

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165605	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2025
NAME OF PROVIDER OR SUPPLIER  Kennybrook Village		STREET ADDRESS, CITY, STATE, ZIP CODE  200 SW Brookside Drive Grimes, IA 50111	

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)
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation, menu review, clinical record review, staff interviews, and policy review, the facility failed to follow the appropriate diet and serve the appropriate portions for (2) residents (#11, #18) who received pureed diets and failed to follow the menu diet for all residents who received gravy. The facility reported a census of 35 residents.</p> <p>Findings include:</p> <p>On 1/08/25 at 10:40 AM, Staff B, Cook, began making the pureed pork. He placed six (6) small pieces of pork into the blender and added 2 ounces (oz) of beef base. He blended the contents. He emptied the contents into a steam table bowl. Some of the contents was observed still in the blender when rinsed. The total volume was not measured and the Dishers Scoop Sizes, Colors and Yields chart was not used to determine the appropriate serving size prior to being served.</p> <p>At 11:37 AM, Staff C, Dietary Aide (DA), placed serving utensils in each menu item pan. She stated a #20 disher (1.6 fluid oz) was used for the pureed pork and pureed vegetable serving sizes, and a black handled scoop was used for gravy. She was not able to identify the black handled scoop size.</p> <p>A continuous meal service observation revealed every resident who received gravy got one (1) scoop of gravy with the black handled scoop.</p> <p>At 1:55 PM, Staff A, Cook, stated he did not puree egg rolls. He stated he just didn't think about it. He also stated he made the pureed vegetables and based the serving size on the combined individual amounts of vegetables and tomato juice used during the pureed process. He stated he did not measure the total volume and used the facility Disher Scoop Sizes, Colors and Yields (DSscy) conversion chart to determine the disher size.</p> <p>At 2:15 PM, the Certified Dietary Manager (CDM) stated the facility used the facility specific conversion chart.</p> <p>A review of the menu indicated a #6 scoop (5.33 fluid oz) was the appropriate pureed pork serving size which resulted in a -3.73 oz serving. It also indicated a #12 scoop (2.67 fluid oz) was the appropriate pureed vegetable serving size which resulted in a -1.07 oz serving. and 2 oz was the appropriate gravy serving size. The menu also identified 2 oz of gravy was the appropriate serving size. The black handled serving scoop used was later identified as a one (1) oz serving size which resulted in a -1 oz serving.</p> <p>An Electronic Health Record review revealed both Resident #11 and Resident #18 were ordered pureed</p> <p>(continued on next page)</p>

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
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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>diets without portion restrictions.</p> <p>A policy titled Kitchen Weights and Measures revised 10/2018 indicated cooks and staff plating food for meal service will follow the portion sizes per menu and will use appropriate utensil.</p> <p>On 1/09/25 at 2:01 PM, the Administrator stated staff should follow the scoop diagram (pureed disher conversion chart) and menu items serving sizes.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, staff interview, and policy review, the facility failed to provide food served by a method to maintain a safe and appetizing temperature for one of one meal service observed. The facility reported a census of 35 residents.</p> <p>Findings include:</p> <p>On 1/08/23 at 11:37 AM, a continuous lunch service observation revealed Staff C, Dietary Aide (DA), obtained the temperature of one (1) food item, Salmon croquettes, prior to service and noted the temperature of 123.5&amp;deg; Fahrenheit (F). All other lunch menu items met acceptable temperatures.</p> <p>At 12:20 PM, Staff C obtained the temperatures of remaining lunch menu items after meal service ended. The results were:</p> <ol style="list-style-type: none"> <li>1) Salmon croquettes - 117&amp;deg; F</li> <li>2) Mashed potatoes - 124.8&amp;deg; F</li> <li>3) Vegetable egg rolls - 122&amp;deg; F</li> <li>4) Pureed pork - 124&amp;deg; F</li> <li>5) Mechanical Soft egg rolls - 120&amp;deg; F</li> </ol> <p>A policy titled Food Preparation and Service revised 10/2018 indicated food held at temperatures between 41&amp;deg; F and 135&amp;deg; F promoted the rapid growth of pathogenic organisms that cause foodborne illness and must be maintained above 135&amp;deg; F.</p> <p>On 1/09/25 at 2:03 PM, the Administrator stated staff should bring menu items to appropriate temperatures before serving. She also stated staff should have reported the low temperatures to the CDM and implemented corrective procedures to ensure the food maintained correct temperatures.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, staff interview, and facility policy review, the facility failed to maintain sanitary practices by improperly storing and serving food. The facility reported a census of 35 residents.</p> <p>Findings include:</p> <p>On 1/06/25 at 10:20 AM, an initial kitchen observation identified the following findings:</p> <p>A [NAME] refrigerator contained:</p> <ol style="list-style-type: none"> <li>1) Two (2) undated, unlabeled, sealed packs of long, round, hot-dog looking items.</li> <li>2) Three (3) opened, undated bags of grapes in a single labeled box.</li> <li>3) One (1) undated, previously opened 2-liter bottle of A&amp;W root beer.</li> <li>4) Three (3) undated, unlabeled, clear dispensers with a clear liquid and round, orange, disk shaped items.</li> <li>5) Four (4) unlabeled, loaf shaped packages of a dark pink substance.</li> </ol> <p>A [NAME] freezer</p> <ol style="list-style-type: none"> <li>1) One (1) undated, unlabeled, clear plastic bag with round, yellow items.</li> <li>2) One (1) undated, unlabeled, clear plastic bag with a pink, meat-looking item on a cookie pan.</li> </ol> <p>The kitchen area contained:</p> <ol style="list-style-type: none"> <li>1) A white bin labeled sugar had 1 sealed bag of sugar, 1 opened bag of sugar, and a plastic scoop lying on top of the sugar at the bottom of the bin.</li> <li>2) An undated, unlabeled clear plastic container with a blue lid had a white flaky product.</li> </ol> <p>The dry goods storage contained:</p> <ol style="list-style-type: none"> <li>1) Multiple unlabeled bags of brown, flaky items.</li> <li>2) Multiple unlabeled bags of tan, donut-shaped items.</li> </ol> <p>On 1/08/25 at 7:06 AM, a follow-up kitchen visit revealed:</p> <ol style="list-style-type: none"> <li>1) One (1) undated, previously accessed plastic container of strawberries.</li> <li>2) Two (2) pans of unlabeled, red, gelatin-like substance with orange colored chunks.</li> </ol> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3) Three (3) opened, undated bags of grapes in a single labeled box.</p> <p>4) One (1) undated 2-liter bottle of A&amp;W root beer.</p> <p>5) Three (3) undated, unlabeled, clear dispensing containers with clear liquid and round, light green disk-shaped items.</p> <p>A [NAME] freezer contained:</p> <p>1) One (1) undated and unlabeled clear plastic bag of rounded, rectangular shaped items.</p> <p>2) Multiple bags of multicolored vegetable-like items.</p> <p>The kitchen contained one (1) white bin labeled sugar that had 1 sealed bag of sugar, 1 opened bag of sugar, and a plastic scoop lying on top of the sugar at the bottom of the bin.</p> <p>The dry goods storage contained:</p> <p>1) One (1) bag of undated, unlabeled jug of white liquid beside a Frymax container.</p> <p>2) One (1) bag of unlabeled tan grain-shaped items.</p> <p>On 1/08/24 at 10:35 AM, Staff A, Cook, grabbed a can of spray butter with his gloved hand and sprayed the inside of a steam table bowl. He then grabbed the egg rolls with the same gloves and placed them in 3 steam table bowls. No hand hygiene or glove change was performed between touching the spray can and eggs rolls.</p> <p>At 10:37 AM, Staff B, [NAME] opened the walk-in freezer door with gloved hands. He then grabbed a bread loaf with the same gloves and positioned it on the food preparation table. After cutting the bread, he grabbed several different utensils and a mustard container. He took two (2) slices of lunch meat from a package and placed them on the bread. No hand hygiene or glove change was performed throughout the process.</p> <p>At 10:55 AM, Staff B performed hand hygiene and donned gloves. He opened a large container of pickles, grabbed a knife, opened the stack of cheese, stuck his gloved hand inside the pickle container and grabbed and handful of pickles.</p> <p>On 1/09/25 at 2:10 PM, the Administrator stated staff should follow the facility's policies regarding food storage, hand hygiene, and prevention of cross-contamination.</p> <p>A policy titled Food Receiving and Storage revised 10/2018 indicated dry foods that are stored in bins will be removed from original packaging, labeled and dated (use by date). It also indicated all foods stored in the refrigerator or freezer will be covered, labeled and dated (use by date).</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>Based on staff interview, review of the facility's Provider History Profile reports, and facility policy review, the facility failed to ensure an effective QAPI (Quality Assurance Performance Improvement) process to address previously identified quality deficiencies. This resulted in multiple repeat deficiencies identified on the facility's current recertification and complaint survey. The facility reported a census of 35 residents.</p> <p>Findings include:</p> <p>Review of the facility's Provider History Report revealed the facility received the same deficiency for three (3) consecutive recertification surveys. The deficiency category was for failing to accurately follow resident menus.</p> <p>On 1/09/25 at 2:50 PM, the Certified Dietary Manager (CDM) stated she assigned all staff to watch a video on diet portion sizes as part of the QAPI Performance Improvement Plan (PIP).</p> <p>At 2:55 PM, the Administrator stated the CDM held monthly in-services and the administrative team held a skills fair twice yearly. She stated the video was provided to staff on 4/30/24 and 5/02/24. She stated all staff should be done as it was mandatory. She stated the facility's internal program contained the detailed information of the PIP.</p> <p>At 3:38 PM, the administrator stated there was no documentation of follow-up to the efficacy of the aforementioned PIP.</p> <p>The facility policy, titled Quality Assurance and Performance Improvement (QAPI) Manual revised 1/2024, indicated ongoing monitoring will be achieved by using tools specifically developed to monitor desired outcomes. It also indicated the Quality Assessment and Assurance (QAA) committee will monitor progress, provide input, and ensure the individuals involved in the project have the resources they need.</p>		