IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 58733-C

March 23, 2016

Ms. Jennifer West, RN
Friesland AL and Zeeland Memory Support
at the Cottages
1742 Main Street
Pella, IA 50219

RE: Final Complaint/Incident Investigation Report – Freesland AL and Zeeland Memory Support at the Cottages, Pella, IA

Dear Ms. West:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of March 16 & 17, 2016, 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.

Iowa Administrative Code chapters 481-67 and 481-69 were considered during this investigation. Based on observations, staff interviews, a review of tenant files, incident reports, program policies, staff training and staff schedules, the following was found:

1. Allegation – Tenant Rights
   Findings- Not Substantiated
   Comments –It was alleged a tenant was forced to leave the Program for further evaluation. Four tenant files were reviewed. One file documented a decline in tenant condition as evidenced by new aggressive behavior. The Program identified the physical aggression on the part of the tenant as further decline condition and sought emergency treatment for the sudden aggression, a change in condition. A physical examination of the tenant was completed at the hospital. The tenant was returned to the Program when no psychiatric care was found. Further follow-up was done by the Program to seek further psychiatric evaluation because of the aggression. As a result, the tenant has had several changes to medications in an attempt to manage behaviors.

With any sudden change of tenant condition, the Program utilizes emergency services for further evaluation. Iowa Code does not require onsite 24-hour per day staffing by a nurse.

2. Allegation – Criteria for Admission and Retention
   Findings – Not Substantiated
   Comments – Based on concerns of tenant aggression, four tenant files were reviewed. Iowa Administrative Code 69.23(1)(c)(2) requires the program not retain a tenant who displays behavior that places another tenant at risk. There was one instance of tenant-on-tenant aggression. No further identified instances of physical aggression were found since that time. At the time of the onsite visit, based on criteria for retention, no tenants exceeded criteria for retention in the Program. No behaviors of aggression were observed during the onsite visit.

3. Allegation – Service Plans
   Findings – Not Substantiated
   Comments: It was alleged the Program had no plan in place to care for tenants. Four tenant files were reviewed. Service plans, which regulations require to outline services provided, were current for all files reviewed. The service plans were specific to the tenants' needs and identified specific interventions for behaviors. Service plans were updated as needed when tenant condition changed.

4. Allegation – Staffing
   Findings – Not Substantiated
   Comments: It was alleged the Program was understaffed. The investigation revealed tenant needs were met. A review of the service plan for the tenant identified by the Program as an aggressor during tenant-on-tenant aggression was reviewed. Staff was observed providing one-on-one supervision of that tenant when that tenant was with other tenants. One-on-one staffing is not typical for assisted living programs.

5. Allegation – Dementia Education
   Findings – Not Substantiated
   Comments: It was alleged staff involved in caring for a tenant during an incident of physical aggression was not trained to deal with persons with dementia. Staff training files were reviewed for the staff members present during the incident. Training files contained documentation of the completion of dementia training as required by assisted living regulations. Staff was observed during the onsite visit providing services to persons with dementia. No concerns were identified during observations.

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 03/17/2016

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	481-67 Initial Comments 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: 22 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 22 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 13 Total Population of Program at time of on-site: 15 TOTAL census of Assisted Living Program: 37 No regulatory insufficiencies were cited during the investigation of Complaint #58733.	A 000		

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