



# AL Survey Trends Report

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*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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## December ALP Survey Update & Rule Review

by Kellie Van Ree, Vice President of Education & Clinical Services

Survey activity:

- 10 recertification visits available for review. 5 of the 10 (50%) received insufficiencies with an average of 6.2 (note there were multiple providers that received a higher-than-normal number of insufficiencies during these visits). There was one fine issued during a recertification visit (or 20%)
- 19 complaint and incident visits were available for review. 14 did not result in insufficiencies cited and 5 resulted in insufficiencies. The programs with insufficiencies averaged 1.7 per program and no complaint or incident investigations resulted in a fine.
- 25 AL Providers are currently more than 24 months from their last recertification visit. However, DIAL reported several of these had recent recertification visits but the reports have not been posted at this time.

DIAL continues to report that they are close to being caught up with Assisted Living recertification visits. Uploading reports to the online database is taking a longer time which is why these reports have older information included.

The latest [AL Rule Review](#) includes information on 481-69.26 - Service Plans.

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



### **Insufficiencies Resulting in Fines**

**67.2(3); \$1,500.** The program did not follow their policy to activate a GEO fence alarm for individuals who may be at risk for wandering and elopement. The policy indicated that other factors should be considered besides cognitive testing which allowed an individual with a GDS of 4 to leave the building unassisted and they were unable to get back into the building until assistance was provided.

### **Insufficiencies without fines**

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

Incident reports did not include witness statements as required.

An incident report was not completed when staff noted bruising on a tenant's arm and the tenant reported that a staff member grabbed their arm.

Staff did not complete incident reports for medication errors and did not follow the narcotic reconciliation policy.

The program did not follow their policy by completing an incident report with a medication error.

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

The tenant's occupancy agreement did not match the services identified in the service plan.

Several tenants and families expressed concerns about program staff not completing services including laundry, cleaning, and personal care. Tenant's records lacked documentation of completed services.

#### **Program Notification to the Department (481-67.4)**

The program did not report a fire to the Department when a tenant started a fire on their stove.

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

Tenant #1's medications were not available to be administered according to the MAR. Tenant #3 received Lantus insulin twice daily instead of once daily because of a transcription error. Tenant #5's TAR did not have orders to complete treatments to foot wounds as ordered by the physician.

The program did not administer medications as ordered by the physician.

Medications were not administered as ordered for multiple tenants (cited in 2 programs).

#### **Waiver of Retention Criteria (481-67.7)**

The program did not apply for a waiver of retention criteria when a tenant was on hospice and exceeded assisted living criteria.

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

Agency staff didn't receive competency evaluations from the program's delegating nurse.

Staff did not have a process for communicating tenants' changes in health, function, or cognitive status.

A staff member left the memory care unit unsupervised when they left their shift at 2:23 a.m. instead of staying until 3 a.m. which resulted in a tenant leaving the unit.

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

A cognitive evaluation was not completed prior to a tenant moving to the memory care licensed unit.

An evaluation was not completed within 30 days of occupancy for 1 tenant.

Significant change evaluations were not complete when they no longer required assistance from two staff for transfers.

Evaluations were not completed upon a change in condition with changes in transfer status, wandering, and behaviors. Additionally, an evaluation was not completed annually for one tenant.

Significant change evaluations were not completed for tenants including exit seeking, elopement, behaviors, new medications, falls, medication refusals, infections, care refusals, meal refusals, change in continence, and changes in mobility.

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

Nurse's notes were not completed by exception for tenants who went to the ED after a fall with a head laceration, had a high blood pressure and a bloody nose, when they were taken to the ED when they returned to the program, and for pain in their toe due to a wound.

Nurse's notes were not documented by exception for falls, transfer to ED and evaluations of wounds.

Nurse's notes were not documented by exception including new medications, discontinuation of medications, falls, and when a tenant was discharged from the program.

Tenant C1's service records were not available to review as required.

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

Service plans did not include all tenant's needs including fall interventions, behaviors and interventions, hypertensive episode with a bloody nose, visitor restrictions, use of a hospital bed, assistance with eating, interventions to prevent pressure wounds, and actual wounds.

Service plans were not updated at least annually and with significant changes. These significant changes included when a tenant had a change in transfer status, safety interventions after a fire on a stove, initiated hospice services, refusal of medications, IADLs or ADLs, and changes in delegation for administration of a medication patch. A service plan was not developed for a tenant who resided in an assisted living apartment as the record indicated independent living.

Service plans did not reflect current service needs of the tenants including elopement, exit seeking, behaviors, new medications, falls, refusal of medications, infections, refusal of care, refusing to eat, changes in continence, visitation agreements, change in transfer status, and respiratory status changes.

The tenant or representative didn't sign the service plan upon significant change.

The program did not have a signed service plan for a tenant within 30 days of taking occupancy.

One tenant's service plan was not updated within 30 days of occupancy as required.

Tenant #1's service plan was not updated to include their fall history or identified interventions to prevent falls.

Tenant's service plans did not have planned and spontaneous activities for tenants residing in the memory care unit.

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

A nurse review was not completed following medication errors.

A nurse review was not completed within 3 months prior to a tenant's discharge.

*For comments or questions related to the AL Survey Trends Report, please contact [Kellie Van Ree](#), LAL's Vice President of Education & Clinical Services*

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