DEPARTMENT OF INSPECTIONS AND APPEALS

ok
7/1/25

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 _____	R-C 04/30/2025

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	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. Number of tenants without cognitive impairment: 24 Number of tenants with cognitive impairment: 13 Total census: 37 The following regulatory insufficiencies were cited during the investigation of Incident #125256-M and Complaint #125261-A. No regulatory insufficiencies were cited during the investigation of Complaints #126053-C and #127696-C.	A 000	See attached POC 5/14/25	
A 545	481-69.30(1) Dementia Specific Education for Personnel 69.30(1) 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to ensure eight hours of dementia-specific training was completed within 30 days of employment for 1 of 1 staff reviewed (Staff A). Findings follow: Review of Staff A's employment file on 4/28/2025 revealed Staff A was hired on 7/11/24.	A 545		

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

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A 545	Continued From page 1 On 4/22/25, the program provided documentation that Staff A completed 0.1 hours of dementia-specific training on 8/20/24 and an additional 8 hours of dementia-specific training completed between the dates of 11/6/24 and 11/17/24. Dementia-specific training was not completed within 30 days of employment as required. The Assisted Living Director stated on 4/29/25 at 10:00 am that dementia training is assigned and is expected to be completed within 30 days of hire and was unaware of why Staff A failed to complete it within the expected timeframe. On 4/30/25 at 11:00 am the Assisted Living Director, Executive Director, and the Senior Clinical Quality Specialist confirmed the above findings.	A 545		

Cottages
Friesland AL & Zeeland AL Memory Support
1742 Main Street
Pella, Iowa 50219

ok
7/1/25

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 correction is prepared and/or executed solely because the provisions of federal and state law require it. 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.

Correction Date: 5/14/25

Insufficiency Identified

A545 481-69.30(1) Dementia Specific Education for Personnel

1) The Cottages corrected the system using the following elements

   A. People and Culture Director performed review of all Assisted Living team members dementia education completion for compliance on 5/1/25 through 5/14/2025.
   B. Team Members not completed timely at time of audit were removed from schedule until completion of Dementia Training
   C. All team members reflect completed Dementia training by 5/14/25

2) Measures taken to ensure that problem doesn't recur

A. AL Leadership and People & Culture Director received education that all Assisted Living dementia training must be completed before team member works in Assisted Living. 4/29/25-5/1/25

3) Program will monitor performance to ensure compliance

A. AL Director or Designee will audit new team member dementia training Relias Monthly x3, and prn.

4) Date of Compliance :5/14/25