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
	S0434	A. BUILDING: _____ B. WING _____	12/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGGIE'S PLACE AT KENNYBROOK VILLAGE	230 SW BROOKSIDE DRIVE GRIMES, IA 50111

(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 type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 5 Total census: 5 There were no deficiencies cited during the onsite infection control survey. The following regulatory insufficiencies were cited during the inital certification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000	✓ 2/18/21	
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 by: Based on interview and record review the Program failed to complete criminal, child, and	A 118	Plan of Correction is attached.	

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A 118	Continued From page 1 dependent adult abuse background check prior to employment for 1 of 4 staff reviewed (Staff A). Findings follow: Review of Staff A's file revealed she was hired on 10-1-2020. The Single Contact License and Background Check was completed 12-17-2020 which revealed no criminal or abuse history. On 12-17-2020 the Assisted Living Director confirmed these findings.	A 118		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete evaluations as needed with significant change for 1 of 1 tenants reviewed with suicidal ideation (Tenant #2). Findings follow: Review of Tenant #2's file on 12-17-2020 revealed the following Progress Notes:	A 037		

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A 037	Continued From page 2 - A note dated 8-27-2020 revealed she stated if she had a gun, she would "end it." Staff discussed how suicide impacted everyone and she calmed down. - A note dated 10-3-2020 revealed she stated she had a plan to commit suicide. Staff talked to her about family and calmed her down. - A note dated 11-9-2020 revealed she expressed felling of not wanting to live and wanted to kill herself. - A note dated 12-2-2020 revealed she asked for scissors and a knife to cut herself. Staff found a pocket knife and straight blade in her room and removed them. Staff spent time with her and notified the nurse. - A note dated 12-3-2020 revealed plans to send her to the emergency room for suicidal ideation. She returned in the evening and staff removed her china cabinet and all breakable items from her room after discussion with her daughter. Staff implemented hourly checks for safety. - A note dated 12-4-2020 revealed staff found three metal nail tools in her room and removed them. A comprehensive evaluation for this significant change in health status could not be located. On 12-17-2020 the Assisted Living Director confirmed these findings.	A 037		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance	A 089		

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A 089	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure service plans indicated identified needs and preferences for assistance for 2 of 3 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: 1. Record review on 12-17-2020 of Tenant #1's file revealed the following Progress Notes: - A note dated 11-10-2020 revealed a strong odor of urine on clothing and bedsheets and in her room. - A note dated 10-10-2020 revealed a strong odor of urine from wet jeans hanging in her bathroom. - A 90 day review dated 11-10-2020 revealed she had occasional episodes of incontinence. Tenant #1's service plan dated 8-13-20 failed to address occasional incontinence or assistance needed to ensure her room and clothes remained clean and odor free. 2. Record review on 12-17-2020 of Tenant #2's file revealed the following Progress notes: - A note dated 8-27-2020 revealed she stated if she had a gun, she would "end it." Staff discussed how suicide impacted everyone and she calmed down. - A 30 day assessment note dated 9-4-2020 revealed she refused to eat and required an Ensure supplement. - A note dated 10-3-2020 revealed she stated she had a plan to commit suicide. Staff talked to her about family and calmed her down.	A 089		

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A 089	Continued From page 4 - A note dated 11-2-2020 revealed she wandered into another tenant's room and looked through the dresser drawers. - A note dated 11-9-2020 revealed she expressed felling of not wanting to live and wanted to kill herself. - A note dated 11-20-2020 revealed she entered another tenant's room and put on some jewelry. - A note dated 11-26-2020 revealed staff found a missing phone hidden in her room. - A 90 day review dated 11-30-2020 revealed she rarely ate an entire meal and required a Boost supplement and wore the same clothing a few days in a row. - A note dated 12-2-2020 revealed she asked for scissors and a knife to cut herself. Staff found a pocket knife and straight blade in her room and removed them. Staff spent time with her and notified the nurse. - A note dated 12-3-2020 revealed plans to send her to the emergency room for suicidal ideation. She returned in the evening and staff removed her china cabinet and all breakable items from her room after discussion with her daughter. Staff implemented hourly checks for safety. - A note dated 12-4-2020 revealed she was in another tenant's room and fluffed the pillows. Staff found three metal nail tools in her room and removed them. Review of Tenant #2's service plan dated 8-6-2020 revealed a goal to remain free of signs and symptoms of distress, depression, anxiety or sad mood. The intervention was to keep the tenant cognitively stimulated to remain happy and stress free. Suicidal ideations and interventions was not included in the service plan. The plan did not address going into others' rooms or the need for a nutritional supplement.	A 089		

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A 089	Continued From page 5 On 12-17-2020 the Assisted Living Director confirmed these findings.	A 089		
A 121	481-69.30(1) Dementia Specific Education for Personnel 481-69.30(231C) Dementia-specific education for program 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 provide 8 hours of dementia training within 30 days of employment for 2 of 4 staff reviewed (Staff A and Staff B). Findings follow: Review of staff files revealed Staff A was hired on 10-1-2020 and completed 1.5 hours of dementia training within 30 days. Staff B was hired on 9-23-2020. No record of dementia training could be located. On 12-17-2020 the Assisted Living Director confirmed these findings.	A 121		

Kennybrook VILLAGE

January 27, 2020

Department of Inspections and Appeals
Attn: Deb Dixon
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Dixon:

On behalf of Kennybrook Village, I respectfully submit our Plan of Correction for your approval. This Plan of Correction should constitute our credible allegation of compliance and we trust you will find it adequate and acceptable. This Plan of Corrections is submitted as required under State and Federal Law. The submission of this Plan of Correction does not constitute an admission on the part of the Facility as to the accuracy of the surveyors' findings nor the conclusions drawn therefrom. The Facility's submission of this Plan of Correction does not constitute an admission on the part of the Facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.

A089 – Service Plans

Elements detailing how the Program will correct each regulatory insufficiency.

- Service plans to include interventions for each tenant and include any specific health concerns, pain management, PT/OT, and any other identified areas.
- RN to ensure most recent functional assessments are reflected accurately within individualized service plans.

Measures taken to ensure the problem does not recur.

- AL Director to oversee and monitor service plan creation and modifications.
- AL Director to provide ongoing training as needed to ensure compliance with policy.

How the Program plans to monitor performance to ensure compliance.

- AL Director to conduct periodic audits of service plan accuracy to ensure compliance with policy.
- Audits will be presented at monthly QAPI meetings for review by committee.

1/27/21

2/18/21

The date by which the regulatory insufficiency will be corrected.

- Date corrected 01/27/2021

A118 – Record Checks

Elements detailing how the program will correct each regulatory insufficiency.

- When a person applies for employment at Kennybrook Village, we will complete an Iowa Health Care Facility Record Check. The employee will not be hired until full clearance is given by the state of Iowa through the SING process.

Measures taken to ensure the problem does not recur.

- A pre-hire flow sheet will be used for each prospective employee to track what has and has not been completed.
- The Human Resources Director will be responsible for completing the pre-hire flow sheet.

How the program will monitor to ensure compliance.

- Prior to hiring the prospective employee: department supervisor or designee will sign once they've witnessed the completed criminal background history and dependent adult abuse check.

The Date the regulatory insufficiency will be corrected.

- Date corrected 01/27/2021

A037 – Evaluation of Tenant

Elements detailing how the program will correct each regulatory insufficiency.

- RN to conduct a nurse review every 30 days, 90 days and with any change in health status such as requiring PT/OT, increased pain, comments of self-harm or other documented changes in health.

Measures taken to ensure the problem does not recur.

- AL Director and RN will discuss any and all changes regarding care of tenant utilizing Table A from Ch. 69 regarding nurse reviews.
- Nurse review to be completed when appropriate.

How the Program plans to monitor performance to ensure compliance.

- Audits of medical records will be conducted periodically to ensure compliance.
- Audits will be presented at monthly QAPI meetings for review by committee.

The date by which the regulatory insufficiency will be corrected.

- Date corrected 01/27/2021

2/18/21

A121 – Dementia Specific Training

Elements detailing how the program will correct each regulatory insufficiency.

- All personnel employed by Maggie's Place of Kennybrook village will receive a minimum of eight hours of dementia-specific education and training within 30 days employment and before starting on the floor.

Measures taken to ensure the problem does not recur.

- Maggie's Place Training Checklist has been revamped to include 8 hours of dementia specific training must be done before staff can start training on the floor. This training will be done with and alongside an appointed mentor.

How the Program plans to monitor performance to ensure compliance.

- The checklist will be reviewed and signed off on by the Assisted Living Director stating that staff have meet the requirements to begin training on the floor.

The date by which the regulatory insufficiency will be corrected.

- Date corrected 01/27/2021

This plan of corrections serves as the facilities Credible Allegation of Compliance that effective January 27, 2021 Kennybrook Village will be in compliance with these regulatory requirements.

If you have questions, please feel free to call me at 515-369-3900. Thank you.

Sincerely,

Jessica Foltz RN
Assisted Living Director

Ryan Stuck RN, LNHA
Executive Director