IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 59260-C

April 12, 2016

Ms. Paula Padavich, Director
Bryhl Assisted Living
7529 University Avenue
Cedar Falls, IA 50613

RE: Final Complaint/Incident Investigation Report – Bryhl Assisted Living, Cedar Falls, IA

Dear Ms. Padavich:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of April 7, 2016, 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. The following allegation was investigated in reference to #59260-C:

Allegations: Service Plans, Staffing and DIA notification
Comments: The complaint alleged concerns in the areas of Department of Inspections and Appeals notification, staffing and service plans. Four tenants were reviewed based on staff interviews and information provided by the complainant. No concerns were noted. The complainant alleged a tenant of the Program had eloped and it was not reported to DIA. Review of incident reports revealed a tenant left the building and got locked out but this tenant did not have impaired decision making. The service plan did not indicate the tenant had elopement issues. In addition to the elopement concern, the complainant had concerns regarding tenant level of care. Two tenants were reviewed for level of care and one had moved to the skilled nursing facility on campus and the other one was moving to skilled nursing on 4-8-16. Service plans were reviewed and updated as tenant needs changed. Nurse review and evaluations were completed as needed. No regulatory insufficiencies were cited as a result of the complaint investigation.
Findings: not substantiated

No Regulatory Insufficiencies were identified.

If you have any questions regarding the enclosed 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
	S0251	A. BUILDING: _____ B. WING _____	C 04/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYHL ASSISTED LIVING	7511 UNIVERSITY AVENUE CEDAR FALLS, IA 50613

(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: 40 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 41 TOTAL census of Assisted Living Program: 41 No regulatory insufficiencies were cited during the investigation of Complaint #59260-C.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE