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 09/16/2026

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. Tenants without cognitive impairment: 21 Tenants with cognitive impairment: 18 Total census: 39 The following regulatory insufficiencies were cited during the investigation of Incident #131938-I and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000	See attached POC 10/7/26	
A 122	481-67.3(2) Tenant Rights 481-67.3(231B,231C,231D) Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services that are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure tenants received adequate and appropriate care, treatment, and services for 1 of 4 tenants reviewed (Tenant #C1). Finding follows: Record review on 9/14/26 revealed an incident report dated 4/17/26, indicated Tenant #C1 was observed on the floor of her bathroom at 9:00am. The report indicated Tenant #C1 was lying on her right side and a pack of wipes was near her head with fecal matter on it, and fecal matter was on the floor and on Tenant #C1's inner thighs. Tenant	A 122		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 122	Continued From page 1 #C1 was observed guarding her left hip and grimacing and was unable to move. Tenant #C1 was able to state "fell" and expressed pain by touching her head and hip when questioned about any pain. Program staff called the ambulance for assistance and Tenant #C1 was transported to the emergency room. Review on 9/14/26 of a nurses note dated 4/17/26 entered under the category of "x-orders-administration note" noted a confirmed fractured hip and Tenant #C1 would not be returning to the program and had been admitted to a hospice house. Continued record review on 9/14/26 and 9/15/26 revealed: a. Tenant #C1 admitted to the program 11/13/25. A Global Deterioration Scale (GDS) assessment dated 4/8/26 indicated Tenant #C1 had a GDS score of six (severe cognitive decline). The program completed a significant change comprehensive evaluation/nurse review on 4/8/26 and indicated Tenant #C1 demonstrated a significant decline in condition, noted increased incontinence had been observed, overall presentation indicated marked functional and behavioral decline, and a hospice admit. A nurses note dated 4/9/26 further included (but not limited to) "increased care needs, now requiring up to two-person assist at time for transfers and toileting", "assist with ADLs (Activities of Daily Living) as tolerated and accepted," and "Visual checks every two hours day and night." b. April 2026 Activity of Daily Living task sheets 9/15/26 for Tenant #1 instructed program staff to provide assistance with the following (but not limited to) tasks: - Offer toilet every two hours, check and change prn, provide peri cares with each incontinent	A 122		

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A 122	Continued From page 2	A 122		

episode.
- Safety Check: Resident is checked every two hours during day and hour of sleep (HS)

c. The service plan completed 4/9/26 noted Tenant #C1 requested to be woken up at night to toilet or change incontinence products, but failed to identify staff were to offer the toilet every two hours and provide peri cares with each incontinent episode as identified as a task/support/support action on the task sheets. The service plan failed to address Tenant #C1's need for occasional 2-person assistance for transfers/toileting and failed to identify the every two-hour visual check needs as indicated by the 4/9/26 nurses note.

During an interview on 9/15/26 at 3:00pm, Staff B reviewed the task sheet documentation and indicated she forgot to document. She explained when she first started, no one showed her she needed to document it, and documentation was a struggle for her and continued to be so, but acknowledged the program provided phones, tablets, or a laptop computer to document.

During an interview on 9/15/26 at 5:22pm, Staff F acknowledged she didn't always document because she was by herself at night. She indicated she was told staff didn't need to wake people up just to go to the bathroom, but if a tenant was awake, then they can, but stated sometimes tenants get upset. She acknowledged staff needed to do two-hour visual/safety checks to "check that they're not dead", but stated she didn't always document because the computer didn't always work for her because of the internet. Staff F indicated she knew she needed to document before 6:00am because after 6:00am, the computer automatically wouldn't allow her to

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A 122	Continued From page 3	A 122		

document, so documented right before she left her shift. Staff F explained some tenants have every two hour checks and some had an hour, especially if mobility was declining, but failed to specifically recall the needs of Tenant #C1. Staff F indicated some tenants don't know how to use the call light. Staff F expressed that she had 16 people to check on. When asked if she provided any checks on the overnight shift prior to Tenant #C1's fall with fracture on 4/17/26, Staff F replied it would have depended on what else happened on her shift that night.

During an interview 9/16/26 at 1:17pm, Staff G indicated visual/safety checks began around 7:00am on her shift and stated Tenant #C1 was not a very "wakeable" person. On the morning of 4/17/26 Staff F from the overnight shift asked Staff G if Staff G wanted Staff F to check on Tenant #1 before she left the shift. Staff G declined and said they would complete the check. Staff G indicated she was only aware of Tenant #C1's visual/safety check, but was not aware of Tenant #C1's every two-hour toileting check, and believed Tenant #C1 was independent with toileting but occasionally had "a mess." Staff G explained she knew what tasks she had done and that documentation hadn't started until May 2026 in Point Click Care and prior to that, communications were passed to the next shift by word of mouth. Staff G indicated the task sheets should show who documented and edited the tasks.

During an interview on 9/15/26 at 1:53pm and 3:19pm, the Administrator (ADM) acknowledged there was lack of documentation of the care-related tasks for Tenant #C1 for the time period reviewed.

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A 276	Continued From page 4	A 276		
A 276	481-69.25(1)q Tenant Document 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and include: q. When the tenant is unable to advocate on the tenant's own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks will be part of the medication administration records (MARs); This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure accurate documentation of completion of routine personal or health-related care on the activities of daily living task sheets for 1 of 4 tenants reviewed (Tenant #C1). Finding follows: Record review of April 2026 Activity of Daily Living task sheets 9/15/26 for Tenant #C1 instructed program staff to provide assistance with the following (but not limited to) tasks, listed as "support/support actions": - Offer toilet every two hours, check and change prn, provide peri cares with each incontinent episode. - Safety Check: Resident is checked every two hours during day and hour of sleep (HS) The documentation revealed the toileting-related task was documented as assistance provided	A 276		

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A 276	Continued From page 5	A 276		

only two times, on 4/10/23 at 05:54am, and 4/15/26 at 05:41am, rather than every two hours as instructed. The documentation revealed the safety check task was documented as assistance provided on 4/1/26 at 05:46am, 4/2/26 at 05:49am, 4/3/26 at 05:29am, 4/6/26 at 05:28am, 4/7/26 at 05:35am, 4/8/26 at 05:43am, 4/9/26 at 05:32am, 4/10/26 at 05:54am, 4/13/26 at 05:26am, 4/14/26 at 05:36am, 4/15/26 at 05:41am, 4/16/26 at 05:39am, rather than every two hours during day and HS as instructed.

During an interview on 9/15/26 at 3:00pm, Staff B indicated she sometimes forgets to document. She explained when she first started, no one showed her she needed to document it, and documentation was a struggle for her, but acknowledged the program provided phones, tablets, or a laptop computer for use to document.

During an interview on 9/15/26 at 5:22pm, Staff F acknowledged she didn't always document because she was by herself at night. She indicated she was told staff didn't need to wake people up just to go to the bathroom, but if a tenant was awake then they can, but stated sometimes tenants get upset. She acknowledged staff needed to do two-hour visual/safety checks to "check that they're not dead", but indicated she didn't always document because the computer didn't always work for her because of the internet. Staff F also indicated she knew she needed to document before 6:00am because after 6:00am, the computer automatically wouldn't allow her to document, so she documented right before she left her shift.

During an interview on 9/15/26 at 1:53pm and 3:19pm, the Administrator (ADM) acknowledged

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A 276	Continued From page 6 there was lack of documentation of the care-related tasks for Tenant #C1 for the time period reviewed.	A 276		
A 282	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. The service plan shall be signed by all parties, including the tenant or tenant's legal representative. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure service plans were signed by all parties after a significant change for 1 of 4 tenants reviewed (Tenant #C1.) Finding follows: Record review on 9/14/26 revealed Tenant #C1 admitted to the program on 11/13/25. The program completed a significant change comprehensive evaluation/nurse review on 4/8/26. The corresponding 4/9/26 service plan related to the significant change lacked signatures from all parties. During an interview with the Administrator (ADM) on 9/15/26 at 3:19pm, the ADM confirmed he was unable to locate a signature page for Tenant #C1's service plan.	A 282		

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A 285	Continued From page 7	A 285		
A 285	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and indicate: a. The tenant's identified needs and preferences for assistance; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure service plans were individualized and accurately addressed needs for 1 of 4 tenants reviewed (Tenant #C1). Findings follow: Record review on 9/14/26 and 9/15/26 revealed Tenant #C1 admitted to the program 11/13/25. The program completed a significant change comprehensive evaluation/nurse review on 4/8/26 and indicated Tenant #C1 demonstrated a significant decline in condition. The evaluation noted increased incontinence, overall presentation indicated functional and behavioral decline, and a hospice admit. A nurses note dated 4/9/26 further included (but not limited to) "increased care needs, now requiring up to 2-person assist at time for transfers and toileting", "assist with ADLs (Activities of Daily Living) as tolerated and accepted," and "Visual checks every two hours day and night." Record review of April 2026 Activity of Daily Living task sheets (Documentation Survey Report) 9/15/26 for Tenant #1 instructed program staff to provide assistance with the following (but not limited to) tasks, listed as "support/support actions":	A 285		

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A 285	Continued From page 8 - Offer toilet every two hours, check and change prn, provide peri cares with each incontinent episode. - Safety Check: Resident is checked every two hours during day and hour of sleep (HS) The service plan completed 4/9/26 noted Tenant #C1 requested to be woken up at night to toilet or change incontinence products, but failed to identify staff were to offer the toilet every two hours and provide peri cares with each incontinent episode as identified as a task/support/support action on the task sheets. The service plan failed to address Tenant #C1's need for occasional 2-person assistance for transfers/toileting and failed to identify the every two-hour visual check needs as indicated by the 4/9/26 nurses note. During an interview on 9/15/26 at 1:53pm, the Administrator (ADM) acknowledged the service plan failed to include a transfer assistance section or include in the toileting section a mention of the potential need for occasional two-person assistance with transfers and toileting. The ADM acknowledged the need for two-hour visual checks day and night failed to be identified on the service plan. During an interview on 9/16/26 at 11:27am, the Director of Assisted Living (DAL) confirmed the two hour toileting checks were not included in the 4/9/26 service plan for Tenant #C1.	A 285		
A 288	481-69.26(4)d Service Plans 481-69.26(231C) Service plans. 69.26(4)The service plan shall be individualized	A 288		

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A 288	Continued From page 9 and indicate: d. For tenants who are unable to plan their own activities, including tenants with dementia, a list of person-centered planned and spontaneous activities based on the tenant's abilities and personal interests; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure service plans were individualized and included a list of person-centered planned and spontaneous activities based on the tenant's ability and personal interests or preferences for 2 of 4 tenants reviewed (Tenants #C1 and Tenant #2). Findings follow: Record review on 9/14/26 revealed: 1) Tenant #C1 admitted to the program 11/13/25. A Global Deterioration Scale (GDS) assessment dated 4/8/26 indicated Tenant #C1 had a GDS score of six (severe cognitive decline). An unsigned service plan completed 4/9/26 revealed the social section noted Tenant #C1 was "independent with decision making/activities and needs no assistance from staff. They are able to decide their own level of activity participation" and "Resident needs prompting/reminders to meals/activities/events of her choice", but failed to include a list of person-centered planned and spontaneous activities based on Tenant #C1's abilities and personal interests or preferences. 2) Tenant #2 admitted to the program 5/17/23. A GDS assessment dated 6/26/26 indicated Tenant #2 had a GDS score of six (severe cognitive decline). A service plan completed 6/26/26 noted	A 288		

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A 288	Continued From page 10 Tenant #2 needed "prompting/reminder to meals/activities/events", but failed to include a list of person-centered planned and spontaneous activities based on Tenant #2's abilities and personal interests or preferences. During an interview on 9/16/26 at 11:26am, the Director of Assisted Living (DAL) the DAL acknowledged the service plans did not include a list of planned and spontaneous activities based on each tenant's abilities and personal interests or preferences.	A 288		

The Cottages
Friesland and Zeeland Memory Support
1742 Main ST
Pella IA, 50219

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.

A122

Insufficiency Identified

1) The program corrected the system using the following elements
    a. Education
    b. Auditing

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

AL team members received education regarding resident right to documentation 9/17/26 through 10/7/26.

AL leadership received education regarding documentation on 9/17/26.

3) Program will monitor performance to ensure compliance

AL Director or Designee will complete audits of documentation weekly x4, monthly x2 quarters, prn.

4) Date of Compliance

10/7/26

A276-
Insufficiency Identified

1) The program corrected the system using the following elements
    a. Education
    b. Auditing

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

AL Team members educated on completion of required care documentation tasks for residents 9/17/26 through 10/7/26.

3) Program will monitor performance to ensure compliance

AL Director Or Designee will complete audit of documentation Weekly x4, Monthly x2 Quarters and PRN.

4) Date of Compliance

10/7/26

A282
Insufficiency Identified

1) The program corrected the system using the following elements
    a. Education
    b. Auditing

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

AL Leadership received education when signed service plans must be obtained on 9/17/26.

Full program tenant reviews of service plan signatures were completed on 9/17/26.

3) Program will monitor performance to ensure compliance

AL Director or Designee will audit service plans to ensure signatures were obtained per regulation. Weekly x4, Monthly x2 Quarters, and PRN.

4) Date of Compliance

9/17/26

A285

Insufficiency Identified

1) The program corrected the system using the following elements
    a. Education
    b. Auditing

2) Measures taken to ensure that problem doesn't recur
   AL Leaders educated on 9/17/26 regarding service plans.

   Full program review of resident service plans on 9/17/26.
3) Program will monitor performance to ensure compliance

AL Director or Designee to audit service plan changes weekly x4, Monthly x2 Quarters, PRN.

4) Date of Compliance

9/17/26

A288

Insufficiency Identified

1) The program corrected the system using the following elements
    a. Education
    b. Chart Reviews
    c. Auditing

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

AL Leadership received education regarding tenants with a GDS of 5, 6, 7 and activities of interests on their service plan on 9/17/26.

Full program tenant reviews of residents with GDS 4,5,6 and service plan outlining activities of interest.

3) Program will monitor performance to ensure compliance

AL Director or Designee will ensure residents with GDS of 4,5,6 have activities of interest outlined in the service plan. Weekly x4, Monthly x2 Quarters.

4) Date of Compliance

9/17/26