IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
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(515) 281-4115 Phone
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

December 29, 2015

Ms. Linsey Tjernagel, Director
Kennybrook Village
200 SW Brookside Drive
Grimes, IA 50111

RE: Final Recertification Monitoring Evaluation Report – Kennybrook Village, Grimes, IA

Dear Ms. Tjernagel:

Enclosed is the **Final Recertification Monitoring Evaluation 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, following a survey by DIA on **December 22, 2015.** The Report notes a Regulatory Insufficiency in the area(s) of: Record Checks.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference or a contested case hearing must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

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

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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
	S0323	A. BUILDING: _____ B. WING _____	12/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENNYBROOK VILLAGE	200 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	481-67 Initial Comments 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 Program Number of tenants without cognitive disorder: 33 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 33 TOTAL census of Assisted Living Program: 33 The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:	A 000		
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 review of staff files and staff interview the Program did not did not complete criminal, dependent adult abuse and child abuse checks	A 118		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 118	Continued From page 1 prior to employment for one of one staff (Staff A). 1. Staff A, a universal worker was rehired on 4-29-15. The Program completed the Single Contract License and Background check on 4-30-15. Therefore, the Program did not complete criminal, dependent adult abuse and child abuse checks prior to employment of Staff A. Staff A had previously worked for the program and when hired the check completed revealed no criminal history. The Program did not complete required record checks prior to employment of staff.	A 118		

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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 review of staff files and staff interview the Program did not did not complete criminal, dependent adult abuse and child abuse checks	A 118	**It is the policy of Kennybrook Village to perform criminal, dependent adult and child abuse record checks prior to employment of any person using the Single Background Check Repository.** **The date of hire for the individual in question was marked 4-29-2015 but the SING check was done on 4-30-2015. This was a previous employee so there were no negative effects for the check be done a day after 4-29-2015. On 4-30-2015 the employee in question was not involved in any direct contact with the Assisted Living Tenants.**	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kristy Jennings, RN		12/31/2015

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A 118	Continued From page 1 prior to employment for one of one staff (Staff A). 1. Staff A, a universal worker was rehired on 4-29-15. The Program completed the Single Contract License and Background check on 4-30-15. Therefore, the Program did not complete criminal, dependent adult abuse and child abuse checks prior to employment of Staff A. Staff A had previously worked for the program and when hired the check completed revealed no criminal history. The Program did not complete required record checks prior to employment of staff.	A 118	**When a person applies for employment at Kennybrook Village they complete an Iowa Health Care Facility (135C) Record Check Form C. The hire date is not determined until full clearance is given by state of Iowa through the SING process.** **A pre-hire flow sheet will be used for each perspective employee to Assisted Living. This will be monitored by the Human Resources Department and Assisted Living Director. (see sample)** **Correction Date:** **12-30-1915**	

Kennybrookvillage Background Check List

Name: _____
SS #: _____
Birth Date: _____
Years of Experience: _____

__/__/__ Application Packet is submitted and filled out completely (Application, Iowa Health Care Facility (135C) Record Check Form C, Form 8850 and Request for Dependent Adult Abuse Registry Information Form)

__/__/__ Application was passed on to Department Manager

__/__/__ Interview (Department Manager)

__/__/__ Application returned to Business Office

__/__/__ No offer was made and letter was sent

__/__/__ Offer was made

__/__/__ Work and personal references checked (Business Office)

__/__/__ SING Criminal Background Check Complete. - Note: Need one form for EACH name they have ever been known as. (i.e. maiden, married, if married more than once). Wait until the search is clear. For Criminal History Background Check it will state on SING report "Further research is required. Please await DCI's final response for criminal history." IT automatically submits it to DIA. DIA will fax you a report back. IOWA RECORD CHECK REQUEST FORM. At bottom there is a results section.

__/__/__ CBC returned from DIA –

__/__/__ NO CCH Record Found – Can proceed with pre-employment offer paper

__/__/__ CCH Record Attached (will have types of criminal records)

If they have a record perspective employee is called back to complete the IOWA RECORD CHECK EVALUATION FORM 470-2310 Note: if they have more than one record the form needs to be completed for all records. Fax all supportive documents to Iowa Department of Human Services 515-564-4034. Supportive Documents are as follows; 1)SING page where it stated possible hit. 2) DCI Form S (Form sent back from DCI) 3) RAP Sheets (listing criminal records). 4) Record Check Evaluation Form – if there is more than one criminal record fax all of the pages. Wait for DHS to send back report stating whether they may work in a licensed care facility.

__/__/__ CBC returned – status Not Hirable – DO NOT HIRE
__/__/__ Send "Adverse Action Letter 1," "Your Rights Under the Fair Credit Reporting Act," and a copy of the CBC results to the person
__/__/__ Send "Adverse Action Letter 2" 10 days after Letter 1 "Reporting Act," and a copy of the CBC results to the person

Kennybrookvillage Background Check List

___/___/___ Dependent Adult Abuse Registry Check (SING)

If there is a possible abuse hit on SING it will state "Initiate Request for Dependent Adult Abuse Registry Information, Form 470-0612. Mail this form to Central Abuse Registry, Iowa Department of Human Services, 401 SW 7th Street, Suite G, Des Moines, Iowa 50309-3574. Wait for results from the Iowa Department of Human Services.

___/___/___ National Sex Offender Registry
(http://www.nsopw.gov/Core/Conditions.aspx?AspxAutoDetectCookieSupport=1)
___/___/___ Registry – Status CLEAR move on with hiring process
___/___/___ Registry – Status NOT HIREABLE

___/___/___ OIG (Office of Inspector General) List Search (http://oig.hhs.gov/)
___/___/___ OIG – Status CLEAR move on with hiring process
___/___/___ OIG Status NOT HIREABLE

___/___/___ SAM System for Award Management (www.sam.gov) Must be completed with all names they have ever been known by.

___/___/___ Direct Care Worker Search – Iowa Nurse Aide Registry is completed on all employees and must be done with all names they have ever been known by. (https://dia-hfd.iowa.gov/DIA_HFD/Process.do)

___/___/___ License check – For RN/LPN candidates verify licensing on Iowa Board of Nursing. (http://nursing.iowa.gov/verification/license_verification.html)

___/___/___ Health Questionnaire/Physical Appointment

___/___/___ Drug Testing Consent and Medical Authorization

___/___/___ Initial TB Step one (return after 48 hours)

___/___/___ Hepatitis B Immunization Request/Declination Form (If request is made note the dates of immunization below)

___/___/___ NEW HIRE START DATE

___/___/___ Job description signed and copy placed in Employee's Personnel file

___/___/___ Employee Handbook Acknowledgement Signed

___/___/___ Employee Emergency Contact Listing

___/___/___ Account created in Time Management System (Business Office Manager)
Employee Number _____

___/___/___ Hand Scanned into Time Clock System

___/___/___TB step two scheduled for 1 week out

Kennybrookvillage Background Check List

___/___/___ Name Badge Ordered

Payroll Packet - This information is entered into Paychex system

___/___/___ New Employee (Change) Worksheet
___/___/___ Authorization for Direct Deposit – Employee Form and a voided check
___/___/___ State W-4
___/___/___ Federal W-4
___/___/___ I-9 (when completed file in I-9 binder)

___/___/___ OIG/EPLS Employee Information Worksheet

___/___/___ TB Second Step completed

___/___/___ Register in Employee Navigator (Bukaty Benefits)

Full-Time Employees Only

___/___/___ Medical: Coventry Health, Request/Declination through Employee Navigator

___/___/___ Dental & Vision: Delta Dental, Request/Declination through Employee Navigator

___/___/___ Basic Life & Voluntary Life/AD&D: Mutual of Omaha, Request/Declination through Employee Navigator
___/___/___ Voluntary Plans: Assurant – Short-Term Disability, Accident, Cancer, Request/Declination through Employee Navigator
___/___/___ FSA (Healthcare or Dependent Care): NueSynergy, Request/Declination through Employee Navigator
___/___/___ City State Bank Simple IRA enrollment and meeting with CSB staff

Part-Time Employees Only (if scheduled +10hours per week)

___/___/___ Dental & Vision: Delta Dental, Request/Declination through Employee Navigator

If Applicant is under 16
___/___/___ Work Permit Received
Youth's younger than 16 may not work before 7:00am or after 7:00pm (Labor Day it is not after 9:00pm)

No more than 3 hours per day on school days, 8 hours per non-school days

No more than 18 hrs. /week, no more than 40 hrs. /week non-school weeks