and #6 service plan to be updated to adequately addressing residents outside service providers.

2. **What measures will be taken to ensure the problem does not recur.**
    a. Assessments and service plans will be created and kept updated to accurately reflect each resident's individual outside service providers per regulations.
3. **How the program plans to monitor performance to ensure compliance.**
    a. The DON, Regional Nurse and/or designee will complete random audits of resident chart notes, assessments and service plans to ensure accuracy and compliance.
4. **The date by which the regulatory insufficiency will be corrected.**
    a. The regulatory insufficiency will be corrected by 1/31/2025.

Sincerely,



CJ Ward, Executive Director