IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
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RODNEY A. ROBERTS, DIRECTOR

June 2, 2011

Kathy Rindels, Manager
Cedar Falls Lutheran Home
Bryhl Assisted Living
7511 University Avenue
Cedar Falls, IA 50613

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

Dear Ms. Rindels:

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.

DIA has completed the review of your Plan of Correction (POC) in response to the Preliminary Recertification Monitoring Evaluation Report. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC. The Final report is enclosed.

The review of the recertification documents you submitted has been completed and the documents 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 **February 15, 2011** through **February 14, 2013**.

If you have any questions in regard to this certification, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Kathy Rindels, Manager
Cedar Falls Lutheran Home
Bryhl Assisted Living
7511 University Ave
Cedar Falls, IA 50613

Date of Monitoring Visit:

March 9 and 10, 2011

Monitor(s):

Lori Miner, RN BSN
Maribeth Freland, 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. IAC r. 481-67.10(5). 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 481 IAC chapter 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 or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Cedar Falls Lutheran Home – Bryhl Assisted Living on March 9 and 10, 2011. 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:	37
Current number of tenants with cognitive disorder:	3
Total Population:	40

Dementia Specific Program (DSP)* – Not applicable.

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Tenant/Family Satisfaction Results – A meeting was held with seven tenants. The tenants indicated the program was a place for peace and quiet, a place that was well-run, and had good people. The apartments and building were kept clean and neat. The staff gave good care. according to the tenants. The staff were friendly and knew what to do. Staff responded in ten minutes or less if needed. Some of the tenants indicated there were not enough staff at this time. The tenants indicated they felt safe at the program. There were several activities offered, although they could be longer in duration. The tenants indicated the food was not as good as it could be. There were not enough raw vegetables, the hot foods were not always hot, and the meats were overcooked. One tenant reported there was too much food. The tenants reported they were generally satisfied with the program and would recommend it to others.

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

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

A. Food Service

Monitoring Observation: Staff #1 was hired 10-14-10 and was employed as a direct care worker. The program indicated this employee attended food safety inservice on the date of hire, however no dated documentation was provided. The program provided an orientation checklist with a "mentor review" of dietary procedures dated 1-17-11 and signed by the employee, mentor, and director. Staff #2 was hired 2-10-10 and was employed as a direct care worker. The program indicated this employee attended a food safety inservice on the date of hire, signed by the education coordinator. The program provided an orientation checklist with a "mentor" review of dietary procedures dated 3-3-11 and signed by the employee, the direct care mentor, and the director. Staff #3 was hired 10-25-10 and was employed as a direct care worker. The program indicated this employee attended a food safety inservice on the date of hire, however no dated documentation was provided. The program provided an orientation checklist with a "mentor review" of dietary procedures dated 11-3-10 and signed by the employee, the direct care mentor, and director. The program provided documentation that indicated Staff #6 had obtained ServSafe Certification. The documentation on food training to the direct care workers did not contain the signature of Staff #6.

Staff #4, hired 10-27-93 and employed as a direct care worker, received annual food service training on 6-4-10. Staff #5, hired 8-4-06 and employed as a medication manager, received annual food service training on 6-3-10. Each employee signed the training form which indicated knowledge and understanding of human resources policy, HIPAA, infection control, residents rights, lifting/safe transfers, fire/electrical safety, and aggressive behavior. The signed form did not indicate annual training occurred for food protection. The form was not signed by Staff #6.

The program did not provide training on safe food handling and protection.

- 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))

B. Staffing

Monitoring Observation: A noon meal service was observed on 3-10-11. Staff #4 was observed using gloved hands to push buttons on the juice machine to fill glasses. The gloves were not removed after touching the juice machine. Staff #4, with gloved hands, had a spoon in one hand and was attempting to open a container with the other. When the lid would not come off, Staff #4 put the spoon on the counter, used both gloved hands to open the container of cottage cheese, then picked up the spoon and put it in the container. The gloves were not removed after touching the container. Staff #4 was also observed using bare hands to pick up bowls. Her thumbs were on the inside of the bowls. Staff #4 was not wearing a hairnet.

Staff #5 was observed using a thermometer to check the temperature of the food. The thermometer was then cleaned with a swab. The thermometer then touched the serving table and was placed in the next food item. Staff #5 used tongs to remove the foil covering the hot foods. After removing the foil, the tongs were placed in a tray of food.

A review of the food service policy on plastic gloves indicated anytime staff touched a contaminated surface, gloves must be changed and hands washed. The dress code indicated a hairnet must be worn.

Staff did not demonstrate adequate training related to food handling.

The program Registered Nurse (RN) was hired 11-4-10. RN delegation training was reviewed for Staff #1, #2, and #3. The program provided an orientation checklist for Staff #1. The checklist indicated mentor review was completed on 1-17-11. Staff #1 had documented delegation training on 1-19-11. The program provided an orientation checklist for Staff #2. The checklist indicated mentor training was completed on 2-15-11 by Staff #4, a direct care worker. The form contained the program RN signature and had a date of 3-3-11. The program provided an orientation checklist for Staff #3. The checklist indicated mentor training was completed on 11-3-10. Documented RN delegation training was dated 1-11-11 and 2-1-11.

Direct care staff were not initially trained by the program RN.

- Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r. 481-67.9(1))

Dated this 19th day of March, 2011.