IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 50453-I

November 26, 2014

Ms. Nancy Hamilton, Manager
Friesland AL and Zeeland Memory Support
1742 Main Street
Pella, IA 50219

RE: Final Complaint/Incident Investigation Report – Friesland AL and Zeeland Memory Support, Pella, IA

Dear Ms. Hamilton:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of November 20, 2014, 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.

The incident reported to the department included an elopement without injuries. Based on tenant file review, staff interviews, RN Director interview, monitor observations, review of investigation notes, incident report and program policies, there was an elopement without injuries. The program followed their Policy and Procedures and staff acted appropriately. **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
	S0337	A. BUILDING: _____ B. WING _____	C 11/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIESLAND AL AND ZEELAND MEMORY SUP	1742 MAIN STREET PELLA, IA 50219

(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	481-69 Initial Comments Assisted Liviing 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: 21 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 22 Dementia-Specific Program by Dedication: Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 13 Total Population of Program at time of on-site: 14 TOTAL census of Assisted Living Program: 36 No regulatory insufficiencies were cited during the incident investigation #50453-I.	A 000		

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