IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

May 1, 2012

Complaint/Incident Intake #: 38390-C

Mr. Tim Jordison, Executive Director
Kennybrook Village Assisted Living
200 SW Brookside Drive
Grimes, IA 50111

RE: Final Initial Certification and Complaint/Incident Investigation Report, Kennybrook Village Assisted Living, Grimes, IA

Dear Mr. Jordison:

Enclosed is the **Final Initial Certification and Complaint/Incident Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC and certification of **Kennybrook Village Assisted Living** will continue.

Enclosed you will find the Assisted Living Program Certificate **S0323** with effective dates of **October 4, 2011** through **October 3, 2013**. This certificate is to be posted in the building for public viewing.

If you have any questions regarding this certification, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Initial Certification and Complaint/Incident Investigation Report

Assisted Living Program: **Complaint/Incident Intake #: 38390-C**

Tim Jordison, Executive Director
Kennybrook Village Assisted Living
200 SW Brookside Drive
Grimes, IA 50111

Date of Initial Certification and Complaint/Incident Investigation:

April 12, 2012

Monitor(s):

Lori Miner, RN BSN

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 69 that serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to and approved by the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview: *In preparing this report, the following information was considered:*

Current Program Census

Assisted Living Programs are defined by the type of population served. The census numbers below were provided by the Program at the time of the on-site visit.

General Population Program	
Number of tenants without cognitive disorder:	22
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	22
TOTAL census of Assisted Living Program	22

Tenant/Family Satisfaction Results – A meeting was held with nine tenants. The best thing about the Program was the good food, the care, and the people. Housekeeping was described as "hit and miss" and not like the tenants did it at home. The building and grounds were kept clean and neat. Maintenance responded quickly to requests. Tenants used call pendants to request assistance. Staff members were reported to respond in 10 minutes or less. Staff members were described as giving good care and treating the tenants with kindness and respect. The food was described as good with a variety of foods offered. Hot foods were served hot. Tenants indicated there were enough activities offered. Tenants reported feeling safe at the Program and would recommend it to others.

Program History – The program did not receive any regulatory insufficiencies during this certification period.

Complaint/Incident Investigation – The Complaint/Incident investigator(s) made the observations detailed in the following areas:

A. Staffing

Complaint/Incident Allegation: It was alleged there was not enough staff and call lights were not answered promptly.

- Monitoring Observation: Staff #1 and #2 were interviewed. They each stated there were one to two direct care staff available on the day shift, and one direct care staff available on evenings and nights. Staff #1 stated it took three minutes to answer call lights and it had not been a problem to answer call lights in a timely manner. Staff #1 stated the Program was hiring "short shifts" which were additional staff members to cover shower times. Staff #2 stated call lights were usually answered immediately and if assisting another tenant, it may take four minutes to answer a call light. Staff #2 stated no tenants had complained about the amount of time required to answer call lights.

  At the tenant meeting, the tenants indicated staff members responded in 10 minutes or less to requests for assistance.

An interview with the Executive Director revealed the Program had grown since opening last fall and the Program would be hiring "short shifts" of about four hours in length to cover the busiest portions of the shift.

Call light response records were reviewed for 3-23-12 to 3-25-12 and 4-6-12 to 4-8-12. The periods were reviewed were 24 hour days, Friday through Sunday. Call lights were answered in eight minutes or less.

Calls for assistance were answered in a timely manner.

- Regulatory Insufficiency: None noted.

- Monitoring Observation: Staff training files were reviewed for the following Care Partners: Staff #1 was hired 11-30-11, Staff #2 was hired 10-15-11, Staff #3 was hired 9-27-11, Staff #4 was hired 1-27-12 and Staff #5 was hired 1-27-12. The Program Nurse identified Staff #2 as a Certified Nursing Assistant (CNA) and Staff #3 as a Certified Medical Assistant (CMA). Staff files related to nurse-delegated training lacked documentation of training related to bathing. Staff #1 and #2 were interviewed and stated they had not received training from the nurse on bathing or been observed by the nurse while they were bathing a tenant. Staff #1 and #2 stated they assisted tenants with bathing.

  Staff members lacked nurse-delegated training and observation related to bathing.

- Regulatory Insufficiency: Any nursing services shall be provided in accordance with Iowa Code chapter 152 and 655—Chapter 6. (IAC r. 481-67.9(5))

B. Evaluation

- Monitoring Observation: Tenant #1, an 87 year-old, was admitted on 11-4-11 and had diagnoses of: Pacemaker and Irregular Heart Beat. Tenant Service Notes of 1-27-12 indicated while Tenant #1 was out with family, he/she fell and suffered a broken wrist. Tenant #1 was seen in the emergency room and returned to the Program on 1-27-12. A Licensed Practical Nurse (LPN) documented on the Tenant Service Notes Tenant #1 had a right arm cast and had the arm in a sling. Tenant #1 also had left knee and shin abrasions. A Health Status form was completed on 1-28-12 and identified the need for the assessment as related to change of condition—a fall resulting in a fracture. The LPN completed health and functional assessments on 1-28-12. A cognitive evaluation was not completed on 1-28-12.

  Tenant #2, an 80 year-old, was admitted on 11-15-11 and had diagnoses of: Mild Cardiomegaly and Myelodysplastic Syndrome. The initial functional, cognitive, and health evaluations were completed on 11-1-11, prior to admission. The evaluations were completed by the LPN.

  On 1-7-12 Tenant #2 fell and was taken to the hospital for a shoulder and rib injury according to the Tenant Service Notes. Tenant #2 returned to the Program after rehabilitation on 2-29-12. Functional, cognitive, and health evaluations, identified as a change of condition, were completed on 2-28-12 by the LPN.

Tenant #3, a 91 year-old, was admitted on 10-26-11 and had diagnoses of: Hypertension and Hypercholesterolemia. The initial functional, cognitive, and health evaluations were completed on 9-30-11, prior to admission. The health assessment form lacked documentation of blood pressure, pulse, respirations, temperature, and weight that the form indicated was to be obtained. The assessments were completed by the LPN.

An LPN was not identified in the rules definition of a health care professional. An LPN cannot complete evaluations prior to occupancy or with a significant change of condition.

- Regulatory Insufficiency: A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. (IAC r. 481-69.22(1))

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

C. Food Service

- Monitoring Observation: Staff training files were reviewed for the following Care Partners: Staff #1 was hired 11-30-11, Staff #2 was hired 10-15-11, Staff #3 was hired 9-27-11, Staff #4 was hired 1-27-12 and Staff #5 was hired 1-27-12. In interviews, Staff #1 and #2 stated they served food. Staff training records lacked documentation of training on sanitation and safe food handling. The Executive Director stated staff members had not received the training. Staff members were not trained on sanitation and safe food handling prior to handling food.

- Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. (IAC r. 481-69.28(5))

D. Activities

Complaint/Incident Allegation: It was alleged there were not many activities for tenants, especially evenings and weekends.

- Monitoring Observation: The Kennybrook building contained three levels of care: Independent Living, Skilled Nursing, and Assisted Living. The Activity Director was interviewed. She stated there were two activity calendars, one for independent living and a combined calendar for skilled nursing and assisted living, and tenants in assisted living were able to attend any of the activities on either calendar. Staff members were available to take tenants to activities in other portions of the building if tenants were not able to walk the distance. The Activity Director stated the assisted living program was growing and had only been open since last fall. The Activity Director was aware that changes were needed to the activity program with the growth of the Program. The Activity Director indicated a new director of assisted living had been hired, and in the future she would participate in the development of the activity calendar. Currently, the Activity Director stated she was in the assisted living program daily. The Activity Director had gone from apartment to apartment to notify tenants of the new activity calendar and to discuss activities monthly. Tenants have reported to the Activity Director they prefer to be in their apartments in the evening to watch a game show and then go to bed. The Activity Director reported she has tried evening activities, has gone door-to-door to promote the evening activity and there has been little if any turnout for the activity. She stated the assisted living staff members assisted with activities and have never indicated they were too busy to do activities. There were cards, game boards, and pre-printed trivia and crossword puzzles available in assisted living for staff members to make available for tenants. The Activity Director stated there were several spontaneous activities that were not on the calendar. An Easter egg hunt and a St. Patrick's day party were given as recent examples. A bus trip to Pella was scheduled for the day of the onsite visit. The Activity Director stated local churches were starting to come in to do services on Sunday.

  Activity calendars were reviewed for February to April 2012 for both independent living and the combined assisted living/skilled nursing. The calendars indicated an evening program was added on Tuesday nights on the March and April combined calendar. A movie was scheduled one Saturday per month, and a musical program was available one Sunday. The independent living calendar indicated routinely there were activities scheduled for Saturdays. Super Bowl snacks were available on one Sunday.

  Staff #1 was interviewed. She stated she assisted with activities. Staff #1 stated she came in to volunteer to do activities in the evening, but found many tenants were going to bed. Staff #1 stated there were spontaneous activities not on the calendar, and puzzles and cards were available on the weekends.

  Staff #2 was interviewed. She stated she usually worked the evening shift and assisted with activities. Staff #2 stated she was always been able to do activities and has put off evening cleaning chores to complete activities. Staff #2 stated tenants did not come out for activities in the evening because most were in their apartment by 7:00 p.m. and preferred to watch a game show or go to bed.

A meeting was held with nine tenants. Seven of the tenants stated they would not attend an activity in the evening. When asked what activity they would like to see on Sunday, two responded they would like transportation to a nearby church. There were no other suggestions offered.

The Assisted Living Tenant Handbook was reviewed. The handbook stated "if there is any activity that a tenant enjoys…please ask the staff and they will do their best to make it happen."

The Program was adjusting to growth since opening last fall. Staff members and the Activity Director were providing activities, and were seeking input from tenants. Tenants did not want evening activities, nor had suggestions for additional activities. Assisted living tenants have been provided with calendars and were able to attend planned and spontaneous activities within the building.

- Regulatory Insufficiency: None noted.