

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0323</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>09/29/2021</b>
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  <b>KENNYBROOK VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 SW BROOKSIDE DRIVE GRIMES, IA 50111</b>
---	---

(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	<p>Initial Comments</p> <p>Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. General population: Number of tenants without cognitive disorders: 36 Number of tenants with cognitive disorders: 0</p> <p>Total: 36</p> <p>The following regulatory insufficiency was cited during the investigation of #99180-C No regulatory insufficiencies were cited during an infection control review.</p>	A 000	POC attached 2/11/22	
A 270	<p>481-67.5(2)f(1) Medications</p> <p>67.5(2) Each program shall follow its own written medication policy, which shall include the following:</p> <p>f. When medications are administered traditionally by the program:</p> <p>(1) The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa, by an individual who has successfully completed a department-approved medication aide or medication manager course and passed the respective department-approved medication aide or manager examination, or by a physician assistant (PA) in accordance with 645-Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant (PA).</p>	A 270		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Jayle W. Kn, BSN, MHA*

*Executive Director*

*2-1-2022*

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0323</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/29/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>KENNYBROOK VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 SW BROOKSIDE DRIVE GRIMES, IA 50111</b>
---	---

(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 270	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record reviews the Program failed to ensure the administration of medication was provided by an individual who had successfully completed a department approved medication manager course and passed the medication manager examination. This affected 1 of 1 tenant for whom the staff passed medications. Finding follows:</p> <p>Record review revealed Tenant #1 administered her own medications with the exception of Metoprolol Tartrate tablet and a 0.5 Tylenol tablet. Both medications were to be administrated at bedtime.</p> <p>When interviewed on 9/28/21 at 12:30 p.m. Care Partner A confirmed she passed two medications to Tenant #1, in late July of 2021. The Care Partner also confirmed at the time of the medication administration, she had not completed her medication manager course. She added she completed the medication manager certification requirements on 8/3/2021. Care Partner A said she willingly passed the medications at the request of her supervisor (Nursing Supervisor). She indicated she was familiar with the tenant and was glad to help with the staffing issue. Care Partner A reported the two medication were the only medications she had administered to the tenants.</p> <p>Review of Care Partner A's personnel file revealed a Certificate of Completion for the Medication Managers On-Line Course was completed on 8/3/21.</p> <p>When interviewed on 9/28/21 at 11:50 a.m. the</p>	A 270		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0323</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/29/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>KENNYBROOK VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 SW BROOKSIDE DRIVE GRIMES, IA 50111</b>
---	---

(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 270	Continued From page 2  Nursing Supervisor confirmed Care Partner A passed two medications to Tenant #1, at bedtime. The nursing supervisor did not recall the exact date the Care Partner passed the medication and noted it was an isolated incident. Care Partner A only passed medications to Tenant #1. She noted the Care Partner was in the process of completing the medication management course, however at the time Care Partner A passed the medications she was not certified to pass the medications. The supervisor noted the care partner passed the medications due to a staffing issue. The medications were Metoprolol Tartrate tablet and a 0.5 Tylenol tablet. The nursing supervisor also noted Tenant #1 took her medications independently, with the exception of the two bedtime medications. She added Care Partner A was a reliable staff who had worked in the Program for over a year.	A 270		

**Kennybrook Village**

**Date Survey Completed: 9/29/2021**

The enclosed Plan of Correction should constitute our credible allegations of compliance and we trust you will find it adequate and acceptable.

The Plan of Correction 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 surveyor's findings nor the conclusions drawn therefrom. The Facility's submission of the Plan of Correction does not constitute an 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.

**A 270**

1. In continuing compliance with **A 270 Medications;**  
**481-67.5(2) (f) (1)**

No tenants had negative outcomes or adverse effects.

2. To correct the deficiency and ensure the problem does not reoccur, the Director of Nursing and Assisted Living Director were educated on Kennybrook Village's Medication policy on 9/30/2021 once the survey had been complete, and the surveyor explained the cause of his visit. The remaining interdisciplinary team will be educated on the following policies on or before 2/11/2022.
  - a. Policy review of: Medications (see attached)
3. As a part of Kennybrook Village's ongoing commitment to quality assurance, the Assisted Living Director, Director of Nursing, or designee, will ensure that medications are not passed in the Assisted Living until the Medication Manager Course and or the Certified Medication Aide Course has been successfully completed. The completed certification will go into the employee's employment file.
4. Audits will be done monthly, and results will be reported and reviewed at the monthly quality assurance performance improvement meetings and recommendations discussed, as needed. Human Resources will bring a copy of the current staff roster with the completed medication manager course (MM) date or if the staff member has their certified medication aide license (MA) with completion date. If the team member hasn't completed the course, the reason will be included. See attached for current audit