STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165607	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Cottages	1742 Main Street Pella, IA 50219

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, policy review, staff interviews, resident and family interview the facility failed to provide dignity and respectful treatment for 1 of 3 residents reviewed. The facility reported a census of 90. Findings include:The Minimum Data Set (MDS) dated [DATE] for Resident #1 revealed required assistance with sit to lye or sit to stand or transfer to chair or toilet. Resident #1 required partial to moderate assistance of staff for lifts, holds, or support of trunk or limb and was dependent on toileting hygiene. The Brief Interview for Mental Status (BIMS) exam Coded a score of 13 out of 15 indicating intact cognition. The Medical Diagnosis, in an electronic record dated 4/3/26 listed Resident #1 had acute cystitis with hematuria referring to bladder inflammation with blood in the urine and had an overactive bladder. A Care Plan with an activity focus area initiated on 4/3/26 documented Resident #1 needs assist of one with toileting and perineal cares and needed assist of one and a front wheeled walker (FWW) to transfer. A Facility Investigation Report documented on 4/22/26 at about 9:52 PM documented the following; The Administrator was notified by the Director of Nursing (DON) of the incident involving Resident #1(R1) had reported he needed to use the restroom a lot the previous night, and had been yelled at by staff. R1eported that Staff D, Certified Nurses Aid (CNA) told him he knew better than to pee in his pants, and R1 made to sleep in a bed when he did not want to. Resident #1as interviewed by the DON and described the staff gender, color of hair and length of the person that yelled. The DON relayed Resident #1 displayed increased anxiety and fidgeting during the recollection. The identified Certified Nurse Aide (CNA) Staff D was called and confirmed she did go into R1's room a couple of times as the resident needed to use the restroom a lot. An Audit Report, Point of Care document revealed on 4/22/26 Certified Nursing Aide (CNA) Staff D provided cares for R1documented times of care included 1:22 AM,1:54 AM,155 AM, 2:50 AM,4:20 AM and 5:33 AM. On 6/2/26 at 1:30 PM R1 reported of the onetime he felt he had frustrated staff because he had to get up alot to go to the bathroom. R1 relayed preferred the recliner instead of the bed and staff did not want to listen to what he needed. R1 relayed staff was frustrated, not nice, yelled and had not seen that staff since that night. On 6/2/26 at 1:36 PM R1s family member who relayed recalled on 4/23/26 when visiting that R1was very upset and relayed the reason was due to treatment received the last night by Staff D. R1had described Staff D and reported had said during care the staff said all you have to do is pee, pee, pee. Family relayed it should not have been said that way. During an interview on 6/2/26 at 4:40 PM Staff D denied assisting R1to the bathroom on 4/22/26 despite the documentation this CNA had provided assistance to R1on 4/22/26. During an interview on 6/3/26 at 7:25 AM with Staff E, CNA reported experiences working with Staff D as a staff that is very negative. Recalled a night when Staff Dexpressed anger because some residents were still up at start of the third shift and StaffDwanted all residents in bed. Staff E relayed felt Staff D did not want to help residents to bed. During an interview on 6/4/26 at 10:45 AM with the DON, relayed all residents are to be treated with respect and reports of negative treatment are taken seriously and anything otherwise would not be tolerated. During an interview on 6/3/26 at 12:40 CNA Staff F recalled on 4/22/26 worked with Staff Dwho came to work all fired up and agitated, relayed at (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165607	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Cottages	1742 Main Street Pella, IA 50219

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the time was assisting R1from the chair to the bathroom said to R1needed to go to bed and needed to go to bed now. Relayed the attitude was bothersome and did need to console R1 During an interview on 6/4/26 at 12:55 PM CNA, Staff G relayed recollection of what R1relayed on 4/23/26, said the night before, on 5/22/26 the staff, yelled, was not very nice said he knew better than to have to keep going to the bathroom, had to sleep in his bed when he did not want to. The policy titled Resident Rights revised 5/2027 documented, The Resident has a right to a dignified existence. The community will protect and promote the rights of each resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165607	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Cottages	1742 Main Street Pella, IA 50219

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interviews, resident interview and policy review the facility failed to ensure resident safety when ambulated and when transferred to a chair without a gait belt for 1 of 3 residents reviewed (Resident #2). The fall resulted in a hip fracture that required surgery. The facility reported a census of 90 residents.Findings include:The Minimum Data Set (MDS) dated [DATE] reflected Resident #2 activity prior to fall documented used a walker, required substantial to maximal assist with sit to stand and lying to sit needed partial to moderate assistance, to lift, hold or support trunk or limb. Resident #2 required supervision or touch assist when walking up to 10 -50 feet. Staff to provide verbal and or touch/steadying and/or contact guard assist throughout activity or intermittently.The Care Plan focus initiated 5/15/24 for Resident #2 revealed is at risk for falls, to use walker through entire transfer, assist of one and a four wheeled walker (4WW) and gait belt.The MDS dated [DATE] for Resident #2 revealed diagnosis of fracture of the left femur. The MDS coding reflected dependence on transfer from a bed or chair and to sit and stand. The Brief Interview of Mental Status (BIMS) assessment scored 14 out of 15 indicated cognitive intact. A Progress Note dated 5/9/26 at 8:19 PM titled incident description relayed Resident #2 was walking to the dining room for dinner, and was about to sit in chair, resident pushed walker away like she was attempting to move it before sitting down and started to fall forward. Registered Nurse (RN) Staff A was walking with Resident #2, pushing the oxygen tank and getting the chair ready for resident to sit in when noticed she was unsteady. Staff A attempted to steady resident and lower her to the ground when resident started to fall sideways. Staff A, went down to the ground. Resident #2 landed on top of Staff A, both landed on their left side. Staff A assessed Resident #2 who was in severe pain and distress when attempted movement of the left leg. The Investigative Summary relating to Resident #2 fall on 5/9/26 documented Resident #2 level of function. Staff assistance of one and a 4WW and gait belt for transfers. Registered Nurse (RN) Staff A reported had the oxygen tank, walked behind Resident #2 to dinner. Resident #2, got ready to sit in the chair and pushed her walker towards end of table and started to fall. When Resident #2 went forward Staff A relayed had grabbed on to correct and we both went on her left. Resident #2 fell on me. The root cause analysis revealed a gait belt was not in use at the time of the event, an expected support measure for assisted ambulation and transfers per the care plan. A Hospital Discharge Summary, admit date [DATE] relayed Resident #2 lost balance, was partially caught by the nurse, did land on her left hip with immediate pain. The x-ray revealed an intertrochanteric (femur) fracture. On 6/2/26 RN, Staff A relayed recollection of Resident #2 fall with fracture. Staff A was asked if she could bring Resident #2 from the bathroom to the dining table. Resident #2 helped Resident #2 in the bathroom and relayed did not see a gait belt while assisting Resident #2 that would be usually in the room. Resident #2 had a 4WW and walked ahead to the dining room. Staff A relayed had the oxygen cannister and walked behind Resident #2. Staff A states Resident #2 went to sit down, thought the resident could back down and do it but instead went forward. Staff A reported grabbed Resident #2 in a panic and both landed on the ground. Staff A stated, knew could have looked at the care plan and did not. Staff A relayed did not think to ask another staff about Resident #2 support needs and did not use a gait belt to assist. Resident #2 was transported out to the hospital following the fall. On 6/3/26 at 12:20 PM Certified Nursing Assistant, Staff B relayed was working in the dining room when Resident #2 fell. Staff B was in the dining room when Staff A assisted Resident #2 to the dining room table, relayed Residents #2 was not wearing a gait belt. On 6/3/25 at 3:00 PM Resident #2 relayed recollection of fall in the dining room, stated it happened so fast that Staff A could not catch her to stop the fall. Resident #2 recalled immediate pain, going to the hospital, having surgery and returning to the facility with therapy to learn to walk again. On 6/3/25 at 3:20 PM Therapy, Staff C relayed Resident #2 had therapy before and after the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165607	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Cottages	1742 Main Street Pella, IA 50219

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	fall with fracture and required support assistance of one with activities, included with ambulation and transfer with gait belt usage currently as well as before the fall with fracture. On 6/3/26 at 3:30 PM The Assistant Director of Nurses, (ADON) relayed residents requiring assistance of one staff should have a gait belt in use and felt all staff are aware of this gait belt requirement. On 6/4/26 at 10:30 AM The Director of Nurses (DON) relayed awareness of Resident #2 fall with femur fracture and the Staff A should have used a gait belt when Resident #2 ambulated or transferred and thought perhaps Staff A got rushed and was not thinking. The Policy titled, Safe Resident / Client Transfer and Positioning Procedure revised 5/2025 directed gait belt assistance when a resident required supervision or contact assistance when ambulating.