Training Module

Assisted Living Philosophy

The module includes

Instructor's Manual

Participant's Manual

Pre- and Post Test

Assisted living code and rules

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Iowa Finance Authority

INVESTING IN HOME AND COMMUNITY

Participant Guide

Overview of
Assisted Living Philosophy

The certification program for assisted living programs was initiated in 1997. That makes assisted living the "new kid" on the long-term care block. Most health care workers are familiar with the nursing home care delivery system, and some may also be familiar with the home health care delivery model. Assisted living falls squarely between the nursing home and independent living. Clients access the same types of personal and health care services provided in the home health care delivery model, but they also benefit from round-the-clock supervision that provides a sense of safety and security.

Assisted living should not be thought of as "nursing home light," but rather as "home health plus." Clients enjoy the privacy, dignity and autonomy that they experienced in their own home. But they have the added benefit of 24-hour response staff, socialization, nutritious meals, a safe living environment, and many other benefits of assisted living that we will discuss throughout this module.

The purpose of this module is to help provide you with a better understanding of the following key concepts in assisted living. These concepts are identified with a key graphic:

1. The definition of assisted living
2. The difference between AL and other health care models
3. Regulatory oversight of assisted living
4. Occupancy and discharge criteria
5. Different AL models
6. Cornerstones of AL: Dignity, independence and autonomy
7. Managed risk

Before we get started, you will take a brief pre-test, but don't worry—the test won't be graded! And the post-test at the end won't be graded either. The pre-test will help to measure your current understanding of assisted living and the post-test will help to reinforce the key concepts identified above. After completing the pre-test, the module, and the post-test, you will most likely feel very comfortable with your decision to serve seniors in the assisted living environment.

Let's get started with the pre-test. Put your name at the top and keep the test with you after you've completed it. You will use the second column to chart your post-test answers. Then you will be able to see at a glance your improved understanding of assisted living philosophy.

AL Philosophy

What is assisted living?

A few years ago, the Senate Subcommittee on Aging created a national assisted living work group. The work group members included representatives from long-term care, government agencies, and consumers. One of the tasks assigned to that group was to develop a definition of assisted living. It seemed like an easy task. Yet the concept of assisted living varies so greatly from state to state, that it was very difficult for the AL work group to come up with a definition that worked for every state.

In Iowa, the current definition of assisted living reads:

Assisted living means provision of housing with services, which may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living, to three or more tenants in a physical structure, which provides a homelike environment. Assisted living also includes encouragement of family involvement, tenant self-direction, and tenant participation in decisions that emphasize choice, dignity, privacy, individuality, shared risk, and independence. Assisted living includes the provision of housing and assistance with instrumental activities of daily living only if personal care or health-related care is also included. Assisted living includes twenty-four hours per day response staff to meet scheduled and unpredictable needs in a manner that promotes maximum dignity and independence and provides supervision, safety, and security.

Now you can see why the national work group struggled to create a common definition of assisted living! Some states allow aging in place, a concept where a client can enter an assisted living program and remain until the end of their life, with services increasing as needs increase. Some states prefer a model that is more social in nature, forcing clients to consider alternative placement when health care needs reach a certain level. No matter what philosophy a state uses to design an assisted living program, one of the most important and consistent goals of all states is to provide tenants with as many choices as possible.

Iowa's assisted living philosophy of care might best be described as a "middle of the road" approach. While regulations do not accommodate the aging in place philosophy, there is a great deal of flexibility in the rules, allowing providers to care for people with conditions that might otherwise cause them to be admitted to a nursing home. State regulations set forth minimum discharge and occupancy criteria. Although programs cannot exceed state-established occupancy and discharge criteria, they may set more stringent occupancy and discharge criteria within their own program. In other words, Iowa's assisted living programs have great flexibility in designing a program that minimizes the need for relocation and preserves independence, dignity, autonomy, and privacy, and meets the unique needs of the seniors in their area.

How does AL differ from other health care models?

Assisted living was introduced in the United States in the 1980s. Although it was first introduced as a social model of care, over the past 20 years, assisted living programs have incorporated a higher level of medical care into this social model. In 1997, Iowa began certifying assisted living programs to ensure that minimum standards for providing health care are met.

Take a few moments to consider the following questions with your co-workers:

1. What are some common perceptions about nursing homes? (Be honest—perceptions aren't facts—they are just feelings people might have or things you have heard people say.)

2. What are some common perceptions about hospitals?

Assisted living is unique in that it is the first health care model designed to maximize independence and preserve health and well being. Hospitals are designed to provide treatment for illnesses, injuries, and other health care emergencies, with the ultimate goal being to return the patient to their "normal" level of function. Nursing homes are generally perceived as places where people go for rehabilitation or for care when they can no longer care for themselves at home. Sometimes they are perceived as a place where people go to die.

Many people say that living in a nursing home would be their last choice. The truth is that, by the time people are in need of nursing home care, there may be no other options available. Assisted living might really be the last choice—or the last time in a senior's life when they are able to make a decision about where they want to live.

The philosophy of care in assisted living centers around preserving independence, autonomy, dignity, choice, and quality of life. We will discuss these key concepts in greater detail later in this module.

How is assisted living regulated?

There are two basic documents that lay out assisted living regulation and oversight:

1. (Law): Iowa Code - Chapter 231C
2. (Rules): Iowa Administrative Code 321, Chapter 25

Assisted living law provides a framework for assisted living. It covers such topics as general guidelines for certification of AL programs, contents of the occupancy agreement, and parameters for involuntary transfer of a tenant. Changes cannot be made to assisted living law without the approval of the Iowa legislature.

Assisted living rules can best be described as the blueprint for day-to-day operation of an assisted living program. Using Iowa Code Chapter 231C as a guideline, rules are created by the Department of Elder Affairs, in conjunction with the Department of Inspections and Appeals. Draft rules are published for public comment, and the rules are reviewed and approved by a legislative rules subcommittee, prior to final publishing by the Department of Elder Affairs. The majority of rules governing assisted living programs are found in the Iowa Administrative Code, Section 321, Chapter 25. Chapter 26 covers monitoring, civil penalties, complaints and investigations, and Chapter 26 sets forth certification fees for assisted living programs.

The Department of Elder Affairs is responsible for establishing policy for assisted living programs, and the Department of Inspections and Appeals is charged with enforcing these rules. The State Fire Marshal oversees all life safety issues in assisted living. Kitchens are inspected by the local health inspector. Programs with a beauty salon must be licensed by the state cosmetology licensing board. The program must employ a licensed R.N. to oversee personal and health-related care provided.

The initial application for certification is submitted to the Department of Inspections and Appeals. Upon approval of the application, assisted living programs receive a conditional certification. Within 60 days, DIA will conduct an on-site inspection. If the program is deemed to be operating within assisted living rules and within their own established policies and procedures, a two-year certification is granted. When surveys are conducted, failure to comply with assisted living rules and code are referred to as “insufficiencies.” The program must address each identified insufficiency and develop a plan of corrective action.

Assisted living facilities are subject to inspection when a tenant, family member, or other interested party files a formal complaint with the Department of Inspections and Appeals. Surveyors will visit the program and attempt to determine whether the allegation is founded. Programs receive a written summary of the surveyor’s findings and are required to develop a plan of action to correct any identified insufficiencies.

Who can live in assisted living?

While there are no specific criteria designating who **can** live in assisted living, Iowa assisted living law and rules contain criteria that identifies clients who are not appropriate for the assisted living environment. This list includes individuals who:

1. Are bed-bound;
2. Require a routine, two-person transfer with standing, transfer or evacuation;
3. Are dangerous to self or other tenants or staff, including but not limited to a tenant who:
   (1) Despite intervention chronically wanders into danger, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression; or
   (2) Displays behavior that places another tenant at risk
4. Are in an acute stage of alcoholism, drug addiction, or uncontrolled mental illness;

5. Are under the age of 18;
6. Require more than part-time or intermittent health-related care; and
7. On a routine basis, have unmanageable incontinence.

Assisted living rules define "part-time or intermittent care" as licensed nursing services and professional therapies that are provided no more than five days per week; or licensed nursing services and professional therapies that are provided six or seven days per week for temporary periods of time with a predictable end within 21 days; or licensed nursing services and professional therapies in combination with nurse-delegated assistance with medications or activities of daily living that do not exceed 28 hours per week. This part-time or intermittent care does not include personal care (unless it falls under the realm of nurse-delegated care). Personal care can include such care as bathing, assistance with dressing, and supervision of self-administration of medication. Medication administration is considered health related care and must be overseen by a registered nurse.

Programs are required to provide an assessment of the client's cognitive, functional, and health status within 30 days of admission and within 30 days after admission. If, upon initial evaluation, the client is deemed to meet any discharge criteria above, they should not be admitted to the program.

If an established client meets any of the above discharge criteria, but the program believes this may be only for a short period of time, a time-limited waiver of these criteria can be requested from DIA. This often times occurs after the tenant has experienced an acute episode, such as a fracture or other traumatic event.

If a client who is in good health wishes to move into assisted living, there is nothing that prevents them from doing so. However, most programs have a minimum level of service that consumers must purchase in order to enter the program. Because independence and choice are promoted in assisted living, clients are given an opportunity to participate in the development of their own service plan, where they can provide input as to what goods and services they desire.

How do assisted living programs differ?

Assisted living law requires certified assisted living programs to offer, at a minimum, housing, activities, at least one meal per day, 24-hour a day emergency response, and personal and health-related care. There is a variety of care delivery and billing structures utilized in Iowa's assisted living programs. The following are examples of these structures.

1. Services level structure

This is the most widely utilized care delivery method and billing structure in assisted living programs today. In this care delivery model, all basics, such as rent, meals, 24-hour response staff, and activities are built in to all levels of care. The cost of care increases as the client moves to the next highest service level. The program may establish the services levels by hours of service provided or by specific services rendered (i.e., medication management is under service level II). Many programs utilize

a three-level system, but some may have as many as five or six service levels. In this billing structure, the price is "set" for the client, so that the billing is consistent every month, until the care needs increase or decrease and the client is moved to another service level. Some examples of the service level billing system

a. Level I (1 – 4 hours per week) = $1,909
b. Level II (4.25 – 7 hours per week) = $2,220
c. Level III (More than 7 hours per week) = $2,550

These costs can vary, depending on the size of the apartment selected.

2. Ala carte billing
In this billing structure, the client pays a standard rate for rent (depending on the size of the unit), meals, activities, and emergency response. Every service delivered has a dollar amount attached, and the client is billed at the end of the month for the basic package and any services rendered.

3. All-inclusive pricing
Programs utilizing the all-inclusive pricing structure set one price for a specific unit (i.e., efficiency, one-bedroom, etc.), and all required services are delivered within that price.

4. Affordable assisted living
Within the last few years, Iowa has developed an assisted living model designed to serve low- to moderate-income seniors. The above-mentioned billing structures are utilized in what is commonly referred to as "market rate" programs. These programs are built with private funding, and they must generate sufficient revenue to be able to cover their fixed costs, such as their mortgage payments, taxes and insurance. While some market rate programs are willing to serve a few Medicaid-eligible clients, they are generally not able to generate sufficient revenue to cover costs because the reimbursement for the care needs of these clients is not sufficient to cover the program's overall costs.

Affordable assisted living properties are purpose built to care for low- to moderate-income clients, utilizing a variety of public funding sources. These sources might include federal low income housing tax credits, USDA low interest loans and grants, and HUD grants to convert senior housing units to assisted living. Care needs for qualified tenants can be met under the Medicaid Title XIX Home Health Services Program, the Home and Community Based Elderly Waiver, and the In-Home Health-Related Care Program.

In the affordable assisted living model, a housing entity or individual manages the physical property, and the personal and health care is subcontracted with a home health agency or other qualified health care provider. In this model, there are three distinct billing pieces:

1. Rent
Rents are calculated to cover the fixed costs associated with operating the physical plant. Rent can be paid solely by the tenant. However, some tenants may be eligible for rental assistance through the HUD Section 8 Rent Subsidy program and/or the Home and Community-Based Services Rent Subsidy Program.

2. Board
Board covers the cost of items for which there is no reimbursement under the current Medicaid system. These charges may include a third meal each day (the HCBS elderly waiver covers two meals per day), emergency response, and activities.

3. Services
The health care agency bills the client (or the government program) for services, just as they would if the client was in his/her own home.

Dignity, independence & autonomy

There isn't a human being alive who hasn't at some point in their life suffered a violation of dignity. The aging process brings with it many opportunities to experience a loss of dignity. Whether it's an invasive medical procedure or an insensitive caregiver, frail seniors can experience first hand and on a regular basis the indignities associated with increasing frailty due to disease or the aging process.

Consider the elderly woman who has practiced modesty and decorum all of her life. Now imagine that she enters the nursing home and is placed in a room with a woman who has no inhibitions and seems to have no boundaries when it comes to modesty and respect for personal space. You can see this situation presents ample opportunities for violations of dignity to occur.

Most of us know what a violation of dignity looks like, but how do we go about preserving dignity? By focusing on the following key areas, we can create a culture that preserves dignity for seniors:

Autonomy
Privacy
Individuality
Recognition
Meaningful Activity
Spiritual Well-Being
Functional Competence
Value

Lets talk about how focusing on each of these key areas can help to preserve dignity.

How does assisted living balance choice with risk?

Assisted living is all about tenant choice. But how do we handle a situation when it appears a tenant is making a poor choice? What if a tenant wants to manage his/her own medications, but we are quite sure they aren't being taken appropriately? What if a resident insists on ambulating without a physician-ordered walker and experiences frequent falls?

Assisted living rules require that all programs have a managed risk policy. Promoting tenant independence and choice doesn't mean the program looks the other way if the tenant is engaging in risky behavior. Negotiating risk means that there is documentation that the program has taken time to sit down with the client to identify the behavior and to review with the tenant the risks associated with engaging in this behavior. In the case of poor compliance with physician-ordered medications, the nurse could educate the client on the reason for each medication, reinforce the importance of taking medications in accordance with physician orders, and educate the client on the risk associated with taking medications improperly. The nurse would continue to monitor the tenant's overall behavior and demeanor and keep the physician apprised of symptoms and/or behaviors that may indicate the client is in jeopardy. Family members can also be involved in these discussions, if the tenant agrees.

Managed risk agreements are not appropriate when the client is engaging in risky behavior that could potentially harm another tenant. They are used to document discussion of risky behaviors that only affect the tenant. A tenant who displays behavior that is harmful to other tenants is not appropriate for assisted living, pursuant to state-established occupancy and discharge criteria and Iowa's Landlord Tenant Act.

Summary:

In other health care models, good caregiving revolves around doing for the client—giving a great bath, keeping ice water at the bedside, changing continence products frequently, etc. In the assisted living model, health, well-being, functional competency and mobility are preserved when clients are encouraged to remain as independent as possible. When it comes to staying healthy and active, the old adage, "Use it or lose it," rings true. Assisted living caregivers are there to encourage the tenant to be independent, but to step in and assist when the aging and/or disease processes render the client unable to perform a specific task or function.

You are about to embark on an exciting journey. Assisted living allows caregivers to not only take care of the tenants' physical needs but to really get to know and spend time with each tenant. While many times the aging process creates a wealth of challenges in the physical realm, assisted living tenants are still interested in building new and rewarding relationships. What a privilege it is to have the opportunity to connect with individuals who have lived fascinating lives and have so much knowledge to pass along to younger generations. And what a blessing you can be in the lives of those you care for. And now, it's time for the post-test!

Instructor's Guide

Notes for instructor:
Before beginning the session, make a copy of the participant's manual for each attendee, along with a copy of the test found at the end of this module. The test serves as both a pre-test and post-test, so that participants can see at a glance their improved understanding of assisted living philosophy after completing the module.

Pull out Iowa Assisted Living Code and Administrative Rules (attachments "A" and "B" at the back of this module) to circulate during the discussion of regulatory oversight.

The instructor's manual contains the exact text that is contained in the participant's guide, with notes to spark discussion at certain intervals (notes to the instructor will be given in the font you are reading now). Having staff read sections aloud, rather than reading it to them, will keep people more engaged in the module. Ask for volunteers, so as not to embarrass staff members who might be uncomfortable reading aloud.

Overview of
Assisted Living Philosophy

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Before we get started, you will take a brief pre-test, but don't worry—the test won't be graded! And the post-test at the end won't be grade either. The pre-test will help to measure your current understanding of assisted living and the post-test will help to reinforce the key concepts identified above. After completing the pre-test, the module, and the post-test, you will most likely feel very comfortable with your decision to serve as a caregiver in assisted living.

Let's get started with the pre-test. Put your name at the top and keep the test with you after you've completed it. You will use the second column to chart your post-test answers. Then you will be able to see at a glance your improved understanding of assisted living philosophy.

Instructor: Pass out tests and allow about five minutes for completion.

AL Philosophy

What is assisted living?

A few years ago, the Senate Subcommittee on Aging created a national assisted living work group. The work group members included representatives from long-term care, government agencies, and consumers. One of the tasks assigned to that group was to develop a definition of assisted living. It seemed like an easy task. Yet the concept of assisted living varies so greatly from state to state, that it was very difficult for the AL work group to come up with a definition that worked for every state.

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Now you can see why the national work group struggled to create a common definition of assisted living! Some states allow aging in place, a concept where a client can enter an assisted living program and remain until the end of their life, with services increasing as needs increase. Some states prefer a model that is more social in nature, forcing clients to consider alternative placement when health care needs reach a certain level. No matter what philosophy a state uses to design an assisted living program, one of the most important and consistent goals of all states is to provide tenants with as many choices as possible.

Iowa's assisted living philosophy of care might best be described as a "middle of the road" approach. While regulations do not accommodate the aging in place philosophy, there is a great deal of flexibility in the rules, allowing providers to care for people with conditions that might otherwise cause them to be admitted to a nursing home. State regulations set forth minimum discharge and occupancy criteria. Although programs cannot exceed state-established occupancy and discharge criteria, they may set more stringent occupancy and discharge criteria within their own program. In other words, Iowa's assisted living programs have great flexibility in designing a program that minimizes the need for relocation and preserves independence, dignity, autonomy, and privacy, and meets the unique needs of the seniors in their area.

Instructor: Ask employees if any of them have ever worked in an assisted living program. For those who have, ask them to comment on what they liked about the work environment or how it was different from other places they have worked.

How does AL differ from other health care models?

Assisted living was introduced in the United States in the 1980s. Although it was first introduced as a social model of care, over the past 20 years, assisted living programs have incorporated a higher level of medical care into this social model. In 1997, Iowa began certifying assisted living programs to ensure that minimum standards for providing health care are met.

Take a few moments to consider the following questions with your co-workers:

Instructor: Allow just a few minutes for this discussion. Put the responses on a white board or flip chart, if you have one readily available.

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1. What are some common perceptions about nursing homes? (Be honest—perceptions aren't facts—they are just feelings people might have or things you have heard people say.)

2. What are some common perceptions about hospitals?

Assisted living is unique in that it is the first health care model designed to maximize independence and preserve health and well being. Hospitals are designed to provide

treatment for illnesses, injuries, and other health care emergencies, with the ultimate goal being to return the patient to their "normal" level of function. Nursing homes are generally perceived as places where people go for rehabilitation or for care when they can no longer care for themselves at home. Sometimes they are perceived as a place where people go to die.

Many people say that living in a nursing home would be their last choice. The truth is that, by the time people are in need of nursing home care, there may be no other options available. Assisted living might really be the last choice—or the last time in a senior's life when they are able to make a decision about where they want to live.

The philosophy of care in assisted living centers around preserving independence, autonomy, dignity, choice, and quality of life. We will discuss these key concepts in greater detail later in this module.

How is assisted living regulated?

There are two basic documents that lay out assisted living regulation and oversight:
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Instructor: Hold up copies of both references listed below, so staff can get a perspective on the scope and size of these regulations. Encourage staff to take a look at these documents as time allows. These documents are contained in Attachments "A" and "B" at the back of this module.
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3. (Law): Iowa Code - Chapter 231C
4. (Rules): Iowa Administrative Code 321, Chapter 25

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1. Are bed-bound;
2. Require a routine, two-person transfer with standing, transfer or evacuation;
3. Are dangerous to self or other tenants or staff, including but not limited to a tenant who:
    a. Despite intervention chronically wanders into danger, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression; or
    b. Displays behavior that places another tenant at risk
4. Are in an acute stage of alcoholism, drug addiction, or uncontrolled mental illness;
5. Are under the age of 18;
6. Require more than part-time or intermittent health-related care; and
7. On a routine basis, have unmanageable incontinence.

Assisted living rules define "part-time or intermittent care" as licensed nursing services and professional therapies that are provided no more than five days per week; or licensed nursing services and professional therapies that are provided six or seven days per week for temporary periods of time with a predictable end within 21 days; or licensed nursing services and professional therapies in combination with nurse-delegated assistance with medications or activities of daily living that do not exceed 28 hours per week. This part-time or intermittent care does not include personal care (unless it falls under the realm of nurse-delegated care). Personal care can include such care as bathing, assistance with dressing, and supervision of self-administration of

medication. Medication administration is considered health related care and must be overseen by a registered nurse.

Programs are required to provide an assessment of the client's cognitive, functional, and health status within 30 days of admission and within 30 days after admission. If, upon initial evaluation, the client is deemed to meet any discharge criteria above, they should not be admitted to the program.

If an established client meets any of the above discharge criteria, but the program believes this may be only for a short period of time, a time-limited waiver of these criteria can be requested from DIA. This often times occurs after the tenant has experienced an acute episode, such as a fracture or other traumatic event.

If a client who is in good health wishes to move into assisted living, there is nothing that prevents them from doing so. However, most programs have a minimum level of service that consumers must purchase in order to enter the program. Because independence and choice are promoted in assisted living, clients are given an opportunity to participate in the development of their own service plan, where they can provide input as to what goods and services they desire.

Instructor: Ask for examples of episodes where a client may violate the occupancy criteria but could be expected to recover within a specific period of time. Such examples might include a stroke, heart attack, any type of fracture, or an idiosyncratic reaction to a medication, such as acute or episodic confusion that creates aggressive behavior, which could be expected to disappear with a medication adjustment.

AL providers often struggle to understand the meaning of "unmanageable incontinence." Solicit staff input as to when they believe incontinence becomes unmanageable. DIA most generally considers any tenant who has lost all ability to participate in a continence program (i.e., is never able to express the need to toilet, is unable to participate in the changing of continence products, and is virtually on a "check and change" system) as meeting the definition of unmanageable incontinence. It is important for programs struggling with continence issues to clearly document all efforts to keep the client clean and dry, including documentation of the client's involvement in and understanding of this program.

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participate in the development of their own service plan, where they can provide input as to what goods and services they desire.

How do assisted living programs differ?

Assisted living law specifically requires certified assisted living programs to offer, at a minimum, housing, activities, at least one meal per day, 24-hour a day emergency response, and personal and health-related care. There is a variety of care delivery and billing structures utilized in Iowa's assisted living programs. The following are examples of these structures.

1. Services level structure

This is the most widely utilized care delivery method and billing structure in assisted living programs today. In this care delivery model, all basics, such as rent, meals, 24-hour response staff, and activities are built in to all levels of care. The cost of care increases as the client moves to the next highest service level. The program may establish the services levels by hours of service provided or by specific services rendered (i.e., medication management is under service level II). Many programs utilize a three-level system, but some may have as many as five or six service levels. In this billing structure, the price is "set" for the client, so that the billing is consistent every month, until the care needs increase or decrease and the client is moved to another service level. Some examples of the service level billing system:

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These costs can vary, depending on the size of the apartment selected.

2. Ala carte billing

In this billing structure, the client pays a standard rate for rent (depending on the size of the unit), meals, activities, and emergency response. Every service delivered has a dollar amount attached, and the client is billed at the end of the month for the basic package and any services rendered.

3. All-inclusive pricing

Programs utilizing the all-inclusive pricing structure set one price for a specific unit (i.e., efficiency, one-bedroom, etc.), and all required services are delivered within that price.

4. Affordable assisted living

Within the last few years, Iowa has developed an assisted living model designed to serve low- to moderate-income seniors. The above-mentioned billing structures are utilized in what is commonly referred to as "market rate" programs. These programs are built with private funding, and they must generate sufficient revenue to be able to cover their fixed costs, such as mortgage payments, taxes and insurance. While some market rate programs are willing to serve a few Medicaid-eligible clients, they are not generally able to generate sufficient revenue to cover costs because the reimbursement for the care needs of these clients is not high enough to cover the program's overall costs.

Affordable assisted living properties are purpose built to care for low- to moderate-income clients, utilizing a variety of public funding sources. These sources might include federal low income housing tax credits, USDA low interest loans and grants, and HUD grants to convert senior housing units to assisted living. Care needs for qualified tenants can be met under the Medicaid Title XIX Home Health Services Program, the Home and Community Based Elderly Waiver, and the In-Home Health-Related Care Program.

In the affordable assisted living model, a housing entity or individual manages the physical property, and the personal and health care is subcontracted with a home health agency or other qualified health care provider. In this model, there are three distinct billing pieces:

1. **Rent**
   Rents are calculated to cover the fixed costs associated with operating the physical plant. Rent can be paid solely by the tenant. However, some tenants may be eligible for rental assistance through the HUD Section 8 Rent Subsidy program and/or the Home and Community-Based Services Rent Subsidy Program.

2. **Board**
   Board covers the cost of items for which there is no reimbursement under the current Medicaid system. These charges may include a third meal each day (the HCBS elderly waiver covers two meals per day), emergency response, and activities.

3. **Services**
   The health care agency bills the client (or the government program) for services, just as they would if the client was in his/her own home.

Instructor: Spend a brief period of time explaining which model your program is using. Allow employees to ask questions about the billing structure and care delivery system. Employees need to have a basic understanding of your operation in order to effectively market your program.

Dignity, independence & autonomy

There isn't a human being alive who hasn't at some point in their life suffered a violation of dignity. The aging process brings with it many opportunities to experience a loss of dignity. Whether it's an invasive medical procedure or an insensitive caregiver, frail seniors can experience first hand and on a regular basis the indignities associated with increasing frailty due to disease or the aging process.

Consider the elderly woman who has practiced modesty and decorum all of her life. Now imagine that she enters the nursing home and is placed in a room with a woman who has no inhibitions and seems to have no boundaries when it comes to modesty and

respect for personal space. You can see this situation presents ample opportunities for violations of dignity to occur.

Most of us know what a violation of dignity looks like, but how do we go about preserving dignity? By focusing on the following key areas, we can create a culture that preserves dignity for seniors:

Autonomy
Privacy
Individuality
Recognition
Meaningful Activity
Spiritual Well-Being
Functional Competence
Value

Lets talk about how focusing on each of these key areas can help to preserve dignity.

Instructor: Lead a discussion about each of the key areas above, soliciting feedback from employees about each area. Some key points to review for each topic (from the perspective of the tenant):

Autonomy: The right to govern oneself. That means making important decisions for myself, such as what time I want to get up and when I want to eat breakfast.
Privacy: Care is delivered behind closed doors, and when I have company, I can keep my door shut. I can visit other tenants without staff interference, and I expect staff members to knock at my door, wait for a response, and only enter my apartment after I extend an invitation to enter (unless there is a reason to believe I am in jeopardy).
Individuality: I am respected for who I am and my unique qualities. Staff members don't try to make me participate in activities or deliver care at times when it is convenient for them but not for me.
Recognition: The program understands what is important to me, and they recognize my contributions in ways that are meaningful to me. They need to know that I'm an avid gardener, and that I would be delighted to receive plants or pots with seed packets for a birthday or other special occasion. Likewise, they need to know why I would not be delighted to be offered a trip to a local hockey game.
Meaningful activity: When I came in to the facility, staff took the time to assess my leisure interests. I told them I enjoy quilting, walking, shopping, and movies. The activity calendar is loaded with plenty of opportunities to play bingo, listen to country bands, and do range of motion exercises. None of these activities are

meaningful to me, and I'm wondering why the program bothered to ask me what I enjoy doing.

Spiritual well-being: When the program conducted my assessment before I was admitted, they asked me if I like to attend church service or Bible studies. I told them I have gone to church all of my life and would like to continue to participate in church activities. We have Bible study once a month, and it's a pastor from a different church than I went to when I lived at home. We have not had a worship service in six months. I don't know why they asked me about my spiritual life if they weren't going to help me maintain it.

Functional competence: My arthritis has progressed to the point where I don't have much of a grip. Staff has to help me get dressed and undressed. My sister has arthritis, and she has all kinds of gadgets to help her stay independent. I wish my assisted living program knew how to go about procuring some of those items for me so I could be more independent. My neighbor used to read, but her eyesight has deteriorated to the point where she can't read small print, so she has stopped reading. I heard that libraries sometimes have books with large print that makes it easier for people with vision problems to read. I wish my assisted living program could help my neighbor find some of those books.

Value: Before I retired, I taught elementary school for 45 years. I was proud of my contribution to society. Now I sit in my apartment, wondering what my purpose in life might be. I know I have a lot to contribute. Maybe the assisted living program could bring in some young children, and I could listen to them read or help them with their homework. I'm just sad that I don't seem to be of any use to anyone.

How does assisted living balance choice with risk?

Assisted living is all about tenant choice. But how do we handle a situation when it appears a tenant is making a poor choice? What if a tenant wants to manage his/her own medications, but we are quite sure they aren't being taken appropriately? What if a resident insists on ambulating without a physician-ordered walker and experiences frequent falls?

Assisted living rules require that all programs have a managed risk policy. Promoting tenant independence and choice doesn't mean the program looks the other way if the tenant is engaging in risky behavior. Negotiating risk means that there is documentation that the program has taken time to sit down with the client to identify the behavior and to review with the tenant the risks associated with engaging in this behavior. In the case of poor compliance with physician-ordered medications, the nurse could educate the client on the reason for each medication, reinforce the importance of taking medications in accordance with physician orders, and educate the client on the risk associated with

taking medications improperly. The nurse would continue to monitor the tenant's overall behavior and demeanor and keep the physician apprised of symptoms and/or behaviors that may indicate the client is in jeopardy. Family members can also be involved in these discussions, if the tenant agrees.

Managed risk agreements are not appropriate when the client is engaging in risky behavior that could potentially harm another tenant. They are used to document discussion of risky behaviors that only affect the tenant. A tenant who displays behavior that is harmful to other tenants is not appropriate for assisted living, pursuant to state-established occupancy and discharge criteria.

Managed risk agreements are not appropriate when the client is engaging in risky behavior that could potentially harm another tenant. They are used to document discussion of risky behaviors that only affect the tenant. A tenant who displays behavior that is harmful to other tenants is not appropriate for assisted living, pursuant to state-established occupancy and discharge criteria and Iowa's Landlord Tenant Act.

Summary:

In other health care models, good caregiving revolves around doing for the client—giving a great bath, keeping ice water at the bedside, changing continence products frequently, etc. Health, well-being, functional competency and mobility are preserved when clients are encouraged to remain as independent as possible. When it comes to staying healthy and active, the old adage, "Use it or lose it," rings true. Assisted living caregivers are there to encourage the tenant to be independent, but to step in and assist when the aging and/or disease processes render the client unable to perform a specific task or function.

You are about to embark on an exciting journey. Assisted living allows caregivers to not only take care of the tenant's physical needs but to really get to know and spend time with each tenant. While many times the aging process creates a wealth of challenges in the physical realm, assisted living tenants are still interested in building new and rewarding relationships. What a privilege it is to have the opportunity to get to connect with individuals who have lived fascinating lives and have so much knowledge to pass along to younger generations. And what a blessing you can be in the lives of those you care for.

And now, it's time for the post-test!

Instructor: Allow participants three to four minutes to complete the post-test section of the pre- and post-test. Provide the answers from the answer key located at the back of your instructor packet. Ask participants if there are any areas where they missed the mark on the pre-test but filled in the right answer on the post-test. You might want to collect the pre- and post-tests to file with a copy of this module and the sign-in sheet.

Attachment "A"

Iowa Assisted Living Code

Chapter 231C

Iowa Assisted Living Law
Chapter 231C

231C.1 FINDINGS, PURPOSE, AND INTENT.

1. The general assembly finds that assisted living is an important part of the long-term care continua in this state. Assisted living emphasizes the independence and dignity of the individual while providing services in a cost-effective manner.

2. The purposes of establishing an assisted living program include all of the following:

a. To encourage the establishment and maintenance of a safe and homelike environment for individuals of all income levels who require assistance to live independently but who do not require health-related care on a continuous twenty-four-hour per day basis.

b. To establish standards for assisted living programs that allow flexibility in design which promotes a social model of service delivery by focusing on independence, individual needs and desires, and consumer-driven quality of service.

c. To encourage public participation in the development of assisted living programs for individuals of all income levels.

3. It is the intent of the general assembly that the department of elder affairs establish policy for assisted living programs and that the department of inspections and appeals enforce this chapter.

96 Acts, ch 1192, §1; 2003 Acts, ch 166, §7; 2005 Acts, ch 60, §1, 2, 21

231C.2 DEFINITIONS.

As used in this chapter, unless the context otherwise requires:

1. "Adult day services" means adult day services as defined in section 231D.1.

2. "Assisted living" means provision of housing with services which may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living to three or more tenants in a physical structure which provides a homelike environment. "Assisted living" also includes encouragement of family involvement, tenant self-direction, and tenant participation in decisions that emphasize choice, dignity, privacy, individuality, shared risk, and independence. "Assisted living" includes the provision of housing and assistance with instrumental activities of daily living only if personal care or health-related care is also included. "Assisted living" includes twenty-four hours per day response staff to meet scheduled and unscheduled or unpredictable needs in a manner that promotes maximum dignity and independence and provides supervision, safety, and security.

3. "Department" means the department of elder affairs created in chapter 231 or the department's designee.

4. "Governmental unit" means the state, or any county, municipality, or other political subdivision or any department,

division, board, or other agency of any of these entities.

5. "Health-related care" means services provided by a registered nurse or a licensed practical nurse, on a part-time or intermittent basis, and services provided by other licensed health care professionals, on a part-time or intermittent basis.

6. "Instrumental activities of daily living" means those activities that reflect the tenant's ability to perform household and other tasks necessary to meet the tenant's needs within the community, which may include but are not limited to shopping, cooking, housekeeping, chores, and traveling within the community.

7. "Medication setup" means assistance with various steps of medication administration to support a tenant's autonomy, which may include but is not limited to routine prompting, cueing and reminding, opening containers or packaging at the direction of the tenant, reading instructions or other label information, or transferring medications from the original container into suitable medication dispensing containers, reminder containers, or medication cups.

8. "Occupancy agreement" means a written agreement entered into between an assisted living program and a tenant that clearly describes the rights and responsibilities of the assisted living program and a tenant, and other information required by rule. "Occupancy agreement" may include a separate signed lease and signed service agreement.

9. "Personal care" means assistance with the essential activities of daily living which may include but are not limited to transferring, bathing, personal hygiene, dressing, grooming, and housekeeping that are essential to the health and welfare of the tenant.

10. "Recognized accrediting entity" means a nationally recognized accrediting entity that the department recognizes as having specific assisted living program standards equivalent to the standards established by the department for assisted living programs.

11. "Tenant" means an individual who receives assisted living services through a certified assisted living program.

12. "Tenant advocate" means the office of long-term care resident's advocate established in section 231.42.

13. "Tenant's legal representative" means a person appointed by the court to act on behalf of a tenant or a person acting pursuant to a power of attorney.

96 Acts, ch 1192, §2; 2000 Acts, ch 1004, §14, 22; 2003 Acts, ch 165, §19; 2003 Acts, ch 166, §8, 9; 2005 Acts, ch 60, §3--5, 21; 2005 Acts, ch 179, §121

Referred to in § 249H.3

231C.3 CERTIFICATION OF ASSISTED LIVING PROGRAMS.

1. The department shall establish by rule in accordance with chapter 17A minimum standards for certification and monitoring of assisted living programs. The department may adopt by reference with or without amendment, nationally recognized standards and rules for assisted living programs. The rules shall include specification of recognized accrediting entities and provisions related to dementia-specific programs. The standards and rules shall be formulated in consultation with the department of inspections and appeals and affected industry, professional, and consumer groups, and shall be designed to accomplish the purposes of this chapter, and shall include but are not limited to rules relating to all of the following:

a. Provisions to ensure, to the greatest extent possible, the

health, safety, and well-being and appropriate treatment of tenants.

b. Requirements that assisted living programs furnish the department of elder affairs and the department of inspections and appeals with specified information necessary to administer this chapter. All information related to a provider application for an assisted living program submitted to either the department of elder affairs or the department of inspections and appeals shall be considered a public record pursuant to chapter 22.

c. Standards for tenant evaluation or assessment, which may vary in accordance with the nature of the services provided or the status of the tenant.

d. Provisions for granting short-term waivers for tenants who exceed occupancy criteria.

2. Each assisted living program operating in this state shall be certified by the department of inspections and appeals. If an assisted living program is voluntarily accredited by a recognized accrediting entity, the department of inspections and appeals shall certify the assisted living program on the basis of the voluntary accreditation. An assisted living program that is certified by the department of inspections and appeals on the basis of voluntary accreditation shall not be subject to payment of the certification fee prescribed in section 231C.18, but shall be subject to an administrative fee as prescribed by rule. An assisted living program certified under this section is exempt from the requirements of section 135.63 relating to certificate of need requirements.

3. The owner or manager of a certified assisted living program shall comply with the rules adopted by the department for an assisted living program. A person including a governmental unit shall not represent an assisted living program to the public as an assisted living program or as a certified assisted living program unless and until the program is certified pursuant to this chapter.

4. a. Services provided by a certified assisted living program may be provided directly by staff of the assisted living program, by individuals contracting with the assisted living program to provide services, or by individuals employed by the tenant or with whom the tenant contracts if the tenant agrees to assume the responsibility and risk of the employment or the contractual relationship.

b. If a tenant is terminally ill and has elected to receive hospice services under the federal Medicare program from a Medicare-certified hospice program, the assisted living program and the Medicare-certified hospice program shall enter into a written agreement under which the hospice program retains professional management responsibility for those services.

5. The department of inspections and appeals may enter into contracts to provide certification and monitoring of assisted living programs. The department of inspections and appeals shall:

a. Have full access at reasonable times to all records, materials, and common areas pertaining to the provision of services and care to the tenants of a program during certification, monitoring, and complaint investigations of programs seeking certification, currently certified, or alleged to be uncertified.

b. With the consent of the tenant, visit the tenant's unit.

c. Require that the recognized accrediting entity providing accreditation for a program provide copies to the department of all materials related to the accreditation, monitoring, and complaint process.

6. The department may also establish by rule in accordance with chapter 17A minimum standards for subsidized and dementia-specific

assisted living programs. The rules shall be formulated in consultation with the department of inspections and appeals and affected industry, professional, and consumer groups.

7. A department, agency, or officer of this state or of any governmental unit shall not pay or approve for payment from public funds any amount to an assisted living program for an actual or prospective tenant, unless the program holds a current certificate issued by the department of inspections and appeals and meets all current requirements for certification.

8. The department shall adopt rules regarding the conducting or operating of another business or activity in the distinct part of the physical structure in which the assisted living program is provided, if the business or activity serves non-tenants. The rules shall be developed in consultation with the department of inspections and appeals and affected industry, professional, and consumer groups.

9. An assisted living program shall comply with section 135C.33.

10. The department of elder affairs and the department of inspections and appeals shall conduct joint training sessions for personnel responsible for conducting monitoring evaluations and complaint investigations of assisted living programs.

11. Certification of an assisted living program shall be for two years unless certification is revoked for good cause by the department of inspections and appeals.

96 Acts, ch 1192, §3; 2003 Acts, ch 166, §10; 2005 Acts, ch 60, §6--10, 21

Referred to in § 235B.3

231C.4 FIRE AND SAFETY STANDARDS.

The state fire marshal shall adopt rules, in coordination with the department of elder affairs and the department of inspections and appeals, relating to the certification and monitoring of the fire and safety standards of certified assisted living programs.

96 Acts, ch 1192, §4; 97 Acts, ch 23, §21; 2003 Acts, ch 166, §11

231C.5 WRITTEN OCCUPANCY AGREEMENT REQUIRED.

1. An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant or the tenant's legal representative, prior to the tenant's occupancy, and unless the assisted living program operates in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant's legal representative a complete copy of the occupancy agreement and all supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made.

2. An assisted living program occupancy agreement shall clearly describe the rights and responsibilities of the tenant and the program. The occupancy agreement shall also include but is not limited to inclusion of all of the following information in the body of the agreement or in the supporting documents and attachments:

a. A description of all fees, charges, and rates describing tenancy and basic services covered, and any additional and optional services and their related costs.

b. A statement regarding the impact of the fee structure on third-party payments, and whether third-party payments and resources are accepted by the assisted living program.

c. The procedure followed for nonpayment of fees.

d. Identification of the party responsible for payment of fees

and identification of the tenant's legal representative, if any.

e. The term of the occupancy agreement.

f. A statement that the assisted living program shall notify the tenant or the tenant's legal representative, as applicable, in writing at least thirty days prior to any change being made in the occupancy agreement with the following exceptions:

(1) When the tenant's health status or behavior constitutes a substantial threat to the health or safety of the tenant, other tenants, or others, including when the tenant refuses to consent to relocation.

(2) When an emergency or a significant change in the tenant's condition results in the need for the provision of services that exceed the type or level of services included in the occupancy agreement and the necessary services cannot be safely provided by the assisted living program.

g. A statement that all tenant information shall be maintained in a confidential manner to the extent required under state and federal law.

h. Occupancy, involuntary transfer, and transfer criteria and procedures, which ensure a safe and orderly transfer.

i. The internal appeals process provided relative to an involuntary transfer.

j. The program's policies and procedures for addressing grievances between the assisted living program and the tenants, including grievances relating to transfer and occupancy.

k. A statement of the prohibition against retaliation as prescribed in section 231C.13.

l. The emergency response policy.

m. The staffing policy which specifies if nurse delegation will be used, and how staffing will be adapted to meet changing tenant needs.

n. In dementia-specific assisted living programs, a description of the services and programming provided to meet the life skills and social activities of tenants.

o. The refund policy.

p. A statement regarding billing and payment procedures.

3. Occupancy agreements and related documents executed by each tenant or the tenant's legal representative shall be maintained by the assisted living program in program files from the date of execution until three years from the date the occupancy agreement is terminated. A copy of the most current occupancy agreement shall be provided to members of the general public, upon request. Occupancy agreements and related documents shall be made available for on-site inspection to the department of inspections and appeals upon request and at reasonable times.

96 Acts, ch 1192, §5; 2003 Acts, ch 166, §12; 2005 Acts, ch 60, §11, 21

231C.6 INVOLUNTARY TRANSFER.

1. If an assisted living program initiates the involuntary transfer of a tenant and the action is not a result of a monitoring evaluation or complaint investigation by the department of inspections and appeals, and if the tenant or the tenant's legal representative contests the transfer, the following procedure shall apply:

a. The assisted living program shall notify the tenant or the tenant's legal representative, in accordance with the occupancy agreement, of the need to transfer, the reason for the transfer, and the contact information of the tenant advocate.

b. The assisted living program shall provide the tenant advocate with a copy of the notification to the tenant.

c. The tenant advocate shall offer the notified tenant or the tenant's legal representative assistance with the program's internal appeals process. The tenant is not required to accept the assistance of the tenant advocate.

d. If, following the internal appeals process, the assisted living program upholds the transfer decision, the tenant or the tenant's legal representative may utilize other remedies authorized by law to contest the transfer.

2. The department, in consultation with the department of inspections and appeals and affected industry, professional, and consumer groups, shall establish, by rule in accordance with chapter 17A, procedures to be followed, including the opportunity for hearing, when the transfer of a tenant results from a monitoring evaluation or complaint investigation conducted by the department of inspections and appeals.

2000 Acts, ch 1222, §13, 17; 2003 Acts, ch 166, §13; 2005 Acts, ch 60, §12, 21

231C.7 COMPLAINTS.

1. Any person with concerns regarding the operations or service delivery of an assisted living program may file a complaint with the department of inspections and appeals. The name of the person who files a complaint with the department of inspections and appeals and any personal identifying information of the person or any tenant identified in the complaint shall be kept confidential and shall not be subject to discovery, subpoena, or other means of legal compulsion for its release to a person other than department of inspections and appeals' employees involved with the complaint.

2. The department, in cooperation with the department of inspections and appeals, shall establish procedures for the disposition of complaints received in accordance with this section.

2003 Acts, ch 166, §14

231C.8 INFORMAL REVIEW.

1. If an assisted living program contests the regulatory insufficiencies of a monitoring evaluation or complaint investigation, the program shall submit written information, demonstrating that the program was in compliance with the applicable requirement at the time of the monitoring evaluation or complaint investigation, in support of the contesting of the regulatory insufficiencies, to the department of inspections and appeals for review.

2. The department of inspections and appeals shall review the written information submitted within ten working days of the receipt of the information. At the conclusion of the review, the department of inspections and appeals may affirm, modify, or dismiss the regulatory insufficiencies. The department of inspections and appeals shall notify the program in writing of the decision to affirm, modify, or dismiss the regulatory insufficiencies, and the reasons for the decision.

3. In the case of a complaint investigation, the department of inspections and appeals shall also notify the complainant, if known, of the decision and the reasons for the decision.

2003 Acts, ch 166, §15; 2005 Acts, ch 60, §13, 21

231C.9 PUBLIC DISCLOSURE OF FINDINGS.

Upon completion of a monitoring evaluation or complaint investigation of an assisted living program by the department of inspections and appeals pursuant to this chapter, including the

conclusion of all administrative appeals processes, the department of inspections and appeals' final findings with respect to compliance by the assisted living program with requirements for certification shall be made available to the public in a readily available form and place. Other information relating to an assisted living program that is obtained by the department of inspections and appeals which does not constitute the department of inspections and appeals' final findings from a monitoring evaluation or complaint investigation of the assisted living program shall be made available to the department of elder affairs upon request in order to facilitate policy decisions, but shall not be made available to the public except in proceedings involving the denial, suspension, or revocation of a certificate under this chapter.

2003 Acts, ch 166, §16; 2005 Acts, ch 60, § 14, 21

231C.10 DENIAL, SUSPENSION, OR REVOCATION -- CONDITIONAL OPERATION.

1. The department of inspections and appeals may deny, suspend, or revoke a certificate in any case where the department of inspections and appeals finds that there has been a substantial or repeated failure on the part of the assisted living program to comply with this chapter or the rules, or minimum standards adopted under this chapter, or for any of the following reasons:

a. Appropriation or conversion of the property of an assisted living program tenant without the tenant's written consent or the written consent of the tenant's legal representative.

b. Permitting, aiding, or abetting the commission of any illegal act in the assisted living program.

c. Obtaining or attempting to obtain or retain a certificate by fraudulent means, misrepresentation, or by submitting false information.

d. Habitual intoxication or addiction to the use of drugs by the applicant, administrator, executive director, manager, or supervisor of the assisted living program.

e. Securing the devise or bequest of the property of a tenant of an assisted living program by undue influence.

f. Founded dependent adult abuse as defined in section 235B.2.

g. In the case of any officer, member of the board of directors, trustee, or designated manager of the program or any stockholder, partner, or individual who has greater than a five percent equity interest in the program, who has or has had an ownership interest in an assisted living program, adult day services program, elder group home, home health agency, residential care facility, or licensed nursing facility in any state which has been closed due to removal of program, agency, or facility licensure or certification or involuntary termination from participation in either the medical assistance or Medicare programs, or who has been found to have failed to provide adequate protection or services for tenants to prevent abuse or neglect.

h. In the case of a certificate applicant or an existing certified owner or operator who is an entity other than an individual, the person is in a position of control or is an officer of the entity and engages in any act or omission proscribed by this chapter.

i. For any other reason as provided by law or administrative rule.

2. The department of inspections and appeals may as an alternative to denial, suspension, or revocation conditionally issue or continue a certificate dependent upon the performance by the

assisted living program of reasonable conditions within a reasonable period of time as set by the department of inspections and appeals so as to permit the program to commence or continue the operation of the program pending full compliance with this chapter or the rules adopted pursuant to this chapter. If the assisted living program does not make diligent efforts to comply with the conditions prescribed, the department of inspections and appeals may, under the proceedings prescribed by this chapter, suspend, or revoke the certificate. An assisted living program shall not be operated on a conditional certificate for more than one year.

2003 Acts, ch 166, §17; 2005 Acts, ch 60, §15, 21

231C.11 NOTICE -- APPEAL -- EMERGENCY PROVISIONS.

1. The denial, suspension, or revocation of a certificate shall be effected by delivering to the applicant or certificate holder by restricted certified mail or by personal service a notice setting forth the particular reasons for such action. Such denial, suspension, or revocation shall become effective thirty days after the mailing or service of the notice, unless the applicant or certificate holder, within such thirty-day period, requests a hearing, in writing, of the department of inspections and appeals, in which case the notice shall be deemed to be suspended.

2. The denial, suspension, or revocation of a certificate may be appealed in accordance with rules adopted by the department of inspections and appeals in accordance with chapter 17A.

3. When the department of inspections and appeals finds that an imminent danger to the health or safety of tenants of an assisted living program exists which requires action on an emergency basis, the department of inspections and appeals may direct removal of all tenants of an assisted living program and suspend the certificate prior to a hearing.

2003 Acts, ch 166, §18

231C.12 DEPARTMENT NOTIFIED OF CASUALTIES.

The department of inspections and appeals shall be notified within twenty-four hours, by the most expeditious means available, of any accident causing substantial injury or death, and any substantial fire or natural or other disaster occurring at or near an assisted living program.

2003 Acts, ch 166, §19

231C.13 RETALIATION BY ASSISTED LIVING PROGRAM PROHIBITED.

An assisted living program shall not discriminate or retaliate in any way against a tenant, tenant's family, or an employee of the program who has initiated or participated in any proceeding authorized by this chapter. An assisted living program that violates this section is subject to a penalty as established by administrative rule in accordance with chapter 17A and to be assessed and collected by the department of inspections and appeals and paid into the state treasury to be credited to the general fund of the state.

2003 Acts, ch 166, §20

Referred to in § 231C.5

231C.14 CIVIL PENALTIES.

The department may establish by rule, in accordance with chapter 17A, civil penalties for the following violations by an assisted living program:

1. Noncompliance with any regulatory requirements which presents an imminent danger or a substantial probability of resultant death or physical harm to a tenant.

2. Following receipt of notice from the department of inspections and appeals, continued failure or refusal to comply within a

prescribed time frame with regulatory requirements that have a direct relationship to the health, safety, or security of program tenants.

3. Preventing or interfering with or attempting to impede in any way any duly authorized representative of the department of inspections and appeals in the lawful enforcement of this chapter or of the rules adopted pursuant to this chapter. As used in this subsection, "lawful enforcement" includes but is not limited to:

a. Contacting or interviewing any tenant of an assisted living program in private at any reasonable hour and without advance notice.

b. Examining any relevant records of an assisted living program.

c. Preserving evidence of any violation of this chapter or of the rules adopted pursuant to this chapter.

2003 Acts, ch 166, §21; 2005 Acts, ch 60, §16, 21

231C.15 CRIMINAL PENALTIES AND INJUNCTIVE RELIEF.

A person establishing, conducting, managing, or operating any assisted living program without a certificate is guilty of a serious misdemeanor. Each day of continuing violation after conviction or notice from the department of inspections and appeals by certified mail of a violation shall be considered a separate offense or chargeable offense. A person establishing, conducting, managing, or operating an assisted living program without a certificate may be temporarily or permanently restrained by a court of competent jurisdiction from such activity in an action brought by the state.

2003 Acts, ch 166, §22; 2005 Acts, ch 60, §17, 21

231C.16 NURSING ASSISTANT AND MEDICATION AIDE -- CERTIFICATION.

The department of inspections and appeals, in cooperation with other appropriate agencies, shall establish a procedure to allow nursing assistants or medication aides to claim work within an assisted living program as credit toward sustaining the nursing assistant's or medication aide's certification.

2003 Acts, ch 166, §23

231C.16A MEDICATION SETUP -- ADMINISTRATION AND STORAGE OF MEDICATIONS.

1. An assisted living program may provide for medication setup if requested by a tenant or the tenant's legal representative. If medication setup is provided following such request, the program shall be responsible for the specific task requested and the tenant shall retain responsibility for those tasks not requested to be provided.

2. If medications are administered or stored by an assisted living program, or if the assisted living program provides for medication setup, all of the following shall apply:

a. If administration of medications is delegated to the program by the tenant or tenant's legal representative, the medications shall be administered by a registered nurse, licensed practical nurse, or advanced registered nurse practitioner licensed or registered in Iowa or by the individual to whom such licensed or registered individuals may properly delegate administration of medications.

b. Medications, other than those self-administered by the tenant or provided through medication setup, shall be stored in locked storage that is not accessible to persons other than employees responsible for administration or storage of medications.

c. Medications shall be labeled and maintained in compliance with label instructions and state and federal law.

d. A person, other than a person authorized to prescribe prescription drugs under state and federal law, shall not alter the

prescription of a tenant.

e. Medications shall be stored in their originally received containers.

f. If medication setup is provided by the program at the request of the tenant or tenant's legal representative, or if medication administration is delegated to the program by the tenant or tenant's legal representative, appropriate staff of the program may transfer the medications in the tenant's presence from the original prescription container to medication dispensing containers, reminder containers, or medication cups.

g. Program assistance with medication administration as specified in the occupancy agreement shall not require the program to provide assistance with the storage of medications.

2005 Acts, ch 60, §18, 21

231C.17 COORDINATION OF THE LONG-TERM CARE SYSTEM -- TRANSITIONAL PROVISIONS.

1. A hospital licensed pursuant to chapter 135B, a health care facility licensed pursuant to chapter 135C, or an adult day services program certified pursuant to chapter 231D may operate an assisted living program if the assisted living program is certified pursuant to this chapter.

2. This chapter shall not be construed to require that a facility licensed as a different type of facility also comply with the requirements of this chapter, unless the facility is represented to the public as a certified assisted living program.

3. A certified assisted living program that complies with the requirements of this chapter shall not be required to be licensed or certified as a different type of facility, unless the facility is represented to the public as another type of facility.

4. A continuing care retirement community, as defined in section 523D.1, may provide limited personal care services and emergency response services to its independent living tenants if all of the following conditions are met:

a. The provision of such personal care services or emergency response services does not result in inadequate staff coverage to meet the service needs of all tenants of the continuing care retirement community.

b. The staff providing the personal care or emergency response services is trained or qualified to the extent necessary to provide such services.

c. The continuing care retirement community documents the date, time, and nature of the personal care or emergency response services provided.

d. Emergency response services are only provided in situations which constitute an urgent need for immediate action or assistance due to unforeseen circumstances.

This subsection shall not be construed to prohibit an independent living tenant of a continuing care retirement community from contracting with a third party for personal care or emergency response services.

2003 Acts, ch 166, §24; 2003 Acts, 1st Ex, ch 2, §17, 33; 2005 Acts, ch 60, §19, 21

231C.18 IOWA ASSISTED LIVING FEES.

1. The department of inspections and appeals shall collect assisted living program certification and related fees. An assisted living program that is certified by the department of inspections and appeals on the basis of voluntary accreditation by a recognized accrediting entity shall not be subject to payment of the

certification fee, but shall be subject to an administrative fee as prescribed by rule. Fees collected and retained pursuant to this section shall be deposited in the general fund of the state.

2. The following certification and related fees shall apply to assisted living programs:

a. For a two-year initial certification, seven hundred fifty dollars.

b. For a two-year recertification, one thousand dollars.

c. For a blueprint plan review, nine hundred dollars.

d. For an optional preliminary plan review, five hundred dollars.

e. For accreditation via a national body of accreditation, one hundred twenty-five dollars.

2003 Acts, ch 166, §25; 2005 Acts, ch 60, §20, 21

Referred to in § 231C.3

231C.19 APPLICATION OF LANDLORD AND TENANT ACT.

Chapter 562A, the uniform residential landlord and tenant Act, shall apply to assisted living programs under this chapter.

2003 Acts, ch 166, §26

Attachment "B"

321 Chapter 25

ASSISTED LIVING PROGRAM RULES

321—25.1(231C) Definitions.
"Accredited" means that the program has received accreditation from the entities named in subrule 25.14(1).
"Allied health care professional" means a person licensed through the department of public health, other than a physician, physician assistant, registered nurse or advanced registered nurse practitioner, who provides health care services to the tenant.
"Assistance" means aid to a tenant who self–directs or participates in a task or activity or who retains the mental or physical ability, or both, to participate in a task or activity. Cueing of the tenant regarding a particular task or activity shall not be construed to mean the tenant has not participated in the task or activity.
"Assisted living" means provision of housing with services, which may include but are not limited to health–related care, personal care, and assistance with instrumental activities of daily living, to three or more tenants in a physical structure, which provides a homelike environment. "Assisted living" also includes encouragement of family involvement, tenant self–direction, and tenant participation in decisions that emphasize choice, dignity, privacy, individuality, shared risk, and independence. "Assisted living" includes the provision of housing and assistance with instrumental activities of daily living only if personal care or health–related care is also included. The requirements of this chapter are applicable to all assisted living facilities. There may be other requirements for specific facilities contained in other chapters under agency number 321.
"CARF" means the Rehabilitation Accreditation Commission.
"Cognitive disorder" means a disorder characterized by cognitive dysfunction presumed to be the result of illness that does not meet criteria for dementia, delirium, or amnestic disorder.
"Dementia" means an illness characterized by multiple cognitive deficits which represent a decline from previous levels of functioning and include memory impairment and one or more of the following cognitive disturbances: aphasia, apraxia, agnosia, and disturbance in executive functioning.
"Dementia–specific assisted living program" means an assisted living program certified under this chapter that either serves five or more tenants with dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.
"Department" means the department of elder affairs.
"DIA" means the department of inspections and appeals.
"Dwelling unit" means an apartment, group of rooms, or single room that is occupied as a separate living quarter or, if vacant, that is intended for occupancy as a separate living quarter, in which the occupant(s) can live and sleep separately from any other persons in the building and that has direct access from the outside of the building or through a common hall.
"Global Deterioration Scale" means the seven–stage scale for assessment of primary degenerative dementia developed by Dr. Barry Reisberg.

"Health care" means services provided by a registered nurse or a licensed practical nurse, on a part–time or intermittent basis, and services provided by other licensed health care professionals, on a part–time or intermittent basis.
"Health care professional" means a physician, physician assistant, registered nurse or advanced registered nurse practitioner licensed through the department of public health.
"Human service professional" means an individual with at least a bachelor's degree in a human service field including human services, gerontology, social work, sociology, psychology, and family science. Experience in a human service field may be substituted for up to two years of required education.
"Instrumental activities of daily living" means those activities that reflect the tenant's ability to perform household and other tasks necessary to meet the tenant's needs within the community, which may include but are not limited to shopping, housekeeping, chores, and traveling within the community.
"In the proximate area" means located within a less–than–five–minute response time.
"JCAHO" means the Joint Commission on Accreditation of Healthcare Organizations.
"Legal representative" means a person appointed by the court to act on behalf of the tenant, or a person acting pursuant to a power of attorney.
"Modification" means any addition to or change in dimensions or structure except as incidental to the customary maintenance of the program structure.
"Nonaccredited" means that the program has been certified under the provisions of this chapter but has not received accreditation from the entities named in subrule 25.14(1).
"Nurse–delegated assistance" means delegated tasks or activities for which a professional nurse has assumed responsibility for assessing, planning, implementing, or evaluating, and for which the nurse remains legally accountable.
"Occupancy agreement" means a written contract entered into between an assisted living program and a tenant that clearly describes the rights and responsibilities of the assisted living program and the tenant and other information required by rule. The occupancy agreement may include a separate signed lease and signed service agreement.
"Part–time or intermittent care" means licensed nursing services and professional therapies that are provided no more than 5 days per week; or licensed nursing services and professional therapies that are provided 6 or 7 days per week for temporary periods of time with a predictable end within 21 days; or licensed nursing services and professional therapies in combination with nurse–delegated assistance with medications or activities of daily living that do not exceed 28 hours per week.
"Personal care" means assistance with the essential activities of daily living which may include but are not limited to transferring, bathing, personal hygiene, dressing, grooming, housekeeping essential to the health and welfare of the tenant, and supervising of self–administered medications, but does not include the administration of medications.
"Program" shall have one of the following meanings, determined by the context of the particular rule under consideration:
1. A person. Unless otherwise provided by law, "person" means individual, corporation, limited liability company, government or governmental subdivision or agency, business trust, estate, trust, partnership or association, or any other legal entity.
2. A physical facility, structure or building utilized in an assisted living program.
3. Services provided to persons eligible for assisted living residency as defined in this chapter.
"Qualified professional" means a facility plant engineer familiar with the type of program being provided, or a licensed plumbing, heating, cooling or electrical contractor who furnishes regular service to such equipment.

"Recognized accrediting entity" means a nationally recognized accrediting entity that the department recognizes as having specific assisted living program standards equivalent to the standards established by the department.
"Remodeling" means modification of any part of an existing building, addition of a new wing or floor to an existing building, or conversion of an existing building.
"Routine" means regular, customary or not occasional or intermittent.
"Self–administration" means a tenant's taking personal responsibility for all medication needs, including order–ing, refilling, remembering dosing schedule, and self–administering medications.
"Service plan" means the document that defines the services to meet the needs and preferences of a tenant.
"Supervision of self–administration" means a staff person's activities such as routine prompting and reminding, opening of containers or packaging at the direction of the tenant, or reading instructions or other label information in order for a tenant to self–administer a medication.
"Tenant" means an individual who receives assisted living services pursuant to an occupancy agreement through a certified assisted living program.
"Tenant advocate" means the office of long–term care resident's advocate established in Iowa Code Supplement section 231.42.
"Unmanageable incontinence" means a condition that requires staff provision of total care for an incontinent tenant who lacks the ability to assist in bladder or bowel continence care.
321—25.2(231C) Program certification. A program may become certified by meeting all the requirements in Iowa Code Supplement chapter 231C and the applicable rules of this chapter. In addition, a program may be voluntarily accredited by either CARF or JCAHO. For the purpose of these rules, certification is equivalent to licensure. A current certificate shall be visibly displayed within the designated area of the operation of the program.
321—25.3(231C) Certification of a nonaccredited program.
25.3(1) The applicant shall complete an approved application packet obtained from the department of inspections and appeals (DIA). Application materials may be obtained from the health facilities division Web site at www.dia–hfd. state.ia.us; by mail from the Department of Inspections and Appeals, Adult Services Bureau, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319–0083; or by telephone at (515)281–6325.
25.3(2) The applicant shall submit one copy of the completed application and all supporting documentation to DIA at the above address at least 60 calendar days prior to the expected date of beginning operation.
25.3(3) The appropriate fees, as stated in 321—Chapter 27, shall accompany each application and be payable by check or money order to the Department of Inspections and Appeals. The fees are nonrefundable.
25.3(4) DIA shall consider the application when all supporting documents and fees are received.
321—25.4(231C) Nonaccredited program application content. An application for certification or recertification of a nonaccredited program shall include the following:
25.4(1) A list that includes the names, addresses and percentage of stock, shares, partnership or other equity interest of all officers, members of the board of directors, and trustees and of the designated manager, as well as stockholders, partners or any individuals who have greater than a 10 percent equity interest in the program. The program shall notify DIA of any changes in the list within ten working days of the changes.
25.4(2) A statement affirming that the individuals listed in 25.4(1) have not been convicted of a felony or serious misdemeanor or found in violation of the dependent adult abuse code in any state.

25.4(3) A statement disclosing whether any of the individuals listed in 25.4(1) have or have had an ownership interest in an assisted living program, adult day services, elder group home, home health agency, or licensed health care facility as defined under Iowa Code Supplement section 135C.1 or licensed hospital as defined under Iowa Code section 135B.1 which has been closed in any state due to removal of program, agency, or facility licensure or certification or due to involuntary termination from participation in either the Medicaid or Medicare program; or have been found to have failed to provide adequate protection or services for participants to prevent abuse or neglect.
25.4(4) A copy of the current policy and procedure for evaluation of each tenant, which includes a copy of the evaluation tool or tools to be used to identify the functional, cognitive and health status of each tenant.
25.4(5) Identification of target population.
25.4(6) A copy of the current service plan format.
25.4(7) If the program contracts for personal care or health–related care services from a certified home health agency, mental health center or a licensed health care facility, a copy of that entity's current license or certification.
25.4(8) The current policy and procedure for addressing medication needs of tenants.
25.4(9) The current policy and procedure describing accident and emergency response.
25.4(10) A copy of the current tenant occupancy agreement.
25.4(11) The current policy and procedure for managing risk and upholding tenant autonomy when tenant decision making may result in poor outcomes for the tenant or others.
25.4(12) A copy of the current state license for the entity providing food service, whether it is the program or an outside entity or a combination of both.
25.4(13) A copy of the written policies and procedures for food service relating to staffing, nutrition, menu planning, therapeutic diets, preparation, service and storage.
321—25.5(231C) Initial certification process for a nonaccredited program.
25.5(1) DIA shall determine whether or not the proposed program meets applicable requirements contained in Iowa Code Supplement chapter 231C and this chapter upon receipt of all completed documentation, including state fire marshal approval and structural and evacuation review approval.
25.5(2) DIA shall notify the applicant within 5 working days of any preliminary certification determination.
a. If the determination is to certify, DIA shall issue a conditional certification not to exceed one year.
b. If the determination is to deny certification, DIA shall provide the applicant the opportunity for hearing in accordance with 321—26.4(17A,231C,231D).
25.5(3) A conditional certification shall allow the applicant to begin operation and accept tenants into the program.
25.5(4) Within 90 calendar days following issuance of conditional certification, DIA shall conduct an on–site monitoring evaluation to determine compliance with the provisions of Iowa Code Supplement chapter 231C and this chapter.
25.5(5) If regulatory insufficiencies are identified as a result of the on–site monitoring evaluation, DIA shall issue a report of the findings to the program by certified mail within 20 working days following the monitoring evaluation. The program shall be required to submit a plan of correction to DIA within 10 working days following receipt of the report.
25.5(6) DIA shall make a final certification decision based on the results of the monitoring evaluation and review of an acceptable plan of correction.

25.5(7) DIA shall notify the program of a final certification decision within 10 working days following the finalization of the on–site monitoring evaluation report or receipt of an acceptable plan of correction, whichever is applicable.
25.5(8) If the decision is to continue certification, DIA shall issue a full two–year certification effective from the date of the original conditional certification.
25.5(9) If the decision is to discontinue certification through denial, DIA shall provide the program the opportunity for a hearing under 321—26.4(17A,231C,231D).
321—25.6(231C) Recertification of a nonaccredited program.
25.6(1) Certification of a program, unless conditionally issued, suspended or revoked, shall expire at the end of the time period specified on the certificate.
25.6(2) DIA shall send recertification application materials to each program at least 120 calendar days prior to expiration of its certification.
321—25.7(231C) Recertification process for a nonaccredited program. To obtain recertification, a program shall:
25.7(1) Submit one copy of the completed application, including the information required in 25.4(231C), associated documentation and the recertification fee as listed in 321— Chapter 27 to DIA at the address stated in 25.3(1) at least 90 calendar days prior to the expiration of the program's certification.
25.7(2) Submit additional documentation that the following systems have been inspected by a qualified professional and are found to be maintained in conformance with manufacturer's recommendations and nationally recognized standards: heating, cooling, water heater, electricity, plumbing, sewage, artificial light, and ventilation; and, if located on site, garbage disposal, cooking area, laundry, and elevators.
321—25.8(231C) Notification of recertification for a nonaccredited program.
25.8(1) DIA shall review the application and associated documentation and fees for completion and notify the program of application status within 10 working days of receipt of the required application materials.
25.8(2) DIA shall conduct an on–site monitoring evaluation of the program between 60 and 90 days prior to expiration of the program's certification.
25.8(3) If regulatory insufficiencies are identified as a result of the monitoring evaluation, DIA shall issue a report of the findings to the program by certified mail within 20 working days following the monitoring evaluation. The program shall be required to submit a plan of correction to DIA within 10 working days following receipt of the report. Within 10 working days of receiving all finalized documentation, including state fire marshal approval and an acceptable plan of correction, DIA shall determine the program's compliance with applicable requirements contained in Iowa Code Supplement chapter 231C and this chapter and make a recertification decision.
25.8(4) If no regulatory insufficiencies are identified as a result of the monitoring evaluation, DIA shall issue a report of the findings with the final recertification decision. Within 15 working days of receiving all finalized documentation, including state fire marshal approval, DIA shall determine the program's compliance with applicable requirements contained in Iowa Code Supplement chapter 231C and this chapter and make a recertification decision.
25.8(5) If the decision is to recertify, DIA shall issue the program a two–year certification effective from the date of the expiration of the previous certification.
25.8(6) If the decision is to deny recertification, DIA shall provide the program the opportunity for a hearing under 321—26.4(17A,231C,231D).
25.8(7) If DIA is unable to recertify a program through no fault of the program, DIA shall issue a time–limited extension to the program.

321—25.9(231C) Certification and recertification process for an accredited program.
25.9(1) An applicant program accredited by a recognized accrediting entity shall:
a. Submit a completed application packet obtained from DIA. Application materials may be obtained from the health facilities division Web site at www.dia–hfd.state.ia.us; by mail from the Department of Inspections and Appeals, Adult Services Bureau, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319–0083; or by telephone at (515)281–6325.
b. Submit a copy of the current accreditation outcome from a recognized accrediting entity.
c. Apply for certification within 30 calendar days following verification of compliance with life safety requirements pursuant to this chapter for a program in operation on or before May 19, 2004.
d. Apply for recertification within 60 calendar days following verification of compliance with life safety requirements pursuant to this chapter.
e. Maintain compliance with life safety requirements pursuant to this chapter.
f. Submit the appropriate fees as set forth in 321— 27.2(231C).
25.9(2) DIA shall not consider an application until it is complete and received with all supporting documentation and the appropriate fees.
321—25.10(231C) Accredited program certification or recertification application content.
An application for certification or recertification of an accredited program shall include the following:
25.10(1) A list that includes the names, addresses and percentage of stock, shares, partnership or other equity interest of all officers, members of the board of directors, and trustees and of the designated manager, as well as stockholders, partners or any individuals who have greater than a 10 percent equity interest in the program. The program shall notify DIA of any changes in the list within ten working days of the change.
25.10(2) A statement affirming that the individuals listed in 25.10(1) have not been convicted of a felony or serious misdemeanor or found in violation of the dependent adult abuse code in any state.
25.10(3) A statement disclosing whether any of the individuals listed in 25.10(1) have or have had an ownership interest in a program, adult day services program, elder group home, home health agency, or licensed health care facility as defined under Iowa Code Supplement section 135C.1 or licensed hospital as defined under Iowa Code section 135B.1 which has been closed in any state due to removal of program, agency, or facility licensure or certification or due to involuntary termination from participation in either the Medicaid or Medicare program; or have been found to have failed to provide adequate protection or services for tenants to prevent abuse or neglect.
25.10(4) Identification of target population.
25.10(5) A copy of the current accreditation outcome from the recognized accrediting entity.
321—25.11(231C) Initial certification process for an accredited program.
25.11(1) DIA shall determine whether or not the accredited program meets applicable requirements contained in Iowa Code Supplement chapter 231C and these rules within 20 working days of receiving all finalized documentation, including state fire marshal approval.
25.11(2) DIA shall notify the accredited program within 10 working days of the final certification decision.
a. If the decision is to certify, a full certification shall be issued for the term of the accreditation not to exceed three years, unless conditionally issued, suspended or revoked by either DIA or the recognized accrediting entity.
b. If the determination is to deny certification, DIA shall provide the applicant the opportunity for hearing in accordance with 321—26.4(17A,231C,231D).

c. Certification for a program, unless conditionally issued, suspended or revoked, shall expire at the end of the time period specified on the certificate.

321—25.12(231C) Recertification process for an accredited program.

25.12(1) DIA shall send recertification application materials to each program at least 90 calendar days prior to expiration of its certification.

25.12(2) To obtain recertification, an accredited program shall submit one copy of the completed application and associated documentation including the administrative fee as stated in 321—27.2(231C) to DIA at the address stated in 25.9(231C) at least 60 calendar days prior to the expiration of the program's certification.

25.12(3) Within 20 working days of receiving all finalized documentation, including state fire marshal approval, DIA shall determine the program's compliance with applicable requirements contained in these rules and make a recertification decision.

25.12(4) DIA shall notify the accredited program within 10 working days of the final recertification decision.

a. If the decision is to recertify, a full certification shall be issued for the term of the accreditation not to exceed three years, unless conditionally issued, suspended or revoked by either DIA or the recognized accrediting entity.

b. If the determination is to deny recertification, DIA shall provide the applicant the opportunity for hearing in accordance with 321—26.4(17A,231C,231D).

25.12(5) If DIA is unable to recertify a program through no fault of the program, DIA shall issue a time–limited extension to the program.

321—25.13(231C) Duration of certification for all programs.

25.13(1) Certification as a nonaccredited program by DIA shall be applicable for two years, unless conditionally issued, suspended or revoked.

25.13(2) Certification as an accredited program by DIA shall be applicable for the term of the accreditation not to exceed three years, unless conditionally issued, suspended or revoked by either DIA or the recognized accrediting entity. DIA shall maintain a list of all certified programs. The list shall be readily available at DIA upon request.

321—25.14(231C) Recognized accrediting entity.

25.14(1) The department designates CARF and JCAHO as recognized accrediting entities for programs.

25.14(2) To apply for designation by the department as a recognized accrediting entity for programs, an accrediting organization shall submit a letter of request and meet the accrediting entity requirements in this rule.

25.14(3) The designation shall remain in effect for so long as the accreditation standards continue to meet the minimum requirements of Iowa Code Supplement chapter 231C and this chapter.

25.14(4) The accrediting entity shall provide annually to DIA and the department, at no cost, a current edition of the applicable standards manual and survey preparation guide, and training thereon, within 20 working days after the publication is released.

321—25.15(231C) Requirements for an accredited program. Each accredited program shall:

25.15(1) Provide DIA a copy of all survey reports including outcomes, quality improvement plans and annual conformance to quality reports generated or received, as applicable, within ten working days of receipt of the reports.

25.15(2) Notify DIA by the most expeditious means possible of all credible reports of alleged improper or inappropriate conduct or conditions within the accredited program and any actions taken by the accrediting entity with respect thereto.

25.15(3) Notify DIA within two working days of the expiration, suspension, revocation or other loss of a program's accreditation.

321—25.16(231C) Maintenance of program accreditation.

25.16(1) An accredited program shall continue to be recognized for certification by DIA if both of the following requirements are met:

a. The program complies with the requirements outlined in 25.15(231C).

b. The program maintains its voluntary accreditation status for the duration of the time–limited certification period.

25.16(2) A program that does not maintain its voluntary accreditation status must become certified by DIA prior to any lapse in accreditation.

25.16(3) A program that does not maintain its voluntary accreditation status and is not certified by DIA prior to any lapse in voluntary accreditation shall be considered an uncertified program.

321—25.17(231C) Transfer of certification.

25.17(1) A certificate, unless conditionally issued, suspended or revoked, may be transferable to a new owner of a program.

25.17(2) The new owner is required to notify DIA in writing within 30 calendar days prior to the change in ownership. The notice shall include assurance that the new owner meets all requirements of Iowa Code Supplement chapter 231C and this chapter.

25.17(3) DIA may conduct an on–site monitoring evaluation within 90 days following a change in ownership or management corporation to ensure that the program complies with requirements and shall take any necessary enforcement action authorized by Iowa Code Supplement chapter 231C and this chapter.

321—25.18(231C) Structural and life safety reviews for a new program.

25.18(1) Prior to construction or remodeling of a building for use in a new program, DIA shall review the blueprints for compliance with requirements pursuant to this chapter. Construction and remodeling shall include new construction, modification of any part of an existing building, addition of a new wing or floor to an existing building, or conversion of an existing building.

25.18(2) A program applicant shall submit to DIA blueprints wet–sealed by an Iowa–licensed architect or Iowa–licensed engineer and the blueprint plan review fee as stated in 321—Chapter 27 at Department of Inspections and Appeals, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319–0083.

25.18(3) Failure to submit the blueprint plan review fee with the blueprints shall result in delay of the blueprint plan review until the fee is received.

25.18(4) DIA shall review the blueprints and notify the Iowa–licensed architect or Iowa–licensed engineer in writing regarding the status of compliance with requirements.

25.18(5) The Iowa–licensed architect or Iowa–licensed engineer shall respond to DIA to state how any noncompliance with requirements will be resolved.

25.18(6) Upon final notification by DIA that the blueprints meet structural and life safety requirements, construction or remodeling of the program may commence.

25.18(7) DIA shall schedule an on–site visit of the program with the contractor, or Iowa–licensed architect or Iowa–licensed engineer, during the construction or remodeling process to ensure compliance with the approved blueprints. Any noncompliance with requirements must be resolved prior to approval for certification.

321—25.19(231C) Structural and life safety review prior to the remodeling of a building for a certified program.

25.19(1) Prior to the remodeling of a building for a certified program, DIA shall review the blueprints for compliance with requirements pursuant to 25.40(231C). Remodeling shall include

modification of any part of an existing building, addition of a new wing or floor to an existing building, or conversion of an existing building.
25.19(2) A certified program shall submit to DIA blueprints wet–sealed by an Iowa–licensed architect or Iowa–licensed engineer and the blueprint plan review fee as stated in 321—Chapter 27 at Department of Inspections and Appeals, Adult Services Bureau, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319–0083.
25.19(3) Failure to submit the blueprint plan review fee with the blueprints shall result in delay of the blueprint plan review until the fee is received.
25.19(4) DIA shall review the blueprints within 20 working days of receipt and immediately notify the Iowa–licensed architect or Iowa–licensed engineer in writing regarding the status of compliance with requirements.
25.19(5) The Iowa–licensed architect or Iowa–licensed engineer shall respond to DIA within 20 working days to state how any noncompliance with requirements will be resolved.
25.19(6) Upon final notification by DIA that the blueprints meet structural and life safety requirements, remodeling of the program may commence.
25.19(7) DIA shall schedule an on–site visit of the program with the contractor, or Iowa–licensed architect or Iowa–licensed engineer, during the remodeling process to ensure compliance with the approved blueprints. Any noncompliance with requirements must be resolved prior to approval for continued certification or recertification.
321—25.20(231C) Emergency response policies and procedures review. A program applicant or certified program shall submit emergency response policies and procedures with the application to DIA at the address stated in 25.3(1). Failure to submit the emergency response policies and procedures with the application shall delay the review of the application for certification until receipt of the information. The emergency response policies and procedures shall comply with the requirements of this chapter.
321—25.21(231C) Cessation of program operation.
25.21(1) If a certified program ceases operation at any time prior to expiration of the program's certification, the program shall submit the certificate to DIA. The program shall provide, at least 90 days in advance of closure unless there is some type of emergency, written notification to DIA, the department, and the tenant advocate of the date the operation will cease.
25.21(2) If a certified program plans to cease operation at the time the program's certification expires, the program shall provide written notice of this fact to DIA, the department and the tenant advocate at least 90 days prior to expiration of the certification.
25.21(3) At the time a program decides to cease operation, the program shall submit a plan to DIA and make arrangements for the safe and orderly transfer of all tenants within the 90–day period specified by 25.21(2).
25.21(4) DIA or another appropriate agency shall conduct on–site monitoring during the 90–day period to ensure safety of tenants during the transfer process.
25.21(5) DIA may conduct an on–site visit to verify that the program has ceased operation in accordance with the notice provided by the program.
321—25.22(231C) Occupancy agreement.
25.22(1) Prior to the tenant's taking occupancy, the tenant or tenant's legal representative, if applicable, and the program shall enter into an occupancy agreement that clearly describes the rights and responsibilities of the tenant and of the program, and shall sign a managed risk policy disclosure statement.
25.22(2) The occupancy agreement shall be in 12–point type or larger, and be written in language using plain, commonly understood terms and, to the extent possible, be easy to understand by the tenant or the tenant's legal representative.

25.22(3) The written occupancy agreement shall include, but not be limited to, the following information in the body of the agreement or in the supporting documents and attachments:
a. A description of all fees, charges, and rates describing tenancy and basic services covered, and any additional and optional services and their related costs.
b. A statement regarding the impact of the fee structure on third–party payments, and whether third–party payments and resources are accepted by the assisted living program.
c. The procedure followed for nonpayment of fees.
d. Identification of the party responsible for payment of fees and identification of the tenant's representative, if any.
e. The term of the occupancy agreement.
f. A statement that the assisted living program shall notify the tenant or the tenant's representative, as applicable, in writing at least 30 days prior to any change being made in the occupancy agreement with the following exceptions:
(1) When the tenant's health status or behavior constitutes a substantial threat to the health or safety of the tenant, other tenants, or others, including when the tenant refuses to consent to relocation.
(2) When an emergency or a significant change in the tenant's condition results in the need for the provision of services that exceed the type or level of services included in the occupancy agreement and the necessary services cannot be safely provided by the assisted living program.
g. A statement that all tenant information shall be maintained in a confidential manner to the extent required under state and federal law.
h. Occupancy, involuntary transfer, and transfer criteria and procedures, which ensure a safe and orderly transfer. The internal appeals process provided relative to an involuntary transfer.
i. The program's policies and procedures for addressing grievances between the assisted living program and the tenants, including grievances relating to transfer and occupancy.
j. A statement of the prohibition against retaliation as prescribed in Iowa Code Supplement section 231C.13.
k. The emergency response policy.
l. The staffing policy which specifies if the staff is available 24 hours per day, if nurse delegation will be used, and how staffing will be adapted to meet changing tenant needs.
m. In dementia–specific assisted living programs, a description of the services and programming provided to meet the life skills and social activities of tenants.
n. The refund policy.
o. A statement regarding billing and payment procedures.
p. The telephone number for filing a complaint with DIA.
q. The telephone number for the office of the tenant advocate.
r. A copy of the program's statement on tenants' rights.
s. A statement that the tenant landlord law applies to assisted living programs.
25.22(4) A copy of the occupancy agreement shall be provided to the tenant or the tenant's legal representative, if any, and a copy shall be kept by the program.
25.22(5) The occupancy agreement shall be reviewed and updated as necessary to reflect the change in the services and financial arrangements.
25.22(6) A copy of the most current occupancy agreement form shall be made available to the general public upon request. The basic marketing material shall include a statement that a copy of the occupancy agreement is available to all persons upon request.
25.22(7) A tenant who is subject to an involuntary transfer shall have the right to an internal appeal of the transfer before the transfer occurs.
321—25.23(231C) Occupancy in and transfer from a program.

25.23(1) Evaluation prior to occupancy. A program shall evaluate each proposed tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy in order to determine the tenant's eligibility for the program, including whether services needed can be provided. The evaluation shall be conducted by a health care professional or a human service professional.
25.23(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy and as needed, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any modifications to needed services. The evaluation shall be conducted by a health care professional or a human service professional.
25.23(3) Criteria for exclusion of tenants. A program shall not knowingly admit or retain a tenant who:
a. Is bed–bound; or
b. Requires routine two–person assistance with standing, transfer or evacuation; or
c. Is dangerous to self or other tenants or staff, including but not limited to a tenant who:
(1) Despite intervention chronically wanders into danger, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression; or
(2) Displays behavior that places another tenant at risk; or
d. Is in an acute stage of alcoholism, drug addiction, or uncontrolled mental illness; or
e. Is under the age of 18; or
f. Requires more than part–time or intermittent health–related care; or
g. On a routine basis, has unmanageable incontinence.
25.23(4) Disclosure of additional occupancy and transfer criteria. A program may have additional occupancy or transfer criteria if disclosed in the written occupancy agreement prior to occupancy.
25.23(5) Assistance with transfer. A program shall provide assistance to a tenant and the tenant's legal representative, if applicable, to ensure a safe and orderly transfer when the tenant meets program transfer requirements.
25.23(6) Right to appeal involuntary transfer. Under the occupancy agreement and Iowa Code Supplement section 231C.6, each tenant shall have the right to an internal appeal of an involuntary transfer.
321—25.24(231C) Waiver of occupancy and retention criteria.
25.24(1) Upon receipt of a waiver petition submitted by a program, DIA may grant a waiver of the occupancy and retention criteria under 25.25(231C) for an individual tenant on a time–limited basis.
25.24(2) Waiver procedures. The following procedures shall be used to request and to receive approval of a waiver from the occupancy and retention criteria:
a. A program shall submit a request for a waiver from the occupancy and retention criteria for an individual tenant on a form and in a manner designated by DIA as soon as it becomes apparent that a tenant meets the criteria.
b. DIA shall respond in writing to a request within two working days of receipt of required documentation.
c. The program shall provide written notification to DIA within five working days of any changes in the condition of the tenant as described in the approved waiver request.
321—25.25(231C) Criteria for granting occupancy and retention waivers. DIA shall use the following criteria in granting a waiver:
1. It is the informed choice of the tenant or the tenant's legal representative, if applicable, to remain in the program; and

2. The program is able to obtain the staff necessary to meet the tenant's service needs in addition to the service needs of the other tenants; and
3. The waiver shall not jeopardize the health, safety, security or welfare of the tenant for whom the waiver is being requested, program staff, or other program tenants.

321—25.26(231C) Involuntary transfer.

25.26(1) Program initiation of transfer. If a program initiates the involuntary transfer of a tenant and the action is not a result of a monitoring evaluation or complaint investigation by DIA, and if the tenant or tenant's legal representative contests the transfer, the following procedure shall apply:

a. The program shall notify the tenant or tenant's legal representative, in accordance with the occupancy agreement, of the need to transfer, the reason for the transfer, and the contact information for the tenant advocate.

b. The program shall immediately provide to the tenant advocate, by certified mail, a copy of the notification to the tenant.

c. The tenant advocate shall offer the notified tenant or tenant's legal representative assistance with the program's internal appeal process. The tenant or tenant's legal representative is not required to accept the assistance of the tenant advocate.

d. If, following the internal appeal process, the program upholds the transfer decision, the tenant or tenant's legal representative may utilize other remedies authorized by law to contest the transfer.

25.26(2) Transfer pursuant to results of monitoring evaluation or complaint investigation by DIA. If one or more tenants are identified as meeting the occupancy and transfer criteria and need to be transferred as a result of a monitoring evaluation or complaint investigation conducted by DIA, the following procedures shall apply:

a. DIA shall notify the program, in writing, within 20 working days of the monitoring evaluation or complaint investigation, of the identification of any tenant(s) meeting occupancy and transfer criteria, as a part of the report of the findings.

b. The program, each tenant identified, the tenant's legal representative, if applicable, and other providers of services to the tenant shall be notified of their opportunity to provide specific input, written comment, information and documentation directly addressing any agreement or disagreement with the identification.

c. The program shall submit one response, including all inputs received, to DIA. The response shall identify the tenant and others submitting input, and also identify with particularity their agreement or disagreement. The program's response shall be submitted to DIA within 10 working days of the receipt of the report of the findings. Submission of a response does not eliminate the requirement under this chapter or 321—Chapter 26 to submit a plan of correction to address the regulatory insufficiency.

d. Within 10 working days of receipt of the program's response for each identified tenant, DIA shall consider the response and make a determination regarding continued inclusion of a tenant.

e. If DIA's determination is to amend the regulatory insufficiency based on the response, DIA shall modify the report of findings and send an amended report to the program.

f. If the determination is to uphold the regulatory insufficiency, DIA shall review the plan of correction in accordance with this chapter and 321—Chapter 26. DIA shall notify the program of the opportunity for the program or the tenant or the tenant's legal representative, as applicable, to appeal the report findings as they relate to the occupancy and transfer decision. In addition, DIA shall provide to the tenant or the tenant's legal representative the contact information for the tenant advocate. A copy of the final report shall also be sent to the tenant advocate.

g. For each tenant identified in the final report, if the program is in agreement with the report and the tenant or the tenant's legal representative, if applicable, disagrees with the report, the tenant or the tenant's legal representative, if applicable, may appeal the decision to DIA in accordance with 321—subrule 26.3(2).
h. For each tenant identified in the final report, if the tenant or the tenant's legal representative, if applicable, and the program disagree with the report, both parties may appeal the decision to DIA in accordance with 321—subrule 26.3(2).
i. The tenant advocate shall offer the notified tenant or tenant's legal representative, if applicable, assistance with the appeal process. The tenant or the tenant's legal representative, if applicable, is not obligated to use the services of the tenant advocate.
j. Any appeal filed under 321—subrule 26.3(2) shall stay any enforcement action regarding the regulatory insufficiency related to the occupancy and transfer decision and shall be heard within 30 days of receipt of the appeal.
k. Actions regarding any regulatory insufficiency, other than the occupancy and transfer decision, shall follow procedures as provided in Iowa Code Supplement chapter 231C, this chapter and 321—Chapter 26.
l. An appeal under 321—subrule 26.3(2) shall automatically extend the expiration date of the program's certification until such time as the administrative case is resolved.
m. In lieu of or in addition to the provisions of this subrule, the program may request a waiver from DIA within 10 working days of the receipt of the report to allow a tenant to remain in the program. DIA may grant a waiver for a period not to exceed 90 calendar days.

321—25.27(231C) Tenant documents.

25.27(1) A file for each tenant shall be maintained at the program and shall contain:
a. An occupancy record including the tenant's name, birth date, and home address; identification numbers; date of occupancy; name, address and telephone number of health professional(s); diagnosis; and names, addresses and telephone numbers of family members, friends or other designated people to contact in the event of illness or an emergency;
b. Application forms;
c. Initial evaluation and updates;
d. Nutritional assessment as necessary;
e. Initial individual service plan and updates;
f. Signed authorizations for permission to release medical information, photos, or other media information as necessary;
g. Signed authorization for the tenant to receive emergency medical care if necessary;
h. When appropriate, medical information sheet, documentation of health professionals' order, treatment, therapy, medication and service notes;
i. Advance health care directives as applicable;
j. A complete copy of the tenant's occupancy agreement including any updates;
k. Written acknowledgement that the tenant or the tenant's legal representative, if applicable, has been fully informed of the tenant's rights;
l. A copy of guardianship, power of attorney, or conservatorship or other documentation of a legal representative as necessary.

25.27(2) The program records relating to a tenant shall be retained for a minimum of three years after the transfer or death of the tenant before the records are destroyed.

25.27(3) All records shall be protected from loss, damage and unauthorized use.

321—25.28(231C) Service plan.

25.28(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with 25.23(1) and 25.23(2), and shall be designed to meet the specific service needs of the individual tenant.
25.28(2) Prior to the tenant's signing the occupancy agreement and taking occupancy, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. The service plan shall subsequently be updated at least annually and whenever changes are needed.
25.28(3) When a tenant needs personal care or health–related care, the service plan shall be updated within 30 days of occupancy and as needed, but not less than annually, by a multidisciplinary team that consists of no fewer than three individuals, including a health care professional and other staff appropriate to meet the needs of the tenant, in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative.
25.28(4) The service plan shall be individualized and shall indicate, at a minimum:
a. The tenant's identified needs and the tenant's requests for assistance and expected outcomes;
b. Any services and care to be provided pursuant to the occupancy agreement with the tenant;
c. The service provider(s) if other than the program; and
d. For tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests.
321—25.29(231C) Medications.
25.29(1) Each program shall follow a written medication policy that includes the following:
a. Tenants shall self–administer medications unless:
(1) The prescription states that the tenant is not to self–administer the medication; or
(2) The tenant or the tenant's legal representative delegates administration of the medication to the program in the occupancy agreement or signed service plan. The program shall not prohibit a tenant from self–administering medications.
b. Tenants shall keep their own medications in their possession unless:
(1) The prescription states that the medication is to be stored by the program; or
(2) The tenant or the tenant's legal representative, if applicable, delegates partial or complete control of medications to the program in the occupancy agreement or signed service plan.
c. The program shall list in the tenant's record any medications to be stored or administered by the program.
d. When partial or complete control of medication is delegated to the program by the tenant, appropriate staff may transfer medications from the original prescription containers into medication reminder boxes or medication cups in the tenant's presence.
25.29(2) When medications are administered or stored by the program, the following requirements shall apply:
a. The administration of medications shall be provided by an Iowa–licensed registered nurse or advanced registered nurse practitioner registered in Iowa or the authorized agent in accordance with 655—subrule 6.2(5) and 655—subrule 6.3(1) and Iowa Code chapter 155A.
b. The program shall document any medication the program has agreed to administer or store.
c. Medication shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications.
d. The medications shall be labeled and maintained in compliance with label instructions and state and federal laws.
e. No person other than the dispensing pharmacist shall alter a prescription label.

f. Each tenant's medication shall be stored in its originally received container.
g. When partial or complete control of medication is delegated to the program by the tenant, appropriate staff may transfer medications from the original prescription containers into medication reminder boxes or medication cups in the tenant's presence.
h. Each program shall follow written policies and procedures for narcotic medications in accordance with Iowa Code chapter 155A.

321—25.30(231C) Nurse review. A program that administers prescription medications or provides health care professional–directed or health–related care shall provide for a registered nurse to:

25.30(1) Monitor, at least every 90 days, or after a change in condition, each tenant receiving program–administered prescription medications for adverse reactions to program–administered medications and make appropriate interventions or referral, and ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders; and

25.30(2) Ensure that health care professionals' orders for tenants receiving health care professional–directed care from the program are current; and

25.30(3) Assess and document the health status of each tenant, make recommendations and referrals as appropriate, and monitor progress on previous recommendations at least every 90 days or if there are changes in health status; and

25.30(4) Provide the program with written documentation of the activities, as set forth in 25.30(1) through 25.30(3), showing the time, date and signature.

321—25.31(231C) Nursing assistant work credit.

25.31(1) A person certified as a nursing assistant who is supervised by a licensed nurse may submit information to DIA to obtain credit toward maintaining certification for working in a program.

25.31(2) A program shall complete and submit to DIA an Iowa Nurse Aide Registry Application for each nursing assistant working in the program. A licensed nurse working in the program shall supervise the nursing assistant. The application may be obtained by telephone at (515)281–4077 or via the health facilities division Web site at http://www.dia–hfd. state.ia.us/nurseaides/ under the "Resource" tab.

25.31(3) A program shall complete and submit to DIA an Iowa Nurse Aide Registry Quarterly Employment Report whenever a change in employment for a certified nursing assistant occurs. The report may be obtained by telephone at (515)281–4077 or via the health facilities division Web siteat http://www.dia–hfd.state.ia.us/nurseaides/ under the "Resource" tab.

321—25.32(231C) Food service.

25.32(1) The program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangement for the availability of meals.

25.32(2) Meals and snacks provided by the program but not prepared on site shall be obtained from or provided by an entity that meets the standards of state and local health laws and ordinances concerning the preparation and serving of food.

25.32(3) Menus shall be planned to provide the following percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program:
a. A minimum of 33 1/3 percent if the program provides one meal per day;
b. A minimum of 66 2/3 percent if the program provides two meals per day; and
c. One hundred percent if the program provides three meals per day.

25.32(4) Therapeutic diets are not required but may be provided by a program. If therapeutic diets are provided, they shall be prescribed by a physician, physican assistant, or advanced registered nurse practitioner. A current copy of the Iowa Simplified Diet Manual published by Iowa State Press shall be available and used in the planning and serving of therapeutic diets. A licensed dietitian shall be responsible for writing and approving the therapeutic menu and for reviewing procedures for preparation and service of food for therapeutic diets.
25.32(5) Personnel who are employed by or contracting with the program and who are responsible for preparing or serving food, or both preparing and serving food, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in–service training on food protection. At a minimum, one person directly responsible for food preparation shall have successfully completed a state–approved food protection program.
25.32(6) Programs engaged in the preparation and serving of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and serving of food, including the requirements imposed under Iowa Code chapter 137F.
321—25.33(231C) Staffing.
25.33(1) Sufficient trained staff shall be available at all times to fully meet tenants' identified needs.
25.33(2) A dementia–specific assisted living program shall have one or more staff persons who monitor tenants as indicated in each tenant's service plan. The staff shall be awake and on duty 24 hours a day in the proximate area, and check on tenants as indicated in the tenants' service plans.
25.33(3) Each tenant shall have access to a 24–hour personal emergency response system that automatically identifies the tenant in distress and can be activated with one touch.
25.33(4) A program serving one or more tenants with cognitive disorder or dementia shall follow a system, a program or written staff procedures in lieu of a personal emergency response system that address how the program will respond to the emergency needs of the tenant(s).
25.33(5) The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population.
25.33(6) Any nursing services shall be available in accordance with Iowa Code chapter 152 and 655—Chapter 6.
25.33(7) The program shall have training and staffing plans on file, and shall maintain documentation of training received by program personnel.
25.33(8) All personnel of a program shall be able to implement the program's accident, fire safety and emergency procedures.
321—25.34(231C) Dementia–specific education for program personnel.
25.34(1) All personnel employed by or contracting with a dementia–specific program shall receive a minimum of six hours of dementia–specific education and training prior to or within 90 days of employment or the beginning date of the contract.
25.34(2) The dementia–specific education or training shall include, at a minimum, the following:
a. An explanation of Alzheimer's disease and related disorders;
b. The program's specialized dementia care philosophy and program;
c. Skills for communicating with persons with dementia;
d. Skills for communicating with family and friends of persons with dementia;
e. An explanation of family issues such as role reversal, grief and loss, guilt, relinquishing the care–giving role, and family dynamics;
f. The importance of planned and spontaneous activities;
g. Skills in providing assistance with instrumental activities of daily living;

h. The importance of the service plan and social history information;
i. Skills in working with challenging tenants;
j. Techniques for simplifying, cueing, and redirecting; and
k. Staff support and stress reduction.

25.34(3) All personnel employed by or contracting with a dementia–specific program shall receive a minimum of two hours of dementia–specific continuing education annually. Direct–contact personnel shall receive a minimum of six hours of dementia–specific continuing education annually.

25.34(4) An employee who provides documentation of completion of a dementia–specific education or training program within the past 12 months shall be exempt from the education and training requirement of subrule 25.34(1).

321—25.35(231C) Another business or activity in an assisted living program.

25.35(1) A business or activity serving persons other than tenants of a program is allowed in a designated part of the physical structure in which the program is provided, if the other business or activity meets the requirements of applicable state and federal codes, administrative rules, and federal regulations.

25.35(2) A business or activity conducted in the designated part of the physical structure in which the program is provided shall not interfere with the use of the program by tenants, interfere with services provided to tenants, or be disturbing to tenants.

25.35(3) A business or activity conducted in the designated part of the physical structure in which the program is provided shall not reduce space, services or staff available to tenants or necessary to meet the needs of the tenants.

321—25.36(231C) Managed risk statement. The program shall have a managed risk statement which includes the tenant's or, if applicable, the legal representative's signed acknowledgment of the shared responsibility for identifying and meeting the needs of the tenant and the process for managing risk and upholding tenant autonomy when tenant decision making may result in poor outcomes for the tenant or others.

321—25.37(231C) Life safety—emergency policies and procedures and structural safety requirements.

25.37(1) The program shall follow written emergency policies and procedures, which include the following elements:
a. Emergency plan (identify where located for easy reference);
b. Fire safety procedures;
c. Other general or personal emergency procedures;
d. Provisions for amending or revising the emergency plan;
e. Provisions for periodic training of all employees;
f. Procedures for fire drills;
g. Regulations about smoking;
h. Monitoring and testing of smoke–control systems;
i. Evacuation of tenants; and
j. Procedures for reporting and documentation.

25.37(2) A program serving persons with cognitive impairment or dementia, whether in a general or dementia–specific setting, shall have:
a. An operating alarm system connected to each exit door; and
b. Written procedures regarding appropriate staff response if a tenant with cognitive impairment or dementia is missing.

25.37(3) The program's structure and procedures and the facility in which a program is located shall meet the requirements adopted for assisted living facilities in administrative rules

promulgated by the state fire marshal. Approval of the state fire marshal indicating that the facility is in compliance with these requirements is necessary for certification of a program.
25.37(4) The program shall have the means to control the maximum temperature of water at sources accessible by a tenant to prevent scalding, and shall do so for tenants with cognitive impairment or dementia or at a tenant's request.
321—25.38(231C) Transportation. When transportation services are provided directly or under contract with the program:
1. The vehicle shall be accessible and appropriate to the tenants using it, with consideration for any physical disabilities and impairments.
2. Every tenant who is being transported shall have a seat in the vehicle, except those tenants who remain in their wheelchairs.
3. Wheelchairs shall be secured when the vehicle is in motion.
4. Vehicles shall have adequate seat belts and securing devices for ambulatory and wheelchair–bound passengers.
5. During loading and unloading of a tenant, the driver shall be in the proximate area of the tenants in a vehicle.
6. The driver shall have a valid and appropriate Iowa driver's license or commercial driver's license as required by law for the vehicle being utilized for transport. The driver shall meet any state or federal requirements for licensure or certification for the vehicle operated.
7. Each vehicle shall have a first–aid kit, fire extinguisher, safety triangles and a device for two–way communication.
321—25.39(231C) Activities.
25.39(1) The program shall provide appropriate programming for each tenant. Programming shall reflect individual differences in age, health status, sensory deficits, lifestyle, ethnic and cultural beliefs, religious beliefs, values, experiences, needs, interests, abilities and skills by providing opportunities for a variety of types and levels of involvement.
25.39(2) Activities shall be planned to support the tenant's service plan and shall be consistent with the program statement and occupancy policies.
25.39(3) A written schedule of activities shall be developed at least monthly and made available to tenants and their legal representatives.
25.39(4) Tenants shall be given the opportunity to choose their levels of participation in all activities offered in the program.
321—25.40(231C) Structural requirements.
25.40(1) General requirements.
a. The structure of the program shall be designed and operated to meet the needs of the tenants.
b. The buildings and grounds shall be well–maintained, clean, safe and sanitary.
c. Programs shall have private dwelling units with a single–action lockable entrance door.
d. A program serving persons with cognitive impairment or dementia, whether in a general or dementia–specific setting, shall have the means to disable or remove the lock on an entrance door, and shall do so if the presence of the lock presents a danger to the health and safety of the tenant.
e. The structure in which a program is housed shall be built at a minimum of Type V (111) construction as given in Section 22.3.1.3.3 and Sections 6.2.1A to 6.2.2 of NFPA 101, Life Safety Code, 1994 edition, published by the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02169–7471, or as required in administrative rules promulgated by the state fire marshal.
f. Programs may have individual cooking facilities within the private dwelling units. Any program serving persons with cognitive impairment or dementia, whether in a general or

dementia–specific setting, shall have the means to disable or easily remove appliances, and shall do so if the presence of cooking appliances presents a danger to the health and safety of the tenant or others.

25.40(2) Programs certified prior to July 4, 2001. Facilities for programs certified prior to July 4, 2001, shall meet the following requirements:

a. Each dwelling unit shall have at least one room that shall have not less than 120 square feet of floor area. Other habitable rooms shall have an area of not less than 70 square feet.

b. Each dwelling unit shall have not less than 190 square feet of floor area, excluding bathrooms.

c. A dwelling unit used for double occupancy shall have not less than 290 square feet of floor area, excluding bathrooms.

d. The program shall have a minimum common area of 15 square feet per tenant.

25.40(3) New construction built on or after July 4, 2001. Programs operated in new construction built on or after July 4, 2001, shall meet the following requirements:

a. Each dwelling unit shall have at least one room that shall have not less than 120 square feet of floor area. Other habitable rooms shall have an area of not less than 70 square feet.

b. Each dwelling unit used for single occupancy shall have a total square footage of not less than 240 square feet of floor area, excluding bathrooms and door swing.

c. A dwelling unit used for double occupancy shall have a total square footage of not less than 340 square feet of floor area, excluding bathrooms and door swing.

d. Each dwelling unit shall contain a bathroom, including but not limited to a toilet, sink and bathing facilities. A program serving persons with cognitive impairment or dementia, whether in a general or dementia–specific setting, shall have the means to disable or remove the sink or bathing facility water control, and shall do so if the presence of the water control presents a danger to the health and safety of the tenant.

e. The program shall have a minimum of 25 square feet of common space per tenant.

25.40(4) Structure being converted to or rehabilitated for use for a program on or after July 4, 2001. A program operating in a structure that was converted or rehabilitated for use for a program on or after July 4, 2001, shall meet the following requirements:

a. Each dwelling unit shall have at least one room that has not less than 120 square feet of floor area. Other habitable rooms shall have an area of not less than 70 square feet.

b. Each dwelling unit used for single occupancy shall have a total square footage of not less than 190 square feet of floor area, excluding bathrooms and door swing.

c. A dwelling unit used for double occupancy shall have a total square footage of not less than 290 square feet of floor area, excluding bathrooms and door swing.

d. The program shall have a minimum common area of 15 square feet per tenant dedicated for use by the program tenants.

e. Each dwelling unit shall have a bathroom, including but not limited to a toilet, sink and bathing facilities.

f. Each sleeping room shall have a minimum of 5.7 square feet of operable window. Waiver of this requirement may be granted by the state fire marshal or designee.

321—25.41(231C) Dwelling units in dementia–specific programs. Dementia–specific programs are exempt from subrules 25.40(2) to 25.40(4) as follows:

25.41(1) For a program built in a family or neighborhood design:

a. Each dwelling unit used for single occupancy shall have total square footage of not less than 150 square feet of floor area, excluding a bathroom;

b. Each dwelling unit used for double occupancy shall have total square footage of not less than 250 square feet of floor area, excluding a bathroom; and

c. The common areas shall be increased by the equivalent of the waived square footage.

25.41(2) Self–closing doors are not required for individual dwelling units or bathrooms.
25.41(3) Dementia–specific programs may choose not to provide bathing facilities in the living units.
321—25.42(231C) Landlord and tenant Act. Iowa Code chapter 562A, the uniform residential landlord and tenant Act, shall apply to programs under this chapter.
321—25.43(231C) Interpretive guidelines. The department shall develop interpretive guidelines as situations arise requiring them.
These rules are intended to implement Iowa Code Supplement chapter 231C.

Assisted Living Philosophy

Question	Pre-test answer	Post-test answer
1. The concept of balancing choice with risk in assisted living is referred to as:	a. Risks vs. benefits b. Managed risk c. Calculated risks d. Risky business	a. Risks vs. benefits b. Managed risk c. Calculated risks d. Risky business
2. Assisted living is basically the same across the U.S.A.	True False	True False
3. Iowa assisted living law allows tenants to age in place.	True False	True False
4. Iowa's assisted living philosophy of care centers around these principles:	a. Service delivery, payment systems, and customer satisfaction b. Dignity, autonomy and independence c. Admission, occupancy, and discharge d. Love, laughter, and friendship	a. Service delivery, payment systems, and customer satisfaction b. Dignity, autonomy and independence c. Admission, occupancy, and discharge d. Love, laughter, and friendship
5. What agency is responsible for surveying assisted living programs?	a. Dept. of Elder Affairs b. Dept. of Inspections & Appeals c. Dept. of Public Safety d. Dept. of Public Health	a. Dept. of Elder Affairs b. Dept. of Inspections & Appeals c. Dept. of Public Safety d. Dept. of Public Health
6. The day-to-day guidelines for operating an assisted living program are contained in:	a. Assisted living rules b. Assisted living law c. Assisted living guidebook d. None of the above	a. Assisted living rules b. Assisted living law c. Assisted living guidebook d. None of the above
7. Which of the following disqualifies an individual from living in an Iowa assisted living program (circle all that apply):	a. Chronic diabetes b. Wheelchair-bound c. Routine two-person transfer d. Dangerous to self or others	a. Chronic diabetes b. Wheelchair-bound c. Routine two-person transfer d. Dangerous to self or others
8. Most assisted living programs use the following method to deliver and bill for services:	a. Ala carte billing b. All-inclusive pricing c. Service levels d. Home health model	a. Ala carte billing b. All-inclusive pricing c. Service levels d. Home health model
9. Assisted living programs that are built specifically to serve low- to moderate-income seniors are referred to as:	a. Low-income housing b. Affordable assisted living c. Public housing d. Senior projects	a. Low-income housing b. Affordable assisted living c. Public housing d. Senior projects
10. The following concepts need to be included in an environment that preserves dignity and promotes autonomy & independence (circle all that apply):	a. Value, individuality, and privacy b. Direction, delegation & discussion c. Spiritual well-being d. Functional competence	a. Value, individuality, and privacy b. Direction, delegation & discussion c. Spiritual well-being d. Functional competence
TOTAL CORRECT		

Answer key for test

1. b.
2. False
3. False
4. b.
5. b.
6. a.
7. c. & d.
8. c.
9. b.
10. a., c., d.