



AL Survey Trends Report

June 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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June ALP Survey Update & Rule Review

by Kellie Van Ree, Director of Clinical Services

Survey activity:

- 29 recertification visits were available for review. 7 programs received insufficiencies averaging 3.1 per program. None of these insufficiencies resulted in a fine.
- 17 complaint and incident visits were available for review. 10 did not result in insufficiencies cited and 7 resulted in insufficiencies. The programs with insufficiencies averaged 1.7 with only one fine.
- 57 AL Providers are currently more than 24 months from their last recertification visit, with the longest time period being 48 months. The average time period between recertification visits in June was 30.6 months.

The latest [AL Rule Review](#) includes information on initial tenant evaluations.

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
Davenport Lutheran Assisted Living, Edgewater
Beacon Springs and Brookside, Ellen Kennedy
Living Center, and Osceola Senior Living on
insufficiency free surveys!**

Insufficiencies with Fines

67.3(2); \$6,000. Tenant C1's record included an incident report for a fall on 11.15.24 when they were found on the floor at 6:35 p.m., their eyes were fluttering, and they were acting unusual. The program RN directed staff to send the tenant to the ER. The tenant returned to the program without acute findings; however, they received psychotropic medications in the ER due to agitation. On 11.16.24, staff mistakenly gave Tenant C1 another tenant's medications as they were trying to rush through medication pass to administer scheduled Tylenol and anxiety medication to the tenant as they were yelling out and rocking back and forth. The tenant's vitals were normal and were responding appropriately, so the program RN had staff monitor them. The program RN was not notified that the tenant was yelling out in pain, holding their head with one arm, rocking their body back and forth, that increased throughout the day. At 8:30 p.m. the tenant became drowsy, and staff kept visually monitoring them. Later, they were noted to not be breathing. The medical examiner came to the program to interview staff and identified that the a stroke (and not the medication error) was the cause of death.

Program Policies & Procedures (481-67.2)

The program provided policies for tenant rights which did not include a dependent adult abuse policy or statements indicating alleged perpetrators would be separated from victims.

The program did not follow their policies on reporting allegations of potential abuse, completion of incident reports, dependent adult abuse training, and food temperatures.

An incident report was not documented for Tenant #2 when they were found punching another tenant in the face and without additional nurse's notes for Tenant #3 that included the incident, further assessment of their injuries, condition, or emotional status.

The program did not follow their medication administration policy by completing a medication error report form when the incorrect dose of Morphine was administered to a tenant.

The program did not provide a written notice that the tenant needed a higher level of care which was indicated in their policy.

The program did not follow their abuse policy when a tenant was noted to have a bruise after expressing complaints that a staff member pushed them in their wheelchair. Additionally, the program did not document task completion for four tenants according to the policy.

The program did not follow their policy on storing food when staff did not document refrigerator and freezer temperatures.

Staffing (481-67.9)

The program's registered nurse did not provide training to two staff members within 30 days of hire.

Staff A did not complete eye drops in accordance with the delegation training including not completing hand hygiene between eye drops.

During observations Staff A did not administer the medications to the tenant prior to documenting that they were administered. The nurse delegation competency indicates medications are signed off after being administered to the tenant.

Criminal, Dependent Adult, and Child Abuse Record Checks (481-67.19)

Staff A's SING report indicated they had a criminal history; however, no documentation was in the file with the criminal record or evaluation by DHS.

The background check for Staff C was completed more than 30 days prior to their hire date.

Evaluation of Tenant (481-69.22)

Tenant #2 did not have an annual evaluation completed.

A significant change evaluation was not completed when a tenant started hospice services.

Cognitive evaluations were completed upon significant change for Tenants #3, #4 & C1 but health and functional evaluations were not. Additionally, significant change evaluations were not completed for Tenant C1 when they started going to the wound clinic, receiving antibiotics, and were discharged from home care services.

Tenant Documents (481-69.25)

Nurse's notes were not documented by exception when a tenant had a biopsy that required treatment and a prescription for an antibiotic.

The program did not document when Tenant #2 returned from the hospital or was admitted to hospice.

Nurse's notes were not documented by exception when tenants received antibiotics for URIs.

Service Plans (481-69.26)

Service plans were not updated as needed with examples including:

- Crushed medications
- Initiation and discharge from therapy services
- Walking boot
- Ankle sprain
- Constipation
- Refusal of care
- Behaviors
- Nitroglycerin
- Oxygen use
- Initiation and/or discontinuation of hospice
- Sexual acts with other tenants
- Daily weights
- Compression devices
- Fall interventions
- Wound clinic visits
- Nebulizer treatments
- Hospice services
- Elopement risk

The program staff did not sign the service plans.

The service plan was not updated within 30 days of occupancy.

Nurse Review (481-69.27)

Tenant C1's MAR did not reflect accurate physician's orders.

Nurse reviews were not completed at least every 90 days for tenants that received services from the program.

Food Service (481-69.28)

Cold food was left sitting out for the continental breakfast and exceeded 41 degrees when the temperatures were checked.

Staffing (481-69.29)

The program did not have identification of tenants who could not use their pendant and did not document frequent checks based on the tenants not having access to a pendant.

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

Staff A and B did not complete eight hours of dementia specific education within 30 days of employment.

Structural Requirements (481-69.35)

During an interview, an anonymous report was received regarding the heat/temperature of the building and that the roof leaks. During observations, the roof tiles were stained, dirty, and damaged.

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!
