5/14/20

✓ 5/18/20

PRINTED: 04/10/2020
FORM APPROVED

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 _____	02/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIESLAND AL AND ZEELAND MEMORY SUPPORT (	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	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. General Population Number of tenants without cognitive disorder: 21 Number of tenants with cognitive disorder: 0 Memory Care Unit (if applicable) Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 13 TOTAL Census of Assisted Living Program for People with Dementia : 36 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program for People with Dementia (ALP/D).	A 000	A118 PLAN OF CORRECTION This plan of correction does not constitute an admission or agreement by the provider to the accuracy of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. Completion dates are provided for procedural processing purposes and correlation with the most recently completed or accomplished corrective action and do not correspond chronologically to the date the facility maintains it is in compliance with the requirements of participation, or that corrective action was necessary. 1. In continuing compliance with A118,481-67.19 (3) Record Checks, Friesland/ Zeeland submitted an immediate background check for Staff C, (RA) on Feb. 13th when the concern was identified. The completed and clear background check was received back on Feb. 18th.	Feb. 18, 2020
A 118	481-67.19(3) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced	A 118	2. To ensure this problem does not recur a new hire checklist with dual sign-offs was implemented with final check off for all new hires by Director of People and Culture. 3. As part of Friesland/ Zeelands's ongoing commitment to quality assurance, Director of People and Culture completed an audit of all team members hired in that time frame. Ongoing audits by Director of People and Culture or her designee will be completed quarterly. 4. Completed and clear background check was received on February 18th. Initial file audit was completed on March 1st. Any future audit/ record concerns identified will be addressed through our ongoing QAPI process.	

POC 2/18/20

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Nancy Hamilton MHA, LNHA	Executive Director	4-24-20

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A 118	Continued From page 1 by: Based on interview and record review, the program failed to conduct a background check prior to hire for 1 of 8 employees (Staff C). Findings follow: Record review of personnel records on 2/12-13/20 revealed Staff C had a hire date of 9/4/19. No background check could be located for Staff C. The RN confirmed this finding on 2/13/20 at 12:40 p.m.	A 118		