



# AL Survey Trends Report

March 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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## March ALP Survey Update & Rule Review

by Kellie Van Ree, Director of Clinical Services

Survey activity:

- 24 recertification visits were available for review. 9 of the 24 recertifications resulted in insufficiencies averaging 3.1 per program. 2 of the recertification survey's resulted in a fine (or 22%). 15 assisted living providers had insufficiency free surveys (or 63%).
- 19 complaint and incident visits were available for review. 11 of these were unsubstantiated with 8 resulting in insufficiencies. The programs with insufficiencies averaged 1.8 with no issued fines.
- 80 AL Providers are currently more than 24 months from their last recertification visit.

Assisted living programs are required to provide certain information to the public as well as maintain certain information confidential in accordance with Federal and State laws. The program is required to post a notice in a prominent location that states copies of final reports resulting from monitoring visits are available via the department's website at [dia-hfd.iowa.gov/DIA\\_HFD.do](http://dia-hfd.iowa.gov/DIA_HFD.do). According to [481-67.22](#) the assisted living program is required to disclose the following to the public:

- Certification applications, status, and accompanying materials.
- Final findings of state monitoring including a monitoring that results from a complaint or program-reported incident.
- Reports from the state fire marshal.
- Plan of correction submitted by the program.
- Official notices of certification sanctions, including enforcement actions.
- Findings of fact, conclusions of law, decisions and orders issued.
- Waivers, including the department's approval and denial letter and any letters requesting the waiver.

Additionally, there is confidential information from the public. Confidential information includes:

- Information that does not comprise a final report resulting from a monitoring, complaint investigation, or a program-reported incident investigation.
- Names of complainant(s).
- Names of tenants in the program, identifying medical information, copies of documentation, and the addresses of anyone other than the owner or operator.
- Social security numbers, employer identification numbers or EIN.

If a typically open record includes confidential information, the confidential information will be redacted before the records are provided for public inspection (such as the use of tenant numbers and staff letters instead of their names).

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



# Congratulations to the Gardens and Oakwood Place at Ridgecrest Village on insufficiency free surveys!

## **Insufficiencies Resulting in Fines for the Month of March**

**67.3(2); \$2,500.** The program did not provide necessary care and service based on repeated falls with injuries that the tenant's spouse transported to the ER to receive staples to head lacerations and Tenant #1 who was diagnosed with Atrial Flutter and the program did not notify the physician when they continued to have elevated heart rates.

**67.19(3); \$500.** The program did not complete criminal background checks for staff prior to hire, including the day after up to 6 months following hire.

## **Insufficiencies Without Fining**

### **Program Policies and Procedures (481-67.2)**

Incident reports were not completed when a tenant began complaining of pain and was unable to move their legs. During the investigation, the tenant reported they slipped out of bed and hurt their tailbone.

The program's policy on incident reports stated that incident reports were completed when there was a potential for injury. However, the rules include that incident reports must be completed for all accidents or unusual occurrences, regardless of injury.

The program did not follow their policy related to storage of drugs and suspected drug diversions which included reviewing the MARs and controlled records to determine if the suspect administered more or higher doses of medications than other staff along with interviewing other staff members.

The program did not complete medication error reports when a tenant missed their Warfarin due to family not checking the INR as directed in the service plan.

The program did not complete an incident report when Tenant #1 stated they were going to kill themselves if they did not get their pain under control.

The medication management policy was not followed as medications and treatments were not administered according to the physician's order.

Staff did not follow the medication administration policy during observations of medication pass as staff did not change gloves appropriately, touched medications with bare hands, and did not wear gloves when they assisted with insulin administration.

The program did not complete an incident report when Tenant #7 had a laceration on the back of their head without an observed incident which required staples.

## **Tenant Rights (481-67.3)**

### **Medications (481-67.5)**

Treatments were not completed for a 10-day period due to the cream not being available.

Medications were not administered as ordered due to being unavailable.

### **Staffing (481-67.9)**

Tenant #4's record lacked documentation of completing vital signs according to the service plan.

Two staff did not complete dependent adult abuse education as required.

### **Criminal, Dependent Adult and Child Abuse Register Checks (481-67.19)**

Staff A's child abuse results returned with instructions to initiate a DHHS evaluation, however, that was not completed.

### **Evaluation of Tenant (481-69.22)**

Pre-occupancy evaluations were not completed. (Cited in 2 programs)

Evaluations were not completed within 30 days of occupancy. (Cited in 3 programs)

Completed evaluations included a cognitive and functional component but did not include a health status component.

Significant Change evaluations were not completed for: (Cited in 2 programs)

- Falls
- Pain with change in functional status
- Hospitalizations

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

The program retained two tenants that despite interventions continued to have physical aggression.

### **Involuntary Transfer or Discharge from the Program (481-69.24)**

The program did not notify the tenant's representative and the LTC Ombudsman of an involuntary discharge.

### **Tenant Documents (481-69.25)**

The program did not complete nurse's notes by exception for Tenant #2 when they elected hospice services, Tenant #4 when they were diagnosed with rib fractures, and Tenant #3 when they had a physical therapy evaluation.

Tenant #1's record did not include power of attorney documents.

The program did not document personal and/or health-related care provided to Tenant #1 as indicated in their service plan.

The task sheets for Tenant #3 were not available for review as the program reported that they keep them for 7 days and then destroy them.

The program was unable to locate an occupancy agreement for a tenant.

### **Service Plans (481-69.26)**

Service plans were not based on evaluations as they were not completed. (Cited in programs)

Service plans were not developed prior to occupancy.

Service plans were not updated with changes including: (Cited in 7 programs)

- Pressure ulcer/wound treatments
- Skin lesions
- Behaviors
- Refusal of care
- Changes to ADL and mobility
- Hospice services
- Diet changes
- Compression socks
- Wandering
- Safety checks
- Falls
- Swallowing difficulty
- Use of a hospital bed

Service plans were not updated to include the tenant's nursing home preference.

### **Nurse Review (481-69.27)**

A 90-day nurse review was not completed for one tenant over one quarter.

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

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

### **Life Safety – Emergency Policies and Procedures and Structural Safety Requirements (481-69.32)**

The program installed a delayed egress door without seeking fire marshal approval prior to installation.

### **Structural Requirements (481-69.35)**

The tenants reported concerns with bed bugs in October and the staff did not have a pest control service treat the bed bugs until December.

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



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

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