IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

January 15, 2009

Millsa Tierney, Administrator
Bryhl Assisted Living
Cedar Falls Lutheran Home
7511 University Ave.
Cedar Falls, IA 50613-5027

RE: Recertification Monitoring Evaluation Report, Bryhl Assisted Living – Cedar Falls Lutheran Home, Cedar Falls, IA

Dear Ms. Tierney:

Enclosed is the **Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) pursuant to the Code of Iowa Chapter 231C and the Iowa Administrative Code Chapter 25. **No Regulatory Insufficiencies were found during this evaluation.**

The review of the recertification documents you submitted has been completed and are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **#S0251** with effective dates of **January 15, 2009** through **January 14, 2011.** This certificate must be posted in the building for public viewing.

If you have any questions regarding this certification, please contact me at 515-281-5003.

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification Monitoring Evaluation and Complaint Report

Assisted Living Program: **Complaint Intake #: 21187-C**

Millsa Tierney, Administrator
Bryhl Assisted Living
Cedar Falls Lutheran Home
7511 University Ave.
Cedar Falls, IA 50613-5027

Date of Monitoring Visit:

December 29, 2008

Monitor(s):

Lincoln Newsom, RN

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or 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 rule violations [321 IAC 25.8(3)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Recertification Monitoring Evaluation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under this chapter that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation and complaint investigation was conducted at Bryhl Assisted Living – Cedar Falls Lutheran Home on December 29, 2008. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	35
Current number of tenants with cognitive disorder:	2
Total Population:	37

Dementia Specific Program (DSP)* – Not applicable.

***These are the census numbers represented by the program to be applicable.**

Tenant/Family Satisfaction Results – A community meeting was held with five tenants attending. Tenants stated the living environment is nicely kept and a fine place to live. Tenants stated staff are helpful, but could be trained better and at times seems the program to be short staffed. Tenants stated they are tired of the same food choices. The coffee is not good, hot food is not always served hot and the meat is of poor quality. The food service over the last year has gotten worse. Tenants wished the Administrator would address staffing issues related to better training for food service and general duties. Activities are appreciated and all believe there are enough and a good variety. There are no safety concerns. Some tenants stated they feel the cost is extreme. Tenants stated they continue to make their own decisions, and in the event of an emergency would use the personal call pendant. All stated they would recommend this program to others as a place to live.

Program History – There were no substantiated Regulatory Insufficiencies during this certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

A. Other – The provisions of this section address the program's noncompliance with other applicable statutory and administrative rule requirements.

Complaint Allegation: It is alleged a tenant was incorrectly billed by the program.

- Monitoring Observation: Interviews and review of the tenant's records were conducted. The tenant obtained assistance from the program in obtaining a neutral third party, appointed by a court of law to oversee the tenant's financial interest, and to assure doctor's orders were followed and to oversee the tenant's safety and well being. The program and staff properly handled tenant funds and provided appropriate care and assistance as needed or requested by the tenant.

- Regulatory Insufficiency: None noted.

Dated this 15th day of January, 2009.