



AL Survey Trends Report

November & December 2024

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

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November & December ALP Survey Update & Rule Review

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Survey activity:

- 11 recertification visits were available for review. 7 of the 11 recertifications resulted in insufficiencies averaging 2.3 per program. 2 of the recertification survey's resulted in a fine (or 29%).
- 8 complaint and incident visits were available for review. 5 of these were unsubstantiated with 3 resulting in insufficiencies. The programs with insufficiencies averaged 1.3 with 1 fine (or 33%).
- 130 AL Providers are currently more than 24 months from their last recertification visit.

Since there wasn't a separate report in November, there have been two rule review articles included in the Communique. Here are links to both of the articles as well as where previous articles are included in case you would like to review them!

Assisted Living Resources page: [Assisted Living](#)

November: [Surveys, Complaints, and Insufficiencies](#) (481-67.10 – 481-67.13)

December: [Response to the Survey Report](#) (481-67.14)



Insufficiencies Resulting in Fines for the Months of November & December

67.2(3); \$3,000. On 8.17.24, a community member rang the doorbell to the program and told staff there was a confused person at the nearby grocery store parking lot. The staff called for assistance and then walked to the grocery store where they located Tenant #1 who then was assisted back to the program. A geofence report identified that the tenant was last in the building at 6:04 p.m. and returned at 6:31 p.m. and the main entrance door alarm sounded at 6:07 p.m. when it took staff 2 minutes and 21 seconds to respond. Staff interviews indicated they heard the alarm sounding and responded to the door to find Tenant C1 standing in the door. They assisted Tenant C1 back into the program and looked both ways out the door and did not see anyone. The door alarm policy indicated that an unwitnessed door alarm included visually searching and accounting for all tenants.

67.4(3); \$500. The program did not report incidents of tenant to tenant abuse to DIAL when Tenant C1 slapped a tenant in the face causing a small cut to their cheek; hit another tenant with a closed fist, resulting in a small scratch; grabbed a different tenant by the shirt, threw them to the ground, hit and kicked, and then stepped on their leg resulting in a rug burn to their knee; and punched another tenant in the back causing them to fall to the ground and hit their head.

67.19(3); \$500. Four staff files were reviewed and all had hits on the SING report for a possible criminal history or child abuse and DHS evaluations were not completed prior to hire.

Insufficiencies Without Fining

Program Policies and Procedures (481-67.2)

The program did not complete incident reports according to their policy on two elopements with Tenant C1.

The program did not respond to an activated door alarm according to their policy and procedures while a surveyor observed the door. A visitor entered the program which alerted the staff's IPADs. Staff did not respond to the door until the maintenance coordinator reset the alarm seven minutes later without looking inside or outside the door to determine who set the alarm off.

The program did not follow their policy on medication errors as three tenants had medication errors noted during record review and interviews that lacked a medication error report.

Tenant Rights (481-67.3)

Did not ensure that a tenant received bathing services weekly according to the tenant's service plan and record.

Staff did not document assistance with tasks on Tenant's service plans including toileting assistance and incontinence care as another staff member expressed concerns about coming to work and finding the tenants were soiled.

The program did not notify DIAL of Tenant C1's elopement when they were found in the parking lot of the program and scored a 6 on the GDS.

Criminal, Dependent Adult and Child Abuse Register Checks, (67.19)

The program did not complete a SING report for one staff member until asked to provide the surveyor the employee's file.

Evaluation of Tenant (481-69.22)

The program did not complete annual evaluations for two tenants.

Service Plans (481-69.26)

Tenant #1 did not have health and functional evaluations completed prior to service plans being developed. Tenants #2 and #3 had evaluations that were completed approximately 7-11 weeks prior to the service plan being developed and Tenant #4's evaluations were completed approximately 6 months prior to the service plan.

Service plans for Tenants #1 and #2 were not based on evaluations as the program was unable to provide cognitive, functional and health evaluations for either tenant.

Tenant #1's service plan did not include information for staff to manage the tenant's aggression and disruptive behavior or how to manage/prevent skin integrity issues.

Tenant #1's service plan did not include an update following an elopement. Tenant #2's service plan did not include frequent trips to the restroom, concerns with hemorrhoids, or use of preparation H cream, and did not discontinue oxygen use. Tenant #4's service plan did not include a wound to their right extremity and that staff provided wound care.

Three tenants did not have outside services identified in their service plan including OT, nursing, and private caregivers.

Did not include physical therapy services, frequencies of outside services, wounds and hospice on the service plans.

Nurse Review (481-69.27)

In nurse reviews for two tenants the program did not include a review of program administered medications to ensure orders were current, medications were administered in accordance to the physician directing them=per the orders, and there were no adverse reactions.

Nurse reviews for two tenants did not include documentation regarding an assessment of current health status or follow up of any previous health recommendations.

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

During observations an activity room door which lead to the outside of the program was not alarmed and opened easily. The program indicated the door was not alarmed because the door was locked when someone was not present in the room. However, during observations the surveyor witnessed the door to the room unlocked and the room was unattended.

Respite Care Services (481-69.39)

Respite Care Services. Tenant C1 was admitted to the program for a weeklong respite stay. The assisted living did not document communication to the staff on required services during the Tenant's respite stay.

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!
