



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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February ALP Survey Update & Rule Review

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

Survey activity:

- 6 recertification visits available for review. 3 of the 6 (50%) received insufficiencies with an average of 3.7. 1 (33%) fine was issued based on a recertification visit.
- 6 complaint and incident visits were available for review. 2 did not result in insufficiencies cited and 4 resulted in insufficiencies. The programs with insufficiencies averaged 4.3 per program with 2 (50%) resulting in fines.
- 31 AL Providers are currently more than 24 months from their last recertification visit with the longest being 34 months since their last recertification. This number has remained fairly consistent over the last several months.

The latest [AL Rule Review](#) includes additional 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 with Fines

67.2; \$3,000. Tenant #1 reported a fall on 10.31.25 around 11:30 p.m. They went to the bathroom and to get a drink of water while in the process they tripped over a blanket. The tenant reported laying there without staff coming into their apartment to check on them and also attempted to call the program a few times without anyone answering. The tenant called 911 for assistance at 9:45 a.m. on 11.1.25. During investigation, the program determined that the staff on duty failed to complete safety checks. They determined due to review of the phone records that the tenant likely misdialed the number. Tenant #5's Furosemide was administered outside of the 1-hour window for medication administration according to the program policies.

67.3; \$6,000. The program didn't provide care for tenant's including Tenant C1 who had multiple concerns from a hospital provider and a hospice provider including medication lists were not accurate, medications were not administered, the tenant was not checked on frequently despite being bed-bound, the staff didn't provide proper care to the tenant's ostomy bag, staff were asked to contact hospice if the resident's catheter leaked or there were problems with the ostomy which never happened, medications from the comfort kit were not administered, they didn't receive nourishment as staff were not trained to feed them, wound care was not completed correctly or as ordered. Tenant #4 had wounds to their foot and heel with the toe showing signs of possible osteomyelitis. The tenant elected to have the toe amputated rather than have prolonged IV therapy. The staff stated that they reported concerns to the nurse, including the tenant was having more pain and didn't have pain medication refilled, and that the tenant refused to be weighed despite their legs appearing larger. Staff didn't respond to tenants pushing their pendants in a timely manner when reviewing the program's reports of response times. A tenant was hospitalized due to possible overmedication with psychotropic medications. Medications weren't administered as ordered for several tenants. The tenant's apartment had significant odor noted

67.5; \$6,000. Tenant #1 went to a rheumatology visit and received an order for Methotrexate Sodium 15 mg - 3 tablets twice per day one time per week. Instead of transcribing one time per week, they transcribed the order daily. Despite several alerts including from the electronic health record and the pharmacy on exceeding the recommended dose or frequency, the medication was administered twice daily every day from 12.29 – 1.8. The tenant developed a rash and saw an urgent care provider on 1.5.26 receiving a diagnosis of a bacterial skin infection. On 1.9.26, the rash spread and they went to the ER where they were admitted to the hospital with pancytopenia with neutropenia, concerns for methotrexate toxicity and/or drug reaction. Tenant #2 received Aspercreme three times a day instead of as needed.

Insufficiencies Without Fines

Program Policies & Procedures (481-67.2)

Staff didn't complete an incident report when they a tenant was transferred to the ER due to unmanageable behaviors.

The program discontinued medications for a tenant when they should not have. Barrier cream was not placed on the MAR for treating a pressure ulcer. Medications were administered without orders to check the medications against. Tenant #9 received as needed lorazepam without documentation of when it was administered as well as Haldol injections.

Tenant Rights (481-67.3)

Tenants expressed concerns about being treated with respect and dignity when another tenant would yell inappropriate things at them and when reported to staff, they didn't feel like it was addressed.

Medications (481-67.5)

Medications weren't administered as ordered by the provider.

The tenant was not provided with the opportunity to make decisions on medication administration delegation when the program told the spouse that the program would set up their medications.

An LPN delegated medication administration instead of an RN.

Staffing (481-67.9)

A staff member failed to consistently incorporate dementia training into practice in response to tenants behaviors.

Staff didn't document behaviors in the nurse communication record for two tenants.

Staff didn't report condition changes to the program nurse/manager including when a tenant needed assistance of two staff for transfers, changing their incontinent product in bed, and when a tenant developed respiratory infection symptoms.

During investigation of complaint and incident reports, the surveyor identified that 9 of 14 tenants reviewed did not receive adequate care and service indicating that the program failed to provide adequate staffing.

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

Child and dependent adult abuse checks were not completed with the criminal background checks for 9 staff reviewed.

Evaluation of Tenant (481-69.22)

Evaluations weren't completed upon significant change including not completing the cognitive and health components of the evaluation, changes to needed ADL assistance, and receipt of therapy services.

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

The program retained tenants who no longer met criteria for retention who were bed bound.

Tenant Documents (481-69.25)

The staff didn't document in the progress notes when a tenant was sent to the emergency room for behavioral concerns.

Service Plans (481-69.26)

Service plans weren't updated to include (cited 4 times)

- Changing from home health to hospice services.
- Staff assistance needed with toileting
- Behaviors and fears
- UTIs
- Falls
- Therapy services
- The service plan didn't include behavior of swearing and calling other female tenant names.

Significant changes on the service plans were not signed for Tenant #3 and #4.

Service plans were signed by family members who weren't the tenant's designated power-of-attorney.

The initial service plan was not signed by all individuals helping develop it.

Significant change service plans were not signed and dated by all parties.

Nurse Review (481-69.27)

Nurse reviews weren't completed with significant changes including with changes in medications and wound orders, new wounds, orders for therapy and changes in mental health status requiring medication changes, change in condition related to medication changes from behaviors.

Structural Requirements (481-69.35)

The program failed to ensure the kitchen was maintained in a clean and sanitary condition and during an interview staff reported they had not had a dietary manager for a couple months.

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

Access current resources on the [LeadingAge Iowa Assisted Living Resources](#) page!