

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0236</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/03/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FOUNTAINS ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3752 THUNDER RIDGE ROAD</b> <b>BETTENDORF, IA 52722</b>
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A 000	<p>Initial Comments</p> <p>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.</p> <p>General Population Number of tenants without cognitive disorder: 48 Number of tenants with cognitive disorder: 5</p> <p>Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 15</p> <p>TOTAL Census of Assisted Living Program for People with Dementia: 68</p> <p>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program for People with Dementia and during the investigation of Complaint #95822-C and #97227-C.</p> <p>No regulatory insufficiencies were cited during the investigations of Complaint #98129-C and #101473-C.</p>	A 000		
A 150	<p>481-67.2(3) Program Policies and Procedures</p> <p>67.2(3) The program shall follow the policies and procedures established by the program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to following their Medication Administration policy for 3 of 9 tenants reviewed (Tenant #5, Tenant #7 and Tenant #9). Findings</p>	A 150		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 150	<p>Continued From page 1</p> <p>follow:</p> <p>The program's documentation system was unable to easily provide a monthly record of what time tenants received their morning medications. For this reason, four dates were randomly selected from four months to determine if medication was administered according to the program's Medication Administration policy. The Medication Administration Policy noted "medications and treatments must be administered within one hour before or after their prescribed time".</p> <p>The Director of Nursing reported on 2/22/22 at 9:15 AM the morning medication time was 8:00 AM. Tenants should be administered their medication between 7:00 AM and 9:00 AM. Staff members were not trained to provide tenants their pills outside of these timeframe's.</p> <p>Record review on 2/22/22 of tenant medication administration records revealed morning medications were administered outside of the required timeframe's for the following:</p> <ol style="list-style-type: none"> <li>1. Tenant #5 received morning medications late 1 of 4 times in April 2021.</li> <li>2. Tenant #7 received morning medications late 2 of 4 times in April 2021, 2 of 4 times in July 2021, 2 of 4 times in October 2021, and 1 of 4 times in January 2022.</li> <li>3. Tenant #9 received morning medications late 2 of 4 times in April 2021, 2 of 4 times in July 2021, 1 of 4 times in October 2021.</li> </ol> <p>The Director of Nursing confirmed these findings on 2/22/22 at 9:15 AM.</p>	A 150		

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A 160	Continued From page 2	A 160		
A 160	<p>481-67.3(2) Tenant Rights</p> <p>481-67.3 Tenant rights. All tenants have the following rights:</p> <p>67.3(2) To receive care, treatment and services which are adequate and appropriate.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to provide the appropriate care and treatment to 3 of 9 tenants reviewed (Tenant #5, Tenant #7 and Tenant #9). Findings follow:</p> <p>Record review of tenant files on 2/16/22 revealed the following:</p> <p>1. Charting note dated 9/5/19 documented Tenant #5 went to the dermatologist on 9/4/19 and required shave biopsies to the right medial vertex scalp and left cheek. A change of condition was completed for Tenant #5 to reflect a history of skin cancer.</p> <p>Charting note dated 2/3/21 indicated Tenant #5 had biopsies performed on the left cheek, left hand and right shin and received new orders for an antibiotic and an ointment.</p> <p>A Dermatology Clinic Note dated 2/3/21 documented Tenant #5 had a history of non-melanoma skin cancer. She was last seen in the clinic on 9/4/19 at which time a shave biopsy was done on her left cheek. The biopsied cells were diagnosed as squamous cell carcinoma in situ. On 2/3/21 the skin lesion on her left cheek</p>	A 160		

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A 160	<p>Continued From page 3</p> <p>was diagnosed as cancer and appeared at the site of the prior cancer. It was a few centimeters in size and had been present for six months. The lesion had not previously been treated and it was changing, bleeding and hurt to the touch. A 6 mm punch biopsy was done on the left cheek. Results of the biopsy revealed squamous cell carcinoma. There was granulation tissue with dense, mixed inflammation.</p> <p>Tenant #5's dermatologist contacted the nurse at the program. The nurse reported she was unaware of the lesion on Tenant #5's left check and could not say when it started. The dermatologist asked if Tenant #5 received assistance with bathing or oral hygiene and if any staff member reported the lesion. The nurse reported Tenant #5 had an aide to help with hygiene but the lesion was not reported.</p> <p>Review of task review sheets for Tenant #5 revealed in January 2022, staff failed to provide hygiene or dressing assistance 4 times and failed to assist with bathing 5 times.</p> <p>2. Tenant #7 did not receive assistance with hygiene or dressing on 4/3/21 or 4/5/21 in April, 2021. In July, 2021, Tenant #7 did not receive staff assistance with hygiene or dressing on 7/7/21 or on 7/10/21. Tenant #7 did not receive assistance with hygiene or dressing during the month of October, 2021 on 10/1/21, 10/4/21 or 10/13/21. She did not receive showering assistance on 10/4/21. In January, 2022, Tenant #7 did not receive hygiene and dressing assistance on 1/9/22, 1/10/22, 1/11/22 or 1/12/22. Staff did not assist her with a bath on 1/10/22.</p> <p>3. Tenant #9 did not receive assistance from staff with hygiene or dressing during the month of</p>	A 160		

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A 160	<p>Continued From page 4</p> <p>April, 2021 on 4/1/21, 4/8/21, 4/9/21, 4/14/21 or 4/18/21. In July, 2021, she did not receive staff assistance with hygiene or dressing on 7/9/21, 7/10/21, 7/11/21, 7/15/21 or 7/17/21. Tenant #9 did not receive assistance with hygiene or dressing in October, 2021 on 10/3/21, 10/6/21 or 10/8/21. In January, 2022, Tenant #9 did not receive assistance with dressing and hygiene on 1/9/22.</p> <p>On 2/22/22 at 9:15 AM, the Director of Nursing confirmed the tenants were to receive staff assistance with dressing, hygiene and care on the above dates, but did not. She confirmed staff did not identify Tenant #5's lesion on her face.</p>	A 160		