



AL Survey Trends Report

August 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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August ALP Survey Update & Rule Review

by Kellie Van Ree, Director of Clinical Services

Survey activity:

- 7 recertification visits were available for review. 2 programs received insufficiencies averaging 3 per program. None of these insufficiencies resulted in a fine.
- 6 complaint and incident visits were available for review. 3 did not result in insufficiencies cited and 3 resulted in insufficiencies. The programs with insufficiencies averaged 2.3 without fines issued.
- 46 AL Providers are currently more than 24 months from their last recertification visit, with the longest time period being 32 months. The latest [AL Rule Review](#) includes information on Criteria for Admission and Retention of Tenants.

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



**Congratulations to LeadingAge Iowa members on
insufficiency free recertification surveys:**

- **WesleyLife The Village**

Medications (481-67.5)

A staff member was training a different staff on medication administration procedures. The staff member allowed the new staff member to have access to the medications in which they were witnessed diverting morphine.

Staff did not follow orders for compression devices on tenants' legs, antibiotics for cellulitis, or obtaining a urine sample.

Staffing (481-67.9)

The program did not ensure there was adequate nurse staffing to transcribe orders and educate staff. Several tenants expressed concerns about not having a nurse available and a lack of staff to provide care and services.

Delegation training was not completed within 30 days of hire.

Occupancy Agreement (481-69.21)

The occupancy agreement did not clearly state that allegations of dependent adult abuse should be reported to DIAL with the phone number, the telephone number for the LTC ombudsman, and that the program would provide at least 90 days' notice of any planned program cessation.

Evaluation of Tenant (481-69.22)

The program did not complete evaluations within 30 days of occupancy (cited twice).

Change in condition evaluations were not completed when:

- Hospice services were initiated
- Changes in necessary supervision were identified

Only cognitive and functional evaluations were completed and lacked health status evaluations.

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

Tenant #2 was retained in the program despite displaying physical and verbal behaviors.

Tenant Documents (481-69.25)

Nursing notes were not completed by exception including transfer to the ER for behaviors, incidents, hospital visits for a UTI, discharge notes, significant eye pain after an eye injection, and fall that resulted in a wound.

Service Plans (481-69.26)

Service plans were not updated with significant changes with examples including:

- Weight loss
- Behaviors
- Falls
- UTI
- Wounds
- Pain

- Changes in mobility/ADL assistance

Interventions in the service plan did not include the frequency of services such as safety checks or prompted toileting.

Service plans were not updated within 30 days of occupancy (cited twice).

The service plan did not include individualized behavioral interventions.

Service plans did not include spontaneous activities based on the tenant's abilities and interests.

Service plans did not include individual preferences for nursing home care.

Dementia Specific Education for Program Personnel (481-69.30)

Staff did not complete dementia-specific training within 30 days of hire.

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



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