

ASSISTED LIVING PROGRAMS CERTIFICATION and RE-CERTIFICATION DOCUMENT REVIEW CHECKLIST

This checklist may be utilized by an Assisted Living Program as a tool to help put together documents required to be submitted to DIA for initial and re-certification processing and to ensure the documents contain the minimum requirements set forth by Iowa Code chapter 231C, 481 Iowa Administrative Code chapters 67 and 69, and other applicable law. DIA will use the same checklist to verify the documents contain the minimum requirements. Copies of this checklist may be made for your use.

DO NOT RETURN THIS CHECKLIST WITH YOUR DOCUMENTS

Y	N	Rule/Code Section	Criteria
OCCUPANCY AGREEMENT			
		69.21(231C)	Occupancy Agreement:
			The occupancy agreement shall be in 12-point type or larger, shall be written in plain language using commonly understood terms, and shall be easy for the tenant or the tenant's legal representative to understand.
		69.21(2)(a-f)	In addition to the requirements of Iowa Code section 231C.5, the written occupancy agreement shall include, but not be limited to, the following information in the body of the agreement or in the supporting documents and attachments: a. The telephone number for filing a complaint with the department. b. The telephone number for the office of the Long-Term Care Ombudsman. c. The telephone number for reporting dependent adult abuse. d. A copy of the program's statement on tenant's rights. 67.3(1-9) e. A statement that tenant/landlord law applies to assisted living programs. 69.37, 231C. f. A statement that the program will notify the tenant at least 90 days in advance of any planned program cessation, which includes voluntary decertification, except in cases of emergency.
		69.21(3)	The occupancy agreement shall be reviewed and updated as necessary to reflect any change in services or financial arrangements.
		69.21(4)	A copy of the occupancy agreement shall be provided to the tenant or the tenant's legal representative, if any, and a copy shall be kept by the program.
		69.21(5)	A copy of the most current occupancy agreement shall be made available to the general public upon request. The basic marketing material shall include a statement that a copy of the occupancy agreement is available to all persons upon request.
		231C.5	Written occupancy agreement required:
		231C.5(1)	An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant of the tenant's legal representative, prior to the tenant's occupancy, and unless the assisted living program operated in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant's legal representative a complete copy of the occupancy agreement and all other supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made.

	231C.5(2)	<p>An assisted living program occupancy agreement shall clearly describe the rights and responsibilities of the tenant and the program. The occupancy agreement shall also include but is not limited to inclusion of all of the following information in the body of the agreement or in the supporting documents and attachments:</p> <ol style="list-style-type: none"> A description of all fees, charges, and rates describing tenancy and basic services covered, and any additional and optional services and their related costs. <ol style="list-style-type: none"> (1) A statement regarding the impact of the fee structure on third-party payments and whether third-party payment resources are accepted by the assisted living program. (2) The occupancy agreement shall specifically include a statement regarding each of the following: <ol style="list-style-type: none"> Whether the program requires disclosure of the tenant's personal financial information for occupancy or continued occupancy. The program's policy regarding the continued tenancy of a tenant following exhaustion of private resources. Contact information for the department of human services and the senior health insurance information program to assist tenants in accessing third-party payment sources. The procedure followed for nonpayment of fees. Identification of the party responsible for payment of fees and identification of the tenant's legal representative if any. The term of the occupancy agreement. A statement that the assisted living program shall notify the tenant or the tenant's legal representative, as applicable, in writing at least thirty days prior to any change being made in the occupancy agreement with the following exceptions: <ol style="list-style-type: none"> When the tenant's health, status or behavior constitutes a substantial threat to the health or safety of the tenant, other tenants, or others, including when the tenant refuses to consent to relocation. When an emergency or a significant change in the tenant's condition results in the need for the provision of services that exceed the type or level of services included in the occupancy agreement and the necessary services cannot be safely provided by the assisted living program. A statement that all tenant information shall be maintained in a confidential manner to the extent required under state and federal law. Occupancy, involuntary transfer, and transfer criteria and procedures, which ensure a safe and orderly transfer. 69.24, 231C.6 The internal appeals process provided relative to an involuntary transfer. 69.24 The policies and procedures for addressing grievances between the assisted living program and the tenants, including grievances related to transfer and occupancy. A statement of the prohibition against retaliation as prescribed in section 231C.13. The emergency response policy. The staffing policy which specifies if nurse delegation will be used and how staffing will be adapted to meet changing tenant needs. In dementia-specific assisted living programs, a description of the services and programming provided to meet the life skills and social activities of the tenants. The refund policy. A statement regarding billing and payment procedures.
	231C.5(3)	<p><i>Occupancy agreements</i> and related documents executed by each tenant or the tenant's legal representative shall be maintained by the assisted living program in program files from the date of execution until three years from the date the occupancy agreement is terminated. A copy of the most current occupancy agreement shall be provided to members of the general public, upon request. Occupancy agreements and related documents shall be made available for on-site inspection to the department upon request and at reasonable times.</p>
	69.23(231C)	Criteria for admission and retention of tenants:
	69.23(1)	<p><i>Persons who may not be admitted or retained.</i> A program shall not knowingly admit or retain a tenant who:</p> <ol style="list-style-type: none"> Is bed-bound; or Requires routine, two-person assistance with standing, transfer or evacuation; or Is dangerous to self or other tenants or staff, including but not limited to a tenant who: <ul style="list-style-type: none"> Despite intervention chronically elopes, is sexually or physically aggressive or abusive, or

			<p>displays unmanageable verbal abuse or aggression; or</p> <ul style="list-style-type: none"> Displays behavior that places another tenant at risk; or <p>d. Is in acute stage of alcoholism, drug addiction, or uncontrolled mental illness; or</p> <p>e. Is under the age of 18; or</p> <p>f. Requires more than part-time or intermittent health-related care; or</p> <p>g. Has unmanageable incontinence on a routine basis despite an individualized toileting program; or</p> <p>h. Is medically unstable; or</p> <p>i. Requires maximal assistance with activities of daily living; or</p> <p>j. Despite intervention, chronically urinates or defecates in places that are not considered acceptable according to societal norms, such as on the floor or in a potted plant.</p>
		69.23(2)	<i>Disclosure of additional occupancy and transfer criteria.</i> A program may have additional occupancy or transfer criteria if the criteria are disclosed in the written occupancy agreement prior to the tenant's occupancy.
		69.23(3)	<i>Assistance with transfer from the program.</i> A program shall provide assistance to a tenant and the tenant's legal representative, if applicable, to ensure a safe and orderly transfer from the program when the tenant exceeds the program's criteria for admission and retention.
EVALUATION OF TENANT			
		69.22(231C)	Evaluation of each tenant's functional, cognitive health status:
		69.22(1)	<i>Evaluation prior to occupancy.</i> A program shall evaluate each prospective tenant's function, 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 (GDS) shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitive 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, or a licensed practical nurse via nurse delegation.
		69.22(2)	<i>Evaluation within 30 days of occupancy.</i> A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional or human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change.
		69.22(3)	<i>Evaluation annually and with significant change.</i> A program shall 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 a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.
SERVICE PLAN			
		69.26(231C)	Service plans:
		69.26(1)	A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.
		69.26(2)	Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan.

	69.26(3)	<p>When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, sub not less than annually.</p> <ol style="list-style-type: none"> If a significant change triggers the review and update of the service plan, the updated serviceplan shall be signed and dated by all parties. If a significant change does not exist, the program may, after nurse review, add minor discretionary changes to the service plan without a comprehensive evaluation and without obtaining signatures on the service plan. If a significant change relates to a recurring or chronic condition, a previous evaluation and service plan of the recurring condition may be utilized without new signatures being obtained. For example, with chronic exacerbation of a urinary tract infection, nurse review is adequate toinstitute the previously written evaluation and service plan. The service plan updated within 30 days of the tenant's occupancy shall be signed and dated by all parties. <ol style="list-style-type: none"> The service plan shall be reviewed, updated if necessary, and signed and dated by all parties at least annually.
	69.26(4)	<p>The service plan shall be individualized and shall indicate, at a minimum</p> <ol style="list-style-type: none"> The tenant's identified needs and preferences for assistance; Any service and care to be provided pursuant to the occupancy agreement; The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy and physical therapy; For tenants who are unable to plan their own activities, including tenants with dementia, a list of person-centered planned and spontaneous activities based on the tenant's abilities and personal interests; and Preferences, if any, of the tenant or the tenant's legal representative, for nursing facility care, if the need for nursing facility care presents itself during the assisted living program occupancy.
MEDICATIONS		
	67.5(1)	<p>If a program handles, stores, or administers controlled substances, the program shall be registered with the Iowa board of pharmacy as a care facility in accordance with 657-Chapter 10.</p>
	67.5(2)	<p>Each program shall follow its own written medication policy, which shall include the following:</p> <ol style="list-style-type: none"> The program shall not prohibit a tenant from self-administering medications. A tenant shall self-administer medications unless: <ol style="list-style-type: none"> The tenant or the tenant's legal representative delegates in the occupancy agreement or signed service plan any portion of medication setup to the program. The tenant delegates medication setup to someone other than the program. The program assumes partial control of medication setup at the direction of the tenant. The medication plan shall not be implemented by the program unless the program's registered nurse deems it appropriate under applicable requirements, including those in Iowa Code section 231C.16A and subrule 67.9(4). The program's registered nurse must agree to the medication plan. A tenant shall keep medications in the tenant's possession unless the tenant or the tenant's legal representative, if applicable, delegates in the programs occupancy agreement or signed service plan partial or complete control of medications to the program. The service plan shall include the tenant's choice related to storage. When a tenant has delegated medication administration to the program, the program shall maintain a list of the tenant's medications. If the tenant self-administers medications, the tenant may choose to maintain a list of medications in the tenant's apartment or disclose a current list of medications to the program for the purpose of emergency response. If the tenant discloses a medication list to the program in case of an emergency, the tenant remains responsible for the accuracy of the list. When medication setup is delegated to the program by the tenant, staff via nurse delegation may transfer medications from the original prescription containers or unit dosing into medication reminder boxes or medication cups. When medications are administered traditionally by the program: <ol style="list-style-type: none"> The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa, by an individual who has successfully completed a department-approved medication aide or medication manager course and passed the respective department-approved

			<p>medication aide or manager examination, or by a physician assistant (PA) in accordance with 645-Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant (PA).</p> <p>II. Medications shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration and storage of such medications.</p> <p>III. The program shall maintain a list of each tenant's medications and document the medications administered.</p> <p>IV. Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.</p> <p>g. Narcotics protocol, including destruction and reconciliation, shall be determined by the program's registered nurse.</p>
		231C.16A	Medication setup – administration and storage of medications.
		231C.16A(1)	An assisted living program may provide for medication setup if requested by a tenant or the tenant's legal representative. If medication setup is provided following such request, the program shall be responsible for the specific task requested and the tenant shall retain responsibility for those tasks not requested to be provided.
		231C.16A(2)	<p>If medications are administered or stored by an assisted living program, or if the assisted living program provides for medication setup, all of the following shall apply:</p> <p>a. If administration of medications is delegated to the program by the tenant or the tenant's legal representative, the medications shall be administered by a registered nurse, licensed practical nurse, or advanced registered nurse practitioner licensed or registered in Iowa or by the individual to whom such licensed or registered individuals may properly delegate administration of medications.</p> <p>b. Medications, other than those self-administered by the tenant or provided through medication setup, shall be stored in locked storage that is not accessible to persons other than employees responsible for administration or storage of medications.</p> <p>c. Medications shall be labeled and maintained in compliance with label instructions and state and federal law.</p> <p>d. A person, other than a person authorized to prescribe prescription drugs under state and federal law, shall not alter the prescriptions of a tenant.</p> <p>e. Medications shall be stored in their originally received containers.</p> <p>f. If medication setup is provided by the program at the request of the tenant or the tenant's legal representative, or if medication administration is delegated to the program by the tenant or tenant's legal representative, appropriate staff of the program may transfer the medications in the tenant's presence from the original prescription container to medication dispensing containers, reminder containers, or medication cups.</p> <p>g. Program assistance with medication administration as specified in the occupancy agreement shall not require the program to provide assistance with the storage of medications.</p>
NURSE REVIEW 69.27 (231C)			
		69.27(1)	Nurse review – If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse:
		69.27(1)a	To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who received program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders; and
		69.27(1)b	To ensure that health care professionals' orders are current for tenants who receive health care professional-directed care from the program; and
		69.27(1)c	To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; and
		69.27(1)d	To provide the program with written documentation of the nurse review, showing the time, date and signature.

		69.27(2)	A licensed practical nurse via nurse delegation may complete the tasks required by the rule, except when a tenant experiences a significant change in condition.
			Note: Refer to Table A at the end of this chapter. If the program does not provide personal or health-related care to a tenant, nurse review is not required.
FOOD SERVICE			
		69.28(231c)	Food Service:
		69.28(1)	The program shall provide or coordinate with other community providers to provide a hot or other appropriate meal(s) at least once a day or shall make arrangements for the availability of meals.
		69.28(2)	Meals and snacks provided by the program but not prepared on site shall be obtained from or provided by an entity that meets the standards of state and local health laws and ordinances concerning the preparation and serving of food.
		69.28(3)	Menus shall be planned to provide the following percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program: a. A minimum of 33 1/3 percent if the program provides one meal per day; b. A minimum of 66 2/3 percent if the program provides two meals per day; and c. One hundred percent if the program provides three meals a day.
		69.28(4)	Therapeutic diets may be provided by a program. If therapeutic diets are provided, they shall be prescribed by a physician, physician's assistant, or advanced registered nurse practitioner. A current copy of the Iowa Simplified Diet Manual published by the Iowa Dietetic Association shall be available and used in the planning and serving of therapeutic diets. A licensed dietitian shall be responsible for writing and approving the therapeutic menu and for review procedures for food preparation and service for therapeutic diets.
		69.28(5)	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. a. In addition to the requirements above, a minimum of one person directly responsible for food preparation shall have successfully completed a state-approved food protection program by: • Obtaining certification as a dietary manager; or • Obtaining certification as a food protection professional; or • Successfully completing a ANSI-accredited certified food protection manager program included in the Food Code adopted pursuant to Iowa Code chapter 137F. Another program may be substituted if the course's curriculum includes substantially similar competencies to a program that meets the requirements of the Food Code and the provider of the program files with the department a statement indicating that the program provides substantially similar instruction as it relates to sanitation and safe food handling. b. If the person is in the process of completing a course or certification listed in paragraph "a," the requirement relating to completion of a state-approved food protection program shall be considered to have been met.
		69.28(6)	Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food and shall be licensed pursuant to Iowa Code chapter 137F. The department will not require the program to be licensed as a food establishment if the program limits food activities to the following: a. All main meals and planned menu items must be prepared offsite and transferred to the program kitchen for service to tenants. b. Baked goods that do not require temperature control for safety and single-service juice or milk may be stored in the program's kitchen and provided as part of a continental breakfast. c. Ingredients used for food-related activities with tenants may be stored in the program's kitchen. Tenant activities may include the preparation and cooking of food items in the program's kitchen if the activity occurs on an irregular or sporadic basis and the items prepared are not part of the program's menu. d. Appropriately trained staff may prepare in the program's kitchen individual quantities of tenant-requested menu-substitution food items that require limited or no preparation, such as peanut butter or cheese sandwiches or a single-service can of soup. The food items

			<p>necessary to prepare the menu substitution may be stored in the program's kitchen. These food items may not be cooked in the program's kitchen but may be reheated in a microwave. A two-or four-slice toaster may be used for tenant-requested menu-substitution items, but no bare-hand contact is permitted.</p> <p>e. Tenants may take food items left over from a meal back to their apartments. The program may not store leftovers in the program's kitchen.</p> <p>f. Warewashing may be done in the program's kitchen as long as the program utilizes a commercial dishwasher and documents daily testing of sanitizer chemical ppm and proper temperatures. Verification by the department of these practices may be conducted during on-site visits.</p>
		69.28(7)	Programs may have an on-site dietitian. Programs may secure menus and a dietitian through other methods.
		69.28(8)	All perishable or potentially hazardous food shall be cooked to recommended temperatures and held at safe temperatures of 41°F (5°C) or below, or 135°F (57°C) or above.
STAFFING			
		67.9(1) (231c)	A sufficient number of training staff shall be available at all times to fully meet tenants' identified needs.
		67.9(2)	All program staff shall be able to implement the accident, fire safety, and emergency procedures.
		67.9(3)	Training Documentation. The program shall have training records and staffing schedules on file and shall maintain documentation of training received by program staff, including training of certified and non-certified staff on nurse-delegation procedures.
		67.9(4)	<p>Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum include the following:</p> <ol style="list-style-type: none"> The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). Training for noncertified staff shall include at a minimum, the provision of activities of daily living and instrumental activities of daily living. Certified and noncertified staff shall receive training regarding service plan tasks (e.g. wound care, pain management, rehabilitation needs and hospice care) in accordance with medical or nursing directives and the acuity of the tenants' health, cognitive or functional status. The program's registered nurse(s) shall provide direct or indirect supervision of all certified and noncertified staff as necessary in the professional judgement of the program's registered nurse and in accordance with the needs of the tenants and certified and noncertified staff. Services shall be provided to tenants in accordance with the training provided. The program shall have in place a system by which certified or noncertified staff communicate in writing occurrences that differ from the tenant's normal health, functional and cognitive status. The program's registered nurse or designee shall train certified and noncertified staff on reporting to the program's registered nurse or designee and documenting occurrences that differ from the tenant's normal health, functional and cognitive status. The written communication required by this paragraph shall be retained by the program for a period of not less than three years, and shall be accessible to the department upon request. In the absence of the program's registered nurse due to vacation or other temporary circumstances, the nurse assuming the duties of the program's registered nurse shall have access to staff training in relation to tenant needs.
		67.9(5)	Prohibited Services. A program staff member shall not be designated as attorney-in-fact, guardian, conservator, or representative payee for a tenant unless the program staff member is related to the tenant by blood, marriage or adoption.
		67.9(6)	Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16.

	69.29(231C)	Staffing: In addition to the general staffing requirements in rule 481—67.9(231C), the following requirements apply to staffing in programs:
	69.29(1)	Each tenant shall have access to a 24-hour personal emergency response system that automatically identifies the tenant in distress and can be activated with one touch.
	69.29(2)	In lieu of providing access to a personal emergency response system, a program serving one or more tenants with cognitive disorder or dementia shall follow a system, program, or written staff procedures that address how the program will respond to the emergency needs of the tenant(s).
	69.29(3)	The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population.
	69.29(4)	A dementia-specific assisted living program shall have one or more staff persons who monitor tenants as indicated in each tenant's service plan. The staff shall be awake and on duty 24 hours a day on site and in the proximate area. The staff shall check on tenants as indicated in the tenants' service plans. A non-dementia-specific assisted living program shall have one or more staff persons who monitor tenants as indicated in each tenant's service plan. The staff shall be able to respond to a call light or other emergent tenant needs and be in the proximate area 24 hours a day on site. The staff shall check on tenants as indicated in the tenants' service plans.
	69.29(5)	All programs employing a new program manager after January 1, 2010, shall require the manager within six months of hire to complete an assisted living management class whose curriculum includes at least six hours of training specifically related to Iowa rules and laws on assisted living programs. Managers who have completed a similar training prior to January 1, 2010, shall not be required to complete additional training to meet this requirement.
	69.29(6)	All programs employing a new delegating nurse after January 1, 2010, shall require the delegating nurse within six months of hire to complete an assisted living manager class or assisted living nursing class whose curriculum includes at least six hours of training specifically related to Iowa rules and laws on assisted living. A minimum of one delegating nurse from each program must complete the training. If there are multiple delegating nurses and only one delegating nurse completes the training, the delegating nurse who completes the training shall train the other delegating nurses in the Iowa rule and laws on assisted living. As of January 1, 2011, all programs shall have a minimum of one delegating nurse who has completed the training described in this subrule.
	69.29(7)	The program shall notify the department in writing within 10 business days of a change in the program's manager.
	67.21(231C)	Nursing assistant work credit:
	67.21(1)	A person who is certified as a nursing assistant, including a medication aide, and who is supervised by a registered nurse may submit information to the department to obtain credit toward maintaining certification for working in a program. A program may add an employee to the direct care worker registry by calling (515) 281-4077 or by registering through the health facilities division Web site at https://dia-hfd.iowa.gov/DIA_HFD.do under the "Documents tab.
	67.21(2)	A program shall complete and submit to the department a direct care worker registry application for each certified nursing assistant who works in the program. A registered nurse employed by the program shall supervise the nursing assistant. The application may be obtained by telephone at (515) 271-4077 or via the health facilities division Web site at https://dia-hfd.iowa.gov/DIA_HFD.do under the "Documents" tab.
	67.21(3)	A program shall complete and submit to the department a direct care worker registry quarterly employment report whenever a change in the employment of a certified nursing assistant occurs. The report form may be obtained by telephone at (515) 281-4077 or via the health facilities division Web site at https://dia-hfd.iowa.gov/DIA_HFD.do under the "Documents" tab.
STAFF TRAINING for Dementia-Specific Units		
	69.30(231C)	Dementia-Specific education for program personnel:
	69.30(1)	All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable.

		69.30(2)	<p>The dementia-specific education or training shall include, at a minimum, the following:</p> <ol style="list-style-type: none"> An explanation of Alzheimer's disease and related disorders; The program's specialized dementia care philosophy and program; Skills for communicating with persons with dementia; Skills for communicating with family and friends of persons with dementia; An explanation of family issues such as role reversal, grief and loss, guilt, relinquishing the care-giving role and family dynamics; The importance of planned and spontaneous activities; Skills in providing assistance with instrumental activities of daily living; The importance of the service plan and social history information; Skills in working with challenging tenants; Techniques for simplifying, cueing, and redirecting; Staff support and stress reduction; and Medication management and non-pharmacological interventions.
		69.30(3)	<p>Dementia-specific continuing education</p> <ol style="list-style-type: none"> Except as otherwise provided in this subrule, all personnel employed by or contracting with a dementia-specific program shall receive a minimum of two hours of dementia-specific continuing education annually. Direct-care personnel shall receive a minimum of eight hours of dementia-specific continuing education annually. Direct-contact personnel employed by or contracting with a dementia-specific program or employed by a contracting agency providing staff to a dementia-specific program shall receive a minimum of eight hours of dementia-specific continuing education annually. Contracted personnel who have no contact with tenants (e.g. persons providing lawn maintenance or snow removal) are not required to receive the two hours of training required in paragraph "a". The contracting agency may provide the program with documentation of dementia-specific continuing education that meets the requirements of this subrule.
		69.30(4)	An employee or contractor who provides documentation of completion of a dementia-specific education or training program within the past 12 months shall be exempt from the education and training requirement of sub-rule 69.30(1).
		69.30(5)	Dementia-specific training shall include hands-on training and may include any of the following: classroom instruction, Web-based training, and case studies of tenants in the program.
MANAGED RISK			
		69.31(231C)	Managed risk policy and managed risk consensus agreements – the program shall have a managed risk policy. The managed risk policy shall be provided to the tenant along with the occupancy agreement. The managed risk policy shall include the following:
		69.31(1)	An acknowledgement of the shared responsibility for identifying and meeting the needs of the tenant and the process for managing risk and for upholding tenant autonomy when tenant decision making results in poor outcomes for the tenant or others; and
		69.31(2)	A consensus-based process to address specific risk situations. Program staff and the tenant shall participate in the process. The result of the consensus-based process may be a managed risk consensus agreement. The managed risk consensus agreement shall include the signature of the tenant and the signature of all others who participated in the process. The managed risk consensus agreement shall be included in the tenant's file.
ACCIDENT/EMERGENCY RESPONSE/LIFE SAFETY			
		67.2, 69.32(231c)	<p>Accident, emergency response, and life safety:</p> <p>67.2 Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.</p> <p>69.29 Staffing **See rules above</p>
		67.2(1-3)	<p>(1) The program's policies and procedures on incident reports, at a minimum shall include the following:</p> <ol style="list-style-type: none"> The program shall have available incident report forms for use by program staff. The incident report shall be in detail and shall be provided on an incident report form. The person in charge at the time of the incident shall prepare and sign the report. The incident report shall include statements from the individuals, if any, who witnessed the incident.

			<p>e. All accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents.</p> <p>f. A copy of the completed incident report shall be kept on file on the program's premises for a minimum of three years.</p> <p>(2) The programs policies and procedures on allegations of dependent adult abuse shall be consistent with Iowa Code chapter 235E and rules adopted pursuant to that chapter and, at a minimum, shall include:</p> <p>a. Reporting requirements for staff and employees, and</p> <p>b. Requirements that the victim and the alleged abuser be separated.</p> <p>(3) The program shall follow the policies and procedures established by the program.</p>
		69.32(1)(a-j)	<p>The program shall submit to the department and follow written emergency policies and procedures, which shall include the following:</p> <p>a. An emergency plan, which shall include procedures for natural disasters (identify where the plan is located for each reference);</p> <p>b. Fire safety procedures;</p> <p>c. Other general or personal emergency procedures;</p> <p>d. Provisions for amending or revising the emergency plan;</p> <p>e. Provision for periodic training of all employees;</p> <p>f. Procedures for fire drills;</p> <p>g. Regulations regarding smoking;</p> <p>h. Tenant evacuation procedures; and</p> <p>i. Procedures for reporting and documentation.</p>
		69.32(2)	An operating alarm system shall be connected to each exit door in a dementia-specific program.
		69.32(3)	The program shall obtain approval from the state fire marshal division of the department of public safety before the installation of any delayed-egress specialized locking system.
		69.32 (4)	<p>A program serving a person(s) with cognitive disorder or dementia shall have:</p> <p>a. Written procedures regarding alarm systems, if an alarm system is in place;</p> <p>b. Written procedures regarding appropriate staff response when a tenant's service plan indicates a risk of elopement or when a tenant exhibits wandering behavior.</p> <p>c. Written procedures regarding appropriate staff response if a tenant with cognitive disorder or dementia is missing.</p>
		69.32(5)	The program's structure and procedures and the facility in which a program is located shall meet the requirements adopted for assisted living programs in administrative rules promulgated by the state fire marshal. Approval of the state fire marshal indicating that the building is in compliance with these requirements is necessary for certification of a program.
		69.32(6)	The program shall have the means to control the maximum temperature of water at sources accessible by a tenant to prevent scalding and shall control the maximum water temperature for tenants with cognitive impairment or dementia or at a tenant's request.
TRANSPORTATION			
		69.33(231C)	Transportation – When transportation services are provided directly or under contract with the program:
		69.33(1)	The vehicle shall be accessible and appropriate to the tenants who use it, with consideration for any physical disabilities and impairments.
		69.33(2)	Every tenant transported shall have a seat in the vehicle, except for a tenant who remains in a wheelchair during transport.
		69.33(3)	Vehicles shall have adequate seat belts and securing devices for ambulatory and wheelchair-using passengers.
		69.33(4)	Wheelchairs shall be secured when the vehicle is in motion.
		69.33(5)	During loading and unloading of a tenant, the driver shall be in the proximate area of the tenants in the vehicle.
		69.33(6)	The driver shall have a valid and appropriate Iowa driver's license or commercial driver's license as required by law for the vehicle being utilized for transport. If the driver is licensed in another state, the license shall be valid and appropriate for the vehicle being utilized for transport. The driver shall meet any state or federal requirements for licensure or certification for the vehicle operated.

		69.33(7)	Each vehicle shall have a first-aid kit, fire extinguisher, safety triangles and a device for two-way communication.
ACTIVITIES			
		69.34(231C)	Activities:
		69.34(1)	The program shall provide appropriate activities for each tenant. Activities shall reflect individual differences in age, health status, sensory deficits, lifestyle, ethnic and cultural beliefs, religious beliefs, values, experiences, needs, interests, abilities and skills by providing opportunities for a variety of types and levels of involvement.
		69.34(2)	Activities shall be planned to support the tenant's service plan and shall be consistent with the program statement and occupancy policies.
		69.34(3)	A written schedule of activities shall be developed at least monthly and made available to tenants or tenants and their legal representatives.
		69.34(4)	Tenants shall be given the opportunity to choose their levels of participation in all activities offered in the program.

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