481—58.4(135C) GENERAL REQUIREMENTS.

58.4(1) The license shall be displayed in a conspicuous place in the facility which is viewed by the public. (III)
58.4(2) The license shall be valid only in the possession of the licensee to whom it is issued.
58.4(3) The posted license shall accurately reflect the current status of the nursing facility. (III)
58.4(4) Licenses expire one year after the date of issuance or as indicated on the license.
58.4(5) No nursing facility shall be licensed for more beds than have been approved by the health facilities construction review committee.
58.4(6) Each citation or a copy of each citation issued by the department for a class I or class II violation shall be prominently posted by the facility in plain view of the residents, visitors, and persons inquiring about placement in the facility. The citation or copy of the citation shall remain posted until the violation is corrected to the satisfaction of the department. (III)

481—58.5(135C) NOTIFICATIONS REQUIRED BY THE DEPARTMENT.

The department shall be notified:
58.5(1) Within 48 hours, by letter, of any reduction or loss of nursing or dietary staff lasting more than seven days which places the staffing ratio below that required for licensing. No additional residents shall be admitted until the minimum staffing requirements are achieved; (III)
58.5(2) Of any proposed change in the nursing facility’s functional operation or addition or deletion of required services; (III)
58.5(3) Thirty days before addition, alteration, or new construction is begun in the nursing facility or on the premises; (III)
58.5(4) Thirty days in advance of closure of the nursing facility; (III)
58.5(5) Within two weeks of any change in administrator; (III)
58.5(6) When any change in the category of license is sought; (III)
58.5(7) Prior to the purchase, transfer, assignment, or lease of a nursing facility, the licensee shall:
   a. Inform the department of the pending sale, transfer, assignment, or lease of the facility; (III)
   b. Inform the department of the name and address of the prospective purchaser, transferee, assignee, or lessee at least 30 days before the sale, transfer, assignment, or lease is completed; (III)
   c. Submit a written authorization to the department permitting the department to release all information of whatever kind from the department’s files concerning the licensee’s nursing facility to the named prospective purchaser, transferee, assignee, or lessee. (III)
58.5(8) Pursuant to the authorization submitted to the department by the licensee prior to the purchase, transfer, assignment, or lease of a nursing facility, the department shall upon request send or give copies of all recent licensure surveys and of any other pertinent information relating to the facility’s licensure status to the prospective purchaser,
transferee, assignee, or lessee; costs for such copies shall be paid by the prospective purchaser.

481—58.7(135C) LICENSES FOR DISTINCT PARTS.

58.7(1) Separate licenses may be issued for distinct parts of a health care facility which are clearly identifiable, containing contiguous rooms in a separate wing or building or on a separate floor of the facility and which provide care and services of separate categories. 58.7(2) The following requirements shall be met for a separate licensing of a distinct part: a. The distinct part shall serve only residents who require the category of care and services immediately available to them within that part; (III) b. The distinct part shall meet all the standards, rules, and regulations pertaining to the category for which a license is being sought; c. A distinct part must be operationally and financially feasible; d. A separate staff with qualifications appropriate to the care and services being rendered must be regularly assigned and working in the distinct part under responsible management; (III) e. Separately licensed distinct parts may have certain services such as management, building maintenance, laundry, and dietary in common with each other.

481—58.8(135C) ADMINISTRATOR.

58.8 (1) Each nursing facility shall have one person in charge, duly licensed as a nursing home administrator or acting in a provisional capacity. (III) 58.8(2) A licensed administrator may act as an administrator for not more than two nursing facilities. a. The distance between the two facilities shall be no greater than 50 miles. (II) b. The administrator shall spend the equivalent of three full eight-hour days per week in each facility. (II) c. The administrator may be responsible for no more than 150 beds in total if the administrator is an administrator of more than one facility. (II) 58.8 (3) The licensee may be the licensed nursing home administrator providing the licensee meets the requirements as set forth in these regulations and devotes the required time to administrative duties. Residency in the facility does not in itself meet the requirement. (III) 58.8 (4) A provisional administrator may be appointed on a temporary basis by the nursing facility licensee to assume the administrative duties when the facility, through no fault of its own, has lost its administrator and has been unable to replace the administrator provided that no facility licensed under Iowa Code chapter 135C shall be permitted to have a provisional administrator for more than 6 months in any 12-month period and further provided that: a. The department has been notified prior to the date of the administrator’s appointment; (III) b. The board of examiners for nursing home administrators has approved the administrator’s appointment and has confirmed such appointment in writing to the department. (III) 58.8 (5) In the absence of the administrator, a responsible person shall be designated in writing to the department to be in charge of the facility. (III) The person designated shall:
a. Be knowledgeable of the operation of the facility; (III)
b. Have access to records concerned with the operation of the facility; (III)
c. Be capable of carrying out administrative duties and of assuming administrative responsibilities; (III)
d. Be at least 18 years of age; (III)
e. Be empowered to act on behalf of the licensee during the administrator’s absence concerning the health, safety, and welfare of the residents; (III)
f. Have had training to carry out assignments and take care of emergencies and sudden illness of residents. (III)

58.8 (6) A licensed administrator in charge of two facilities shall employ an individual designated as a full-time assistant administrator for each facility. (III)
58.8 (7) An administrator of only one facility shall be considered as a full-time employee. Full-time employment is defined as 40 hours per week. (III)

481—58.9 (135C) ADMINISTRATION.
58.9 (1) The licensee shall:
a. Assume the responsibility for the overall operation of the nursing facility; (III)
b. Be responsible for compliance with all applicable laws and with the rules of the department; (III)
c. Establish written policies, which shall be available for review, for the operation of the nursing facility. (III)

58.9 (2) The administrator shall:
a. Be responsible for the selection and direction of competent personnel to provide services for the resident care program; (III)
b. Be responsible for the arrangement for all department heads to annually attend a minimum of ten contact hours of educational programs to increase skills and knowledge needed for the position; (III)
c. Be responsible for a monthly in-service educational program for all employees and to maintain records of programs and participants; (III)
d. Make available the nursing facility payroll records for departmental review as needed; (III)
e. Be required to maintain a staffing pattern of all departments. These records must be maintained for six months and are to be made available for departmental review. (III)

481—58.10 (135C) GENERAL POLICIES.
58.10 (1) There shall be written personnel policies in facilities of more than 15 beds to include hours of work, and attendance at educational programs. (III)
58.10 (2) There shall be a written job description developed for each category of worker. The job description shall include title of job, job summary, qualifications (formal education and experience), skills needed, physical requirements, and responsibilities. (III)
58.10 (3) There shall be written personnel policies for each facility.
58.10 (6) There shall be written policies for emergency medical care for employees and residents in case of sudden illness or accident which includes the individual to be contacted in case of emergency.
58.11(1) GENERAL QUALIFICATIONS.

...i. Those persons employed as nurse’s aides, orderlies, or attendants in a nursing facility who have not completed the state-approved 75-hour nurse’s aide program shall be required to participate in a structured on-the-job training program of 20 hours’ duration to be conducted prior to any resident contact, except that contact required by the training program. This educational program shall be in addition to facility orientation. Each individual shall demonstrate competencies covered by the curriculum. This shall be observed and documented by an R.N. and maintained in the personnel file. No aide shall work independently until this is accomplished, nor shall the aide’s hours count toward meeting the minimum hours of nursing care required by the department. The curriculum shall be approved by the department. An aide who has completed the state-approved 75-hour course may model skills to be learned. Further, such personnel shall be enrolled in a state-approved 75-hour nurse’s aide program to be completed no later than six months from the date of employment. If the state-approved 75-hour program has been completed prior to employment, the on-the-job training program requirement is waived. The 20-hour course is in addition to the 75-hour course and is not a substitute in whole or in part. The 75-hour program, approved by the department, may be provided by the facility or academic institution. Newly hired aides who have completed the state-approved 75-hour course shall demonstrate competencies taught in the 20-hour course upon hire. This shall be observed and documented by an R.N. and maintained in the personnel file. All personnel administering medications must have completed the state-approved training program in medication administration. (II)

...k. Nurse aides, orderlies or attendants in a nursing facility who have received training other than the Iowa state-approved program, must pass a challenge examination approved by the department of inspections and appeals. Evidence of prior formal training in a nursing aide, orderly, attendant, or other comparable program must be presented to the facility or institution conducting the challenge examination before the examination is given. The approved facility or institution, following department of inspections and appeals guidelines, shall make the determination of who is qualified to take the examination. Documentation of the challenge examinations administered shall be maintained.

58.15(2) Resident clinical record. There shall be a separate clinical record for each resident admitted to a nursing facility with all entries current, dated, and signed. (III) The resident clinical record shall include:

a. Admission record; (III)
b. Admission diagnosis; (III)
c. Physical examination: The record of the admission physical examination and medical history shall portray the current medical status of the resident and shall include the resident’s name, sex, age, medical history, tuberculosis status, physical examination, diagnosis, statement of chief complaints, estimation of restoration potential and results of any diagnostic procedures. The report of the physical examination shall be signed by the physician. (III)
d. Physician’s certification that the resident requires no greater degree of nursing care than the facility is licensed to provide; (III)
58.15(3) Resident personal record. Personal records may be kept as a separate file by the facility.

a. Personal records may include factual information regarding personal statistics, family and responsible relative resources, financial status, and other confidential information.

b. Personal records shall be accessible to professional staff involved in planning for services to meet the needs of the resident. (III)
c. When the resident’s records are closed, the information shall become a part of the final record.
(III)
d. Personal records shall include a duplicate copy of the contract(s). (III)

58.15(5) Retention of records.
a. Records shall be retained in the facility for five years following termination of services.
(III)
b. Records shall be retained within the facility upon change of ownership. (III)
c. Rescinded, effective 7/14/82.
d. When the facility ceases to operate, the resident’s record shall be released to the facility to which the resident is transferred. If no transfer occurs, the record shall be released to the individual’s physician. (III)

58.15(6) Reports to the department. The licensee shall furnish statistical information concerning the operation of the facility to the department on request. (III)

58.15(7) Personnel record.
a. An employment record shall be kept for each employee, consisting of the following information: name and address of employee, social security number of employee, date of birth of employee, date of employment, experience and education, references, position in the home, criminal history and dependent adult abuse background checks, and date and reason for discharge or resignation.
(III)
b. The personnel records shall be made available for review upon request by the department. (III)

481—58.20(135C) DUTIES OF HEALTH SERVICE SUPERVISOR.

Every nursing facility shall have a health service supervisor who shall:
...58.20(7) Plan and conduct nursing staff orientation and in-service programs and provide for training of nurse’s aides; (III)

481—58.22(135C) REHABILITATIVE SERVICES.

...c. The licensed physical therapist shall:
...(4) Present programs in the facility’s in-service education programs. (III)

481—58.23(135C) DENTAL, DIAGNOSTIC, AND OTHER SERVICES.

58.23(1) Dental services.
...f. Dentists shall be asked to participate in the in-service program of the facility. (III)

58.23(2) Diagnostic services.
a. The nursing facility shall make provisions for promptly securing required clinical laboratory, X-ray, and other diagnostic services. (III)
b. All diagnostic services shall be provided only on the written, signed order of a physician. (III)
c. Agreements shall be made with the local hospital laboratory or independent laboratory to perform specific diagnostic tests when they are required. (III)
d. Transportation arrangements for residents shall be made, when necessary, to and from the source of service. (III)
e. Copies of all diagnostic reports shall be requested by the facility and included in the resident’s clinical record. (III)
f. The physician ordering the specific diagnostic service shall be promptly notified of the results. (III)
g. Simple tests such as customarily done by nursing personnel for diabetic residents may be performed in the facility. (III)

58.23(3) Other services.
a. The nursing facility shall assist residents to obtain such supportive services as requested by the physician. (III)
b. Transportation arrangements shall be made when necessary. (III)
c. Services could include the need for prosthetic devices, glasses, hearing aids, and other necessary items. (III)

481—58.24 (135C) DIETARY.
...58.24(2) Dietary staffing.
...b. The supervisor shall have overall supervisory responsibility for dietetic services and shall be employed for a sufficient number of hours to complete management responsibilities that include:
...(4) Participating in selection, orientation, and in-service training of dietary personnel; (II, III)
...f. Consultants’ visits shall be scheduled to be of sufficient duration and at a time convenient to:
...(6) Present planned in-service training and staff development for food service employees and others. Documentation of consultation shall be available for review in the facility by the department.
...58.24(9) Paid nutritional assistants. a. Training program requirements.
(1) A state-approved training program for paid nutritional assistants must include, at a minimum, eight hours of training in the following areas:
...5. Safety and emergency procedures, including the Heimlich maneuver.

481—58.26 (135C) RESIDENT ACTIVITIES PROGRAM.
...58.26(2) Coordination of activities program.
...d. The activity coordinator shall attend workshops or educational programs which relate to activity programming. These shall total a minimum of ten contact hours per year. These programs shall be approved by the department. (III)
58.26(3) Duties of activity coordinator. The activity coordinator shall:
...e. Participate in the in-service training program in the facility. This shall include attending as well as presenting sessions. (III)

481—58.28(135C) SAFETY.
58.28(1) Fire safety.
a. All nursing facilities shall meet the fire safety rules and regulations as promulgated by the state fire marshal. (I, II)
58.28(2) Safety duties of administrator. The administrator shall have a written emergency plan to be followed in the event of fire, tornado, explosion, or other emergency. (III)
a. The plan shall be posted. (III)
b. In-service shall be provided to ensure that all employees are knowledgeable of the emergency plan. (III)

481—58.29(135C) Resident care.
...8.29(6) Electric heating pads, blankets, or sheets shall be used only on the written order of a physician, when allowed by the Life Safety Code or applicable state or local fire regulations. (II, III)

481—58.35(135C) Buildings, furnishings, and equipment.
...58.35(5) Heating... Portable units or space heaters are prohibited from being used in the facility except in an emergency. (III)

481—58.39 (135C) Residents’ rights in general.
...58.39(2) Policies and procedures shall address the admission and retention of persons with histories of dangerous or disturbing behavior...policies and procedures shall provide for:
...c. Ongoing and documented staff training on individualized health care planning for persons with mental illness

481—58.43(135C) Resident abuse prohibited.
...58.43(7) Each facility shall implement written policies and procedures governing the use of restraints which clearly delineate at least the following:
...l. Methods of restraint shall permit rapid removal of the resident in the event of fire or other emergency. (I, II)
m. The facility shall provide orientation and ongoing education programs in the proper use of restraints.

481—58.53(135C) County care facilities. In addition to Chapter 58 licensing rules, county care facilities licensed as nursing facilities must also comply with department of human services rules, 441—Chapter 37. Violation of any standard established by the department of human services is a Class II violation pursuant to 481—56.2(135C).

481—58.54 (73GA,CH 1016) SPECIAL UNIT OR FACILITY DEDICATED TO THE CARE OF PERSONS WITH CHRONIC CONFUSION OR A DEMENTING ILLNESS (CCDI UNIT OR FACILITY).

58.54(1) A nursing facility which chooses to care for residents in a distinct part shall obtain a license for a CCDI unit or facility. In the case of a distinct part, this license will be in addition to its ICF license. The license shall state the number of beds in the unit or facility. (III)
a. Application for this category of care shall be submitted on a form provided by the department.
(III)
b. Plans to modify the physical environment shall be submitted to the department. The plans shall be reviewed based on the requirements of 481—Chapter 61. (III)
58.54(2) A statement of philosophy shall be developed for each unit or facility which states the
beliefs upon which decisions will be made regarding the CCDI unit or facility. Objectives shall be developed for each CCDI unit or facility as a whole. The objectives shall be stated in terms of expected results. (II, III)

58.54(3) A résumé of the program of care shall be submitted to the department for approval at least 60 days before a separate CCDI unit or facility is opened. A new résumé of the program of care shall be submitted when services are substantially changed. (II, III)
The résumé of the program of care shall:

a. Describe the population to be served; (II, III)
b. State philosophy and objectives; (II, III)
c. List admission and discharge criteria; (II, III)
d. Include a copy of the floor plan; (II, III)
e. List the titles of policies and procedures developed for the unit or facility; (II, III)
f. Propose a staffing pattern; (II, III)
g. Set out a plan for specialized staff training; (II, III)
h. State visitor, volunteer, and safety policies; (II, III)
i. Describe programs for activities, social services and families; (II, III)
j. Describe the interdisciplinary care planning team. (II, III)

58.54(4) Separate written policies and procedures shall be implemented in each CCDI unit or facility. There shall be:

a. Admission and discharge policies and procedures which state the criteria to be used to admit residents and the evaluation process which will be used. These policies shall require a statement from the attending physician agreeing to the placement before a resident can be moved into a CCDI unit or facility. (II, III)
b. Safety policies and procedures which state the actions to be taken by staff in the event of a fire, natural disaster, emergency medical or catastrophic event. Safety procedures shall also explain steps to be taken when a resident is discovered to be missing from the unit or facility and when hazardous cleaning materials or potentially dangerous mechanical equipment is being used in the unit or facility. The facility shall identify its method for security of the unit or facility and the manner in which the effectiveness of the security system will be monitored. (II, III)
c. Program and service policies and procedures which explain programs and services offered in the unit or facility including the rationale. (III)
d. Policies and procedures concerning staff which state minimum numbers, types and qualifications of staff in the unit or facility. (II, III)
e. Policies about visiting which suggest times and ensure the residents’ rights to free access to visitors. (II, III)
f. Quality assurance policies and procedures which list the process and criteria which will be used to monitor and to respond to risks specific to the residents. This shall include, but not be limited to, drug use, restraint use, infections, incidents and acute behavioral events. (II, III)
58.54(6) All staff working in a CCDI unit or facility shall have training appropriate to the needs of the residents. (II, III)

a. Upon assignment to the unit or facility, everyone working in the unit or facility shall be oriented to the needs of people with chronic confusion or dementing illnesses. They shall have special training appropriate to their job description within 30 days of assignment to the unit or facility. (II, III) The orientation shall be at least six hours. The following topics shall be covered:

1. Explanation of the disease or disorder; (II, III)
2. Symptoms and behaviors of memory-impaired people; (II, III)
3. Progression of the disease; (II, III)
4. Communication with CCDI residents; (II, III)
5. Adjustment to care facility residency by the CCDI unit or facility residents and their families; (II, III)
6. Inappropriate and problem behavior of CCDI unit or facility residents and how to deal with it; (II, III)
7. Activities of daily living for CCDI residents; (II, III)
8. Handling combative behavior; (II, III)
9. Stress reduction for staff and residents. (II, III)

b. Licensed nurses, certified aides, certified medication aides, social services personnel, housekeeping and activity personnel shall have a minimum of six hours of in-service training annually. This training shall be related to the needs of CCDI residents. The six-hour training shall count toward the required annual in-service training. (II, III)

...58.54(8) The CCDI unit or facility license may be revoked, suspended or denied pursuant to Iowa Code chapter 135C and Iowa Administrative Code 481—Chapter 50. This rule is intended to implement 1990 Iowa Acts, chapter 1016.

481—58.55(135C) ANOTHER BUSINESS OR ACTIVITY IN A FACILITY.

A facility is allowed to have another business or activity in a health care facility or in the physical structure of the facility, if the other business or activity meets the requirements of applicable state and federal laws, administrative rules, and federal regulations. To obtain the approval of the department and the state fire marshal, the facility must submit to the department a written request for approval which identifies the service(s) to be offered by the business and addresses the factors outlined in paragraphs “a” through “f” of subrule 58.55(1). (I, II, III)

58.55(1) The following factors will be considered by the department in determining whether a business or activity will interfere with the use of the facility by residents, interfere with services provided to residents, or be disturbing to residents:

a. Health and safety risks for residents;
b. Noise created by the proposed business or activity;
c. Odors created by the proposed business or activity;
d. Use of the facility’s corridors or rooms as thoroughfares to the business or activity in regard to safety and disturbance of residents and interference with delivery of services;
e. Proposed staffing for the business or activity; and
f. Sharing of services and staff between the proposed business or activity and the facility.
58.55(2) Approval of the state fire marshal shall be obtained before approval of the department will be considered.
58.55(3) A business or activity conducted in a health care facility or in the same physical structure as a health care facility shall not reduce space, services or staff available to residents below minimums required in these rules and 481—Chapter 61. (I, II, III)

481—58.56 (135C) RESPITE CARE SERVICES.

Respite care services means an organized program of temporary supportive care provided for 24 hours or more to a person in order to relieve the usual caregiver of the person from providing continual care to the person. A nursing facility which chooses to provide respite care services must meet the following requirements related to respite services and must be licensed as a nursing facility.
58.56(1) A nursing facility certified as a Medicaid nursing facility or Medicare skilled nursing facility must meet all Medicaid and Medicare requirements including CFR 483.12, admission, transfer and discharge rights.
58.56(2) A nursing facility which chooses to provide respite care services is not required to obtain a separate license or pay a license fee.
58.56(3) Rule 481—58.40(135C) regarding involuntary discharge or transfer rights, does not apply to residents who are being cared for under a respite care contract.
58.56(4) Pursuant to rule 481—58.13(135C), the facility shall have a contract with each resident in the facility. When the resident is there for respite care services, the contract shall specify the time period during which the resident will be considered to be receiving respite care services. At the end of that period, the contract may be amended to extend that period of time. The contract shall specifically state the resident may be involuntarily discharged while being considered as a respite care resident. The contract shall meet other requirements under 481—58.13(135C), except the requirements under subrule 58.13(7).
58.56(5) Respite care services shall not be provided by a health care facility to persons requiring a level of care which is higher than the level of care the facility is licensed to provide.