



AL Survey Trends Report

April 2025

A LeadingAge Iowa Publication to help Assisted Living Programs track insufficiency data from the Iowa Department of Inspections, Appeals and Licensing and utilize the information for performance improvement.

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April ALP Survey Update & Rule Review

by Kellie Van Ree, Director of Clinical Services

Survey activity:

- 23 recertification visits were available for review. 7 of the 24 recertifications resulted in insufficiencies averaging 2.3 per program. No fines were issued for recertification visits in April. 16 assisted living providers had insufficiency free surveys (or 70%).
- 14 complaint and incident visits were available for review. 7 did not result in insufficiencies cited and 8 resulted in insufficiencies. The programs with insufficiencies averaged 3.3 with no issued fines.
- 68 AL Providers are currently more than 24 months from their last recertification visit, with the longest time period being 46 months. The average time period between recertification visits in April was 31.9 months.

The latest [AL Rule Review](#) includes information on programs ceasing to operate under 481-69.20.

You can access previous rule review articles as well as additional assisted living specific resources on our [Assisted Living Resource page](#).



Program Policies and Procedures (481-67.2)

The program policy for Abuse, Neglect and/or Exploitation Policy did not include personal degradation as a type of dependent adult abuse.

Incident reports were not completed as necessary including falls, behaviors.

The program did not follow the program policies related to head injuries by not documenting the injury until days later when the tenant received staples to their head. The policy was not followed for documentation of services as tasks were not documented that were identified on individual service plans. The program also did not follow the nutrition and food service policy including cleanliness of serving areas, labeling and storing food, maintenance of temperature logs, serving food with appropriate utensils, and maintaining food temperature logs. Finally, the program did not follow their policy on menu items as items were changed on the menu without the dietitian's approval.

A tenant did not get cough medication as requested and according to the program policy.

Program policies on abuse were not followed as several staff members did not report abuse and when one of the staff did report it, the DON directed them that they had to record the incidents of a staff member removing the residents wig to cause agitation before they could take action.

Incident reports were not completed for tenants with bruises, abrasions, and falls.

Tenant Rights (481-67.3)

Staff did not treat tenants with respect and dignity by removing their wig without their permission in a public area, mocking their movements, and placing a video of a tenant on social media without consent that was degrading.

Medications (481-67.5)

When the program administered medications, surveyors noted that medications were not maintained in a locked location including when they were stored in the bathroom cupboards without a lock.

The program did not complete a PT/INR on a tenant that was scheduled for a recheck in 1 month dated 1.3.25 until 3.20.25.

The program did not administer medication as ordered for 5 residents reviewed and they failed to document administration in the MAR.

Metoprolol was given at the incorrect dose when observed. Medication was not placed on the MAR in a timely manner, and did not administer Warfarin to a resident for 6 days.

Staff documented that blood glucose levels were completed but did not document the value of the blood glucose.

Staff did not administer as needed furosemide according to the order resulting in a significant weight gain for a tenant.

Staffing (481-67.9)

Staff did not follow delegation training on blood glucose monitoring.

Staff did not respond appropriately to a tenant when they asked to eat and staff responded by telling them they just ate which caused agitation and behaviors.

Staff A did not complete required dependent adult abuse training within 6 months of hire.

Evaluation of Tenant (481-69.22)

Evaluations were not completed as needed including examples of:

- Tenants going to the ER or hospital.
- Increased behaviors.
- New or change in pain.
- Use of a hospital bed and commode.
- Changes to hospice services.
- Change to ADL supports and mobility.
- Change in mental status.

Criteria for Admission and Retention of Tenants (481-69.23)

The program retained a tenant who exceeded criteria including the use of two assistance for transfers and mobility and incontinence.

A tenant frequently urinated on the carpet in their apartment and exceeded criteria for retention.

Tenant Documents (481-69.25)

Nurse's notes were not complete by exception when staff did not document that a tenant returned to the program following an ED visit, when orders were received for a UA and that the UA was completed.

Documentation was not completed when the tenant moved from AL to the dementia unit, when the tenant received administration of medications, and that medications were administered on the MAR.

Tenant C1's record did not include copies of a power of attorney paperwork that were indicated in the record.

Safety checks were not consistently documented on task sheets.

Service Plans (481-69.26)

Service plans were not updated as needed with examples including:

- Falls, including those that were unwitnessed and resulted in injury.
- Changes in condition.
- Behavioral changes.
- Hospital visits
- Changes with ADL performance and mobility.
- Frequent nose bleeds
- Skin concerns
- Bathing preferences
- Use of tubigrips
- Therapy services
- Interventions to reduce anxiety
- Smoking
- Fractures, including the need for a cast.

The service plan identified that the tenant self-administered medications, however, staff administered.

Signatures were not obtained on service plans.

Nurse Review (481-69.27)

The nurse review was copied from the first quarter to the most recent quarter and did not include that the tenant had a weight loss or was referred to hospice.

Food Service (481-69.28)

Food service and handling training was not completed prior to staff serving food.

Dementia – Specific Education for Program Personnel (481-69.30)

Staff A did not complete eight hours of dementia specific training within 30 days of hire.

For comments or questions related to the AL Survey Trends Report, please contact [Kellie Van Ree](#), LAL's Director of Clinical Services.



Visit our [Assisted Living website](#) for additional tools and Resources!
