IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

July 7, 2014

Jennifer Long-West, RN AL Director
Friesland AL & Zeeland Memory Support at the Cottages
1742 Main Street
Pella, IA 50219

RE: Final Initial Certification Monitoring Evaluation Report – Friesland AL & Zeeland Memory Support at the Cottages, Pella, IA

Dear Ms. West:

Enclosed is the **Final Initial Certification Monitoring Evaluation 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 a survey by DIA on **June 17, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Dementia Specific Education for Program Personnel.

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.

Enclosed you will find the Assisted Living Program Certificate **S0337** with effective dates of **December 3, 2013** through **December 2, 2015**. This certificate is to be posted in the building for public viewing.

If you have any questions in regard to this 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

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Initial Certification Monitoring Evaluation Report

Assisted Living Program:

Jennifer Long-West, RN AL Director
Friesland AL & Zeeland Memory Support at the Cottages
1742 Main Street
Pella, Iowa 50219

Date of Monitoring Visit:

June 17, 2014

Monitor(s):

Margaret Kaltefleiter, RN MS

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 69 that serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to and approved by the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview:

An on-site monitoring evaluation was conducted at [program name] on [date(s)]. In preparing this report, the following information was considered:

Current Program Census

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:	18
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	20

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	11
Total Population of Program at time of on-site	12
TOTAL census of Assisted Living Program	32

Tenant/Family Satisfaction Results – A community meeting with 11 tenants was held. The said the best thing about living there was the people, the beautiful building, security and peace of mind. Housekeeping services were completed to their satisfaction and the buildings and grounds were safe, clean and sanitary. Nursing services were available and staff responded within five minutes or less when called. The tenants received the services they expected when they signed the occupancy agreement. Staff treated them very well, provided good care, knew what services to provide and were trained to provide those services. The tenants said the food was very good. Staff served the food appropriately and foods were served at the appropriate temperature. One tenant said the meat was a poor quality and the pork chops were too tough to cut. Plenty of activities were offered. One tenant requested the Program arrange for swimming opportunities at a local pool one time per week. One tenant requested better instructions on where they need to go if there was a fire and another tenant asked that more activities be planned closer to the apartments as the gathering space could be too far to walk for some tenants. The tenants stated they felt safe, made their own decisions, were generally satisfied with the Program and had recommended it to others.

Program History – The program received regulatory insufficiencies during the initial certification investigation of June 17, 2014 in the area of: Dementia-Specific Education for Program Personnel.

On-Site Monitoring Evaluation – The monitor(s) made observations detailed in the following areas.

A. Dementia-Specific Education for Program Personnel

Monitoring Observation: Five staff files were reviewed.

Staff #1, a Universal Worker (UW), transferred to the assisted living Program on 12-3-13. Staff #1 completed six hours of CCDI (Chronic Confusion and Dementing Illness) training on 9-10-13. Staff #1 did not have eight hours of dementia-specific training within 30 days of employment. Staff #1 did not have documented hands on training within 30 days of employment.

Staff #2, a UW, transferred to the assisted living Program on 2-7-14. Staff #2 completed eight hours of dementia- specific training on 5-2-13 and had six hours of CCDI training on 10-2-13. Staff #2 transferred to the Program on 2-7-14. Staff #2 did not have documented hands on training within 30 days of employment.

Staff #3, a UW, transferred to the assisted living Program on 3-3-14. Staff #3 had one hour of dementia-specific training on 4-16-14, two hours training on 4-17-14, one hour training on 4-18-14, two hours training on 4-19-14 and two hours training on 4-20-14. Staff #3 did not have eight hours of dementia-specific training within 30 days of employment. Staff #3 did not have documented hands on training within 30 days of employment.

The Director stated Staffs #1 and #2 transferred from the nursing facility and had completed six hours of CCDI training while working there. The Director confirmed Staff #3 did not have 8 hours of dementia-specific training within 30 days of employment. The Director indicated hands on training was part of the orientation but had not been documented.

Review of staff files and an interview with the Director indicated staff had transferred to the Program without eight hours of dementia-specific training within 30 days of employment and hands on training was not documented.

Regulatory Insufficiency: All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. (IAC r.481-69.30(1))

Regulatory Insufficiency: Dementia-specific training shall include hands-on-training and may include any of the following: classroom instruction, Web-based training, and case studies of tenants in the program. (IAC 481-69.30(5))