



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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January ALP Survey Update & Rule Review

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

Survey activity:

- 18 recertification visits available for review. 12 of the 18 (67%) received insufficiencies with an average of 3.4. No fines were issued with the surveys reviewed.
- 22 complaint and incident visits were available for review. 14 did not result in insufficiencies cited and 8 resulted in insufficiencies. The programs with insufficiencies averaged 2.3 per program and no complaint or incident investigations resulted in a fine.
- 24 AL Providers are currently more than 24 months from their last recertification visit with the longest being 33 months since their last recertification. This number has remained fairly consistent over the last several months.

The period between the exit and receipt of survey findings is improving as many were available for review that occurred in January.

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

ICYMI – I developed an [Involuntary Discharge Letter Template](#) for members to use.

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



Insufficiencies Cited

Occupancy Agreement (231C.5)

The program's occupancy agreement didn't include information on involuntary transfer, transfer criteria, and procedures.

The program's occupancy agreement didn't include information on the internal appeals process for an involuntary transfer.

The occupancy agreement didn't include information on a grievance policy and procedures related to transfer and occupancy.

A new occupancy agreement wasn't signed by Tenant #3 when they transitioned from the AL to the Memory Care area of the program.

Program Policies & Procedures (481-67.2)

The program didn't follow their narcotics policy as Staff A signed that they counted controlled substances but had not passed a medication manager program to administer medications.

An incident report was not completed when bruises were discovered on a tenant's thigh, hip and gluteal area.

The incident report policy lacked a statement that the incident report would include statements from individuals who witnessed the incident.

The program didn't follow their policy on documenting food temperatures as tenant's reported concerns with food being cool when served. The culinary director reported checking temperatures prior to serving but did not document them on a food temperature log as indicated in their policy.

The program did not follow their incident report policy by completing an incident report when a tenant fell, was found unresponsive, and not breathing.

The program failed to follow their policy on falls related to notifying the director, family, and physician immediately upon discovery of a fall.

Tenant Rights (481-67.3)

The program told Tenant #1's daughter that their children should not be included in a meeting about Tenant #1's involuntary discharge because incontinence was going to be discussed. Tenant #1 stayed in their apartment with the kids while their daughter and brother attended the meeting despite the program indicating that Tenant #1 was cognitively intact. The daughter indicated that they felt there were no other options than to have the tenant not attend the meeting.

Tenant #1's record designated their daughter as the person to share personal information with, but the program held a meeting regarding the tenant's involuntary discharge and discussed the tenant's unmanageable incontinence with their brother present.

Staff didn't complete safety checks on a tenant as indicated in their service plan.

Medications (481-67.5)

A staff member who had not completed a medication manager course had access to controlled substances.

Medications were not administered as ordered and there wasn't supporting documentation present.

Program staff failed to administer sliding scale insulin according to the physician's order.

Insulin was not administered according to physician's orders.

Staffing (481-67.9)

Unusual occurrences were not documented in the residents' record or on communication sheets. Additionally, the communication sheets didn't include information on a tenant reporting difficulty swallowing to staff and hospice or that another tenant had foot and ankle swelling.

The program didn't document occurrences that differed from their normal status including when a tenant eloped. Additionally, staff did not document any staff to nurse reports for the tenants reviewed.

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

Staff A's criminal background check was from a previous employment as was not redone when they were rehired.

A criminal background check was not completed prior to an employee's re-hire date.

Staff A's criminal background check indicated further research was required with a report that included the individual's criminal history. The program did not complete an evaluation with DHS to ensure the staff member could work at the program.

Evaluation of Tenant (481-69.22)

Significant change evaluations weren't completed for the following (cited 6 times):

- Choking
- Change of transfer or mobility status
- Need for ADL assistance including feeding
- Falls
- Hospitalization
- Therapy services
- Behaviors
- Refusal of care/services
- Changes in vital signs
- Increased frequency of draining a chest tube
- Infection and antibiotic use

Cognitive evaluations were not completed prior to occupancy for 1 tenant.

A tenant's evaluations did not include a significant wound or wound care needs.

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

The program didn't discharge a tenant who was bed bound.

A tenant was not discharged when they became physically aggressive towards staff and other tenants and refused care leaving them in urine-soaked clothing for long periods of time due to the aggression.

Involuntary Transfer from the Program (481-69.24)

The long-term care ombudsman wasn't notified via certified mail of an involuntary discharge.

Tenant Documents (481-69.25)

A nurse didn't complete or document assessments on a resident's legs when they had significant swelling and lymphedema that led to open blisters and wound clinic referrals.

Nurse's notes weren't completed by exception when medication start dates were delayed, new orders received, and a receipt of approval notice when a waiver was requested for exceeding residency criteria.

The program did not ensure they had copies of power of attorney paperwork for Tenant #1.

Nurse's notes weren't completed by exception including when a tenant transitioned from respite to permanent tenancy, when a tenant fell, tenants were found in the same apartment and reported they had an intimate relationship, and when an antibiotic was ordered.

Service Plans (481-69.26)

Service plans weren't updated to include (cited 10 times)

- Behaviors
- Impaired decision making
- Confusion/disorientation
- Noncompliance and refusal of care/service
- Choking and interventions for safe food consumption
- Changes in ADL assistance
- Use of a Broda chair
- Providing bed baths instead of showers
- Falls
- Incontinence
- Refusal to go to meals
- Therapy services
- Use of continuous glucose monitoring device including who changed the sensor, frequency of changes
- Administration of injections
- Use of a companion staff member and family 1:1 support
- Wounds
- Use of a nutritional supplement
- Safety checks
- Hospice
- Preference of finger foods

Tenant #2 didn't have a service plan but instead surveyors were provided an unsigned, undated report which listed the services provided to the tenant. Tenant #6 didn't have a service plan available.

Initial service plans were not completed.

Service plans were not updated within 30 days of occupancy as the service plans were not available at the time of survey.

Service plans were not individualized including the use of bed rails for Tenant #2.

Service plans were not updated at least annually including having the tenant or representative sign and date (cited 4 times).

Tenant's service plans in a dementia-specific unit did not include person-centered planned and spontaneous activities based on the individual tenant's interests.

Service plans were not available based on significant changes in condition and were based on evaluations (cited 2 times).

Nurse Review (481-69.27)

Nurse reviews were not completed for 4 tenants reviewed.

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!