



AL Survey Trends Report

May 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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May ALP Survey Update & Rule Review

by Kellie Van Ree, Director of Clinical Services

Survey activity:

- 10 recertification visits were available for review. Only one of the 10 recertification visits resulted in one insufficiency, which did not have an associated fine.
- 19 complaint and incident visits were available for review. 9 did not result in insufficiencies cited and 10 resulted in insufficiencies. The programs with insufficiencies averaged 1.6 with no issued fines.
- 72 AL Providers are currently more than 24 months from their last recertification visit, with the longest time period being 47 months. The average time period between recertification visits in April was 30.9 months.

The latest [AL Rule Review](#) includes information on the occupancy agreement.

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
Faith Home Assisted Living (Faith Lutheran Home),
Lakeview Lodge (Friendship Village), and West
Liberty AL Residences (Simpson Memorial Home)
on insufficiency free surveys!**

Occupancy Agreement (231C.5)

A notice was signed by the tenant requiring a 30-day written notice to end occupancy agreements; however, this agreement was not part of the occupancy agreement. The occupancy agreement only stated that they would be responsible for payment as long as they occupied the apartment.

Tenant Rights (481-67.3)

The program did not have physician's orders for the use of oxygen and to apply a dressing to a wound.

Tenant C2 had a fall where they were found with blood noted in the bathroom. The staff on duty called the nurse on-call who told them to assist the tenant off the floor, but the tenant refused to get up due to pain. When the next shift arrived, they video called the nurse who told them to call 911. It was noted that EMS did not arrive until 50 minutes after the on-call nurse was first notified.

Tenant #1's service plan included safety checks every hour, a chair and bed alarm in her room. On 10.19.24, Tenant #1 was found on the floor. When assisting the tenant back to the chair, they did not hear the alarm sound. Additionally, they did not document chair and bed alarm function in the tenant's record.

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

A staff member's SING report indicated a possible history of child abuse and instructed the program to initiate the DHS evaluation, which was not completed.

Evaluation of Tenant (481-69.22)

A significant change evaluation was not completed for Tenant #3 with a weight loss and hospice evaluation.

Tenant C1 did not have evaluations completed upon change of condition including when the tenant was hospitalized due to confusion, increased behaviors including urinating on the floor and incontinence of bowels.

Tenant Documents (481-69.25)

Tenant #1 experienced shortness of breath and the nurse from the care center went to the AL to assess the tenant. The tenant was sent to the ER based on the nurse's assessment; however, nurses' notes were not completed on the shortness of breath, nurse's assessment, or transfer to the ER.

Service Plans (481-69.26)

Service plans were not updated as needed with examples including:

- History of UTIs
- Wounds and treatments.
- Use of private duty caregivers.
- Weight loss.
- Adaptive equipment for mobility
- Outside services (therapy and palliative care).

Signatures were not obtained on service plans.

Nurse Review (481-69.27)

Tenant #1 did not have nurse reviews completed as needed including when they completed isolation for COVID-19 and had a fall. Tenant C1 did not have nurse reviews completed when staff reported changes in health status including pain, weakness, and changes in ADLs.

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

Three staff members did not complete 8 hours of dementia education within 30 days of hire.

Staff A did not complete 8 hours of dementia education 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!
