tion of specimens and actual cost of examination, not to exceed two dollars for each. A copy of the report Reports of each epidemiological examination examinations and investigation investigations shall be promptly sent to the state department of health responsible agency.

In addition to its regular work, the laboratory shall perform without charge all bacteriological, serological, and epidemiological examinations and investigations which may be required by the state department of health and said department shall establish rules therefor. The laboratory shall also provide, those laboratory, scientific field measurement, and environmental quality services which, by contract, are requested by the department of environmental quality other agencies of government.

The laboratory is authorized to perform such other laboratory determinations relating to air contaminants as may be requested by political subdivisions or other persons any state institution, citizen, school, municipality or local board of health, and the laboratory also is hereby authorized to charge political subdivisions or other persons fees covering transportation of samples and the actual costs of examinations performed upon their request.

SEC. 4. Section five hundred ninety-six point three (596.3), Code 1975, is amended to read as follows:

596.3 Laboratory tests. All standard serological tests for syphilis as required under this chapter shall be made by the state hygienic laboratory of the state department of health university of Iowa or by such other laboratories which are approved by the state department of health. Such tests as may be made by the state hygienic laboratory of the state department of health university of Iowa shall be free of charge. The results of all laboratory tests shall be reported on standard forms prescribed by the commissioner of public health. Said blanks may be destroyed by the clerk of the district court two years after the laboratory date thereon.

Approved March 14, 1975

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CHAPTER 119 HEALTH CARE FACILITIES

S. F. 525

AN ACT relating to the licensing and regulation of health care facilities, and prescribing penalties for violations.

Be It Enacted by the General Assembly of the State of Iowa:

SECTION 1. Section one hundred thirty-five C point one (135C.1), Code 1975, as amended by Acts of the Sixty-sixth General Assembly, 2 3 1975 Session, Senate File one hundred ninety-three (193), section one 4 (1), is amended to read as follows:

135C.1 Definitions.

5 1. "Adult foster family home" means any private dwelling or other 6 suitable place providing for a period exceeding twenty-four consecutive hours accommodation, board, and supervision, for which a charge is made, to not more than five individuals, not related to the owner or 10 occupant of the dwelling or place within the third degree of consan-

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guinity, who by reason of age, illness, disease, or physical or mental infirmity are unable to sufficiently or properly eare for themselves, but who are essentially capable of managing their own affairs.

2. "Boarding home" means any institution, place, building, or ageney providing for a period exceeding twenty-four consecutive hours accommodation, board, and supervision to three or more individuals, not related to the administrator or owner thereof within the third degree of consanguinity, who by reason of age, illness, disease, or physical or mental infirmity are unable to sufficiently or properly care for themselves, but who are essentially capable of managing their own affairs.

3. "Custodial home" 1. "Residential care facility" means any institution, place, building, or agency providing for a period exceeding twenty-four consecutive hours accommodation, board, and personal assistance in feeding, dressing, and other essential daily living activities to three or more individuals, not related to the administrator or owner thereof within the third degree of consanguinity, who by reason of age, illness, disease, or physical or mental infirmity are unable to sufficiently or properly care for themselves or manage their own affairs, but who do not require the daily services of a registered or licensed practical nurse except on an emergency basis.

4. "Basic nursing home" means any institution, place, building, or agency providing for a period exceeding twenty-four consecutive hours accommodation, board, and personal care and treatment or simple nursing care to three or more individuals, not related to the administrator or owner thereof within the third degree of consanguinity, who by reason of age, illness, disease, or physical or mental infirmity require domiciliary care, simple nursing care, or occasional skilled nursing care, but who do not require hospital or skilled nursing home care.

5 2. "Intermediate nursing home care facility" means any institu-

5 2. "Intermediate nursing home care facility" means any institution, place, building, or agency providing for a period exceeding twenty-four consecutive hours accommodation, board, and nursing eare and supporting services as directed, the need for which is certified by a physician, to three or more individuals, not related to the administrator or owner thereof within the third degree of consanguinity, who by reason of age, illness, disease, or physical or mental infirmity require continuous nursing eare and related medical services, or occasional skilled nursing eare, but who do not require hospital care nursing services which can be provided only under the direction of a registered nurse or a licensed practical nurse.

6 3. "Skilled nursing home facility" means any institution, place, building, or agency providing for a period exceeding twenty-four consecutive hours accommodation, board, and the health eare nursing services necessary for certification as a skilled nursing home under Title XIX of the United States Social Security Act (Title XLII, United States Code, sections 1396 through 1396g), as amended to January 1, 1970, the need for which is certified by a physician, to three or more individuals not related to the administrator or owner thereof within the third degree of consanguinity who by reason of illness, disease, or physical or mental infirmity require continuous nursing care services and related medical services, but do not require hospital care. The nursing care services provided must be under the direction of a registered nurse on a twenty-four-hours-per-day basis.

7. "Extended care facility" means any institution, place, building, or agency providing for a period exceeding twenty-four consecutive hours accommodation, board, and the health care services necessary for certification as an extended care facility under Title XVIII of the United States Social Security Act (Title XLII, United States Code, see-

tions 1395 through 1395ll), as amended to January 1, 1970, to three or 69 more individuals not related to the administrator or owner thereof within the third degree of consanguinity. 70

8 4. "Health care facility" or "facility" means any adult foster family home, boarding home, custodial home, basic nursing home residential care facility, intermediate nursing home care facility or, skilled nursing home, or extended eare facility.

9. "Patient" means an individual admitted to a basic nursing home, intermediate nursing home, skilled nursing home, or extended eare facility in the manner prescribed by section 135C.23 for care requiring, at a minimum, the daily services of a registered or licensed practical nurse.

5. "Licensee" means the holder of a license issued for the opera-

tion of a facility, pursuant to this chapter.

10 6. "Resident" means an individual admitted to a health care facility in the manner prescribed by section 135C.23, who does not require the daily services of a registered or licensed practical nurse. An employee of, or an individual related within the third degree of consanquinity to the administrator or owner of, a health care facility shall not be deemed a resident thereof for the purposes of this chapter solely

by reason of being provided living quarters within such facility.

11 7. "Physician" means a person licensed to practice medicine and surgery, osteopathy and surgery or osteopathy under the laws of this state has the meaning assigned that term by section one hundred thirty-five point one (135.1), subsection five (5) of the Code.

8. "House physician" means a physician who has entered into a two-party contract with a health care facility to provide services in

that facility.

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12 9. "Commissioner" means the commissioner of public health appointed pursuant to section 135.2, or his designee.

43 10. "Department" means the state department of health.

14 11. "Person" means any individual, firm, partnership, corporation, company, association or joint stock association; and includes trustee, receiver, assignee or other similar representative thereof.

15 12. "Governmental unit" means the state, or any county, municipality, or other political subdivision or any department, division, board or other agency of any of the foregoing.

13. "Direction" means authoritative policy or procedural guid-

ance for the accomplishment of a function or activity.

14. "Supervision" means direct oversight and inspection of the

act of accomplishing a function or activity.

15. "Nursing care" means those services which can be provided only under the direction of a registered nurse or a licensed practical nurse.

16. "Social services" means services relating to the psychological and social needs of the individual in adjusting to living in a health care facility, and minimizing stress arising from that circumstance.

17. "Rehabilitative services" means services to encourage and assist restoration of optimum mental and physical capabilities of the individual resident of a health care facility.

Sec. 2. Section one hundred thirty-five C point two (135C.2), subsection two (2), Code 1975, is amended to read as follows:

3 2. Rules and standards prescribed, promulgated and enforced under 4 this chapter shall not be arbitrary, unreasonable or confiscatory and the department or agency prescribing, promulgating or enforcing such rules or standards shall have the burden of proof to establish that such

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rules or standards meet such requirements and are consistent with the economic problems and conditions involved in the care and housing of persons in nursing homes and custodial homes health care facilities.

SEC. 3. Section one hundred thirty-five C point two (135C.2), Code

1975, is amended by adding the following new subsection:

NEW SUBSECTION. The department shall establish by administrative rule, within the intermediate care facility category, a special classification for facilities intended to serve mentally retarded individuals. The department may also establish by administrative rule other classifications within that category, or special classifications within the residential care facility or skilled nursing facility categories, for facilities intended to serve individuals who have special health care problems or conditions in common. Rules establishing a special classification shall define the problem or condition to which the classification is relevant and establish requirements for an approved program of care commensurate with such problem or condition, and may grant special variances or considerations to facilities licensed within the classification so established.

Sec. 4. Section one hundred thirty-five C point three (135C.3), Code 1975, is amended to read as follows:

135C.3 Nature of care. Each facility licensed as an extended eare facility, a skilled nursing home, facility or an intermediate nursing home, or a basic nursing home, care facility shall provide an organized continuing twenty-four hour program of nursing eare services commensurate with the needs of the patients its residents and under the immediate direction of a licensed physician, licensed registered nurse or licensed practical nurse licensed by the state of Iowa, whose combined training and supervised experience is such as to assure adequate and competent nursing direction. Medical and nursing eare services shall be under the direction of either a "house physician" or individually selected physicians, but surgery or obstetrical care shall not be provided within the home facility. All admissions to extended eare facilities, skilled nursing homes, facilities or intermediate nursing homes, and basic nursing homes care facilities shall be based on an order written by a physician certifying that the individual being admitted requires no greater degree of nursing care than the facility to which the admission is made is licensed to provide and is capable of providing.

SEC. 5. Section one hundred thirty-five C point four (135C.4), Code 1975, as amended by Acts of the Sixty-sixth General Assembly, 1975 Session, Senate File one hundred ninety-three (193), section two (2), is amended to read as follows:

135C.4 Custodial homes Residential care facilities. Each facility licensed as a custodial home or boarding home residential care facility shall provide an organized continuous twenty-four hour program of care commensurate with the needs of the residents of the home and under the immediate direction of a person approved and certified by the department whose combined training and supervised experience is such as to ensure adequate and competent care. All admissions to custodial homes or boarding homes, and all placements in adult foster family homes residential care facilities shall be based on an order written by a physician certifying that the individual being admitted or placed does not require nursing care services.

SEC. 6. Section one hundred thirty-five C point five (135C.5), Code 1975, is amended to read as follows:

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Health care facilities, etc. No other business or activity shall be carried on in a health care facility, nor in the same physical structure with a health care facility except as hereinafter provided, unless such business or activity is under the control of and is directly related to or necessary for and incidental to the operation of the health care facility. No business or activity which is operated within the limitations of this section shall interfere in any manner with the use of the facility by the patients or residents, nor be disturbing to them. Any part of such business or activity open to customers other than patients or residents of the health care facility shall be physically separated from the facility, and an entrance shall be provided for such customers so that they do not pass through the health care facility in entering or leaving the area where such business or activity is conducted.

SEC. 7. Section one hundred thirty-five C point six (135C.6), subsections four (4) and five (5), Code 1975, are amended to read as fol-

4. No department, agency, or officer of this state or of any of its political subdivisions shall pay or approve for payment from public funds any amount or amounts to a health care facility under any program of state aid in connection with services provided or to be provided an actual or prospective patient or resident in a health care facility, unless the facility has a current license issued by the department and meets such other requirements as may be in effect pursuant to law.

5. No health care facility established and operated in compliance with law prior to July 1, 1970 January 1, 1976, shall be required to change its corporate or business name by reason of the definitions prescribed in section 135C.1, provided that no health care facility shall at any time represent or hold out to the public or to any individual that it is licensed as, or provides the services of, a health care facility of a type offering a higher grade of care than such health care facility is licensed to provide. Any health care facility which, by virtue of this section, operates under a name not accurately descriptive of the type of license which it holds shall clearly indicate in any printed advertisement, letterhead, or similar material, the type of license or licenses which it has in fact been issued. No health care facility established or renamed after July 1, 1971 January 1, 1976, shall use any name indicating that it holds a higher different type of license than it has been issued.

SEC. 8. Section one hundred thirty-five C point seven (135C.7), Code 1975, as amended by Acts of the Sixty-sixth General Assembly, 1975 Session, Senate File one hundred ninety-three (193), sections three (3) and four (4), is amended to read as follows:

135C.7 Application—fees. Licenses shall be obtained from the department. Applications shall be upon such forms and shall include such information as the department may reasonably require, which may include affirmative evidence of compliance with such other statutes and local ordinances as may be applicable. Each application for license shall be accompanied by the annual license fee prescribed by this section, subject to refund to the applicant if the license is denied, which fee shall be paid over into the state treasury and credited to the general fund if the license is issued. There shall be an annual license fee based upon the bed capacity of the health care facility, as follows:

1. For extended care facilities, skilled nursing homes, intermediate nursing homes, and basic nursing homes having a total of:

a 1. Ten beds or less, ten twenty dollars. b 2. More than ten and not more than twenty-five beds, twenty forty dollars.

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- 20 e 3. More than twenty-five and not more than seventy-five beds, 21 thirty sixty dollars.
- 22 d 4. More than seventy-five and not more than one hundred fifty beds, forty eighty dollars. 23 24
 - e 5. More than one hundred fifty beds, fifty one hundred dollars.
 - 2. For boarding homes and custodial homes having a total of:
 - a. Ten beds or less, five dollars.
 - b. More than ten and not more than twenty-five beds, ten dollars. e. More than twenty-five and not more than seventy-five beds, fif-
- 28 teen dollars. 29
 - d. More than seventy-five and not more than one hundred fifty beds, twenty dollars.
 - e. More than one hundred fifty beds, twenty-five dollars.
 - 3. For adult foster family homes, five dollars.

Section one hundred thirty-five C point nine (135C.9), Code 1975, is amended to read as follows:

Inspection before issuance.

1. The department shall not issue a health care facility license to

any applicant until:

4 a. The department has ascertained that the staff and equipment of the facility is adequate to provide the care and services required of a health care facility of the category for which the license is sought. Prior to the review and approval of plans and specifications for any new facility and the initial licensing under a new licensee, a resumé of the programs and services to be furnished and of the means available to the applicant for providing the same and for meeting requirements for staffing, equipment, and operation of the health care facility, with particular reference to the professional requirements for services to be rendered, shall be submitted in writing to the department for review and approval. The resumé shall be reviewed by the department within ten working days and returned to the applicant. The resumé shall, upon the department's request, be revised as appropriate by the facility from time to time after issuance of a license.

2 b. The facility has been inspected by the state fire marshal or a deputy appointed by him for that purpose, who may be a member of a municipal fire department, and the department has received either a certificate of compliance or a conditional provisional certificate of compliance by the facility with the fire-hazard and fire-safety rules and standards of the department as promulgated by the fire marshal and, where applicable, the fire safety standards required for participation in programs authorized by either Title XVIII or Title XIX of the United States Social Security Act (Title XLII, United States Code, sections one thousand three hundred ninety-five (1395) through one thousand three hundred ninety-five Il (1395ll) and one thousand three hundred ninety-six (1396) through one thousand three hundred ninety-six g (1396g)). The certificate or conditional provisional certificate shall be signed by the fire marshal or his deputy who made the inspection.

2. The rules and standards promulgated by the fire marshal pursuant to subsection one (1), paragraph b of this section shall be substantially in keeping with the latest generally recognized safety criteria for the facilities covered, of which the applicable criteria recommended and published from time to time by the national fire protection asso-

ciation shall be prima-facie evidence. 3. The state fire marshal or his deputy may issue a conditional certificate successive provisional certificates of compliance for a period

periods of one year each to a facility which is in substantial compliance with the applicable fire-hazard and fire-safety rules and stand-44 45 ards, upon satisfactory evidence of an intent, in good faith, by the 46 owner or operator of the facility to correct the deficiencies noted upon 47 inspection within a reasonable period of time as determined by the 48 state fire marshal or his deputy. Renewal of a conditional provisional 49 certificate shall be based on a showing of substantial progress in elimi-50 nating deficiencies noted upon the last previous inspection of the facility without the appearance of additional deficiencies other than those 51 52 arising from changes in the fire-hazard and fire-safety rules, regula-53 tions and standards which have occurred since the last previous inspec-54 tion, except that substantial progress toward achievement of a goodfaith intent by the owner or operator to replace the entire facility with-55 in a reasonable period of time, as determined by the state fire marshal 56 57 or his deputy, may be accepted as a showing of substantial progress in eliminating deficiencies, for the purposes of this section. 58

SEC. 10. Section one hundred thirty-five C point ten (135C.10), Code 1975, is amended to read as follows:

135C.10 Denial, suspension or revocation. The department shall have the authority to deny, suspend, or revoke a license in any case where the department finds that there has been a repeated failure on the part of the facility to comply with the provisions of this chapter or the rules or minimum standards promulgated hereunder, or for any of the following reasons:

1. Cruelty or indifference to the welfare of health care facility resi-

dents or patients.

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2. Appropriation or conversion of the property of a health care facility resident or patient without his written consent or the written consent of his legal guardian.

3. Evidence that the moral character of the applicant, manager or

supervisor of the health care facility is not reputable.

4-3. Permitting, aiding, or abetting the commission of any illegal act in the health care facility.

5 4. Inability or failure to operate and conduct the health care facility in accordance with the requirements of this chapter and the minimum standards and rules issued pursuant thereto.

6 5. Obtaining or attempting to obtain or retain a license by fraudulent means, misrepresentation, or by submitting false information.

76. Habitual intoxication or addiction to the use of drugs by the applicant, manager or supervisor of the health care facility.

8 7. Securing the devise or bequest of the property of a patient in

resident of a health care facility by undue influence.

8. Willful failure or neglect to maintain a continuing in-service education and training program for all personnel employed in the

9. In the case of an application by an existing licensee for a new or newly-acquired facility, continuing or repeated failure of the licensee to operate any previously licensed facility or facilities in compliance with the provisions of this Act or of the rules adopted pursuant to it.

Section one hundred thirty-five C point eleven (135C.11), Sec. 11. Code 1975, is amended to read as follows:

135C.11 Notice—hearings. Such denial

1. The denial, suspension, or revocation of a license shall be effected by mailing delivering to the applicant or licensee by certified mail or by personal service of a notice setting forth the particular reasons

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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 licensee, within such thirty-day period, shall give written notice to the department requesting a hearing, in which case the notice shall be deemed to be suspended. If a hearing has been requested, the applicant or licensee shall be given an opportunity for a prompt and fair hearing before the department. At any time at or prior to the hearing the department may rescind the notice of the denial, suspension or revocation upon being satisfied that the reasons for the denial, suspension or revocation have been or will be removed. On the basis of any such hearing, or upon default of the applicant or licensee, the determination involved in the notice may be affirmed, modified, or set aside by the department. A copy of such decision shall be sent by certified mail, or served personally upon the applicant or licensee. The applicant or licensee may seek judicial review pursuant to section 135C.13.

2. The procedure governing hearings authorized by this section shall be in accordance with the rules promulgated by the department. A full and complete record shall be kept of all proceedings, and all testimony shall be reported but need not be transcribed unless judicial review is sought pursuant to section 135C.13. A copy or copies of the transcript may be obtained by an interested party upon payment of the cost of preparing such copy or copies. Witnesses may be subpoenaed by either party and shall be allowed fees at a rate prescribed by the aforesaid rules. The commissioner may, with the advice and consent of the care review committee established pursuant to section 135C.25, remove all residents and patients and suspend the license or licenses of any health care facility, prior to a hearing, when he finds that the health or safety of residents or patients of the health care facility requires such action on an emergency basis. The fact that no care review committee has been appointed for a particular facility shall not bar the commissioner from exercising the emergency powers granted by this subsection with respect to that facility.

Section one hundred thirty-five C point thirteen (135C.13), SEC. 12.

Code 1975, is amended to read as follows:

135C.13 **Judicial review.** Judicial review of any action of the commissioner may be sought in accordance with the terms of the Iowa administrative procedure Act. Notwithstanding the terms of said Act, petitions for judicial review may be filed in the district court of the county where the facility or proposed facility is located, and pending final disposition of the matter the status quo of the applicant or licensee shall be preserved except when the commissioner, with the advice and consent of the care review committee established pursuant to section 135C.25, determines that the health, safety or welfare of the residents or patients of the facility are in immediate danger, in which case he may order the immediate removal of such residents or patients. The fact that no care review committee has been appointed for a particular facility shall not bar the commissioner from exercising the emergency powers granted by this subsection with respect to that facility.

Sec. 13. Section one hundred thirty-five C point fourteen (135C.14), Code 1975, is amended to read as follows:

135C.14 Rules. The department may shall, in accordance with

chapter seventeen A (17A) of the Code, adopt by reference nationally recognized standards and rules or otherwise amend, promulgate and enforce rules setting minimum standards for health care facilities. In so doing, the department may adopt by reference, with or without amendment, nationally recognized standards and rules, which shall be specified by title and edition, date of publication, or similar information. Such The rules and standards required by this section shall be formulated in consultation with the commissioner of social services or his or her designee and with industry, professional and consumer groups affected thereby, and shall be designed to further the accomplishment of the purposes of this chapter and shall relate to:

1. Location and construction of the facility, including plumbing.

1. Location and construction of the facility, including plumbing, heating, lighting, ventilation, and other housing conditions, which shall ensure the health, safety and comfort of residents and protection from fire hazards. Such rules and standards regarding location and construction of the home may impose requirements in excess of those provided in chapter 413 but shall not impose requirements less than those provided by such chapter. The rules of the department relating to protection from fire hazards and fire safety shall be promulgated by the state fire marshal, and shall be in keeping with the latest generally recognized safety criteria for the facilities covered of which the applicable criteria recommended and published from time to time by the national fire protection association shall be prima facie evidence.

2. Number and qualifications of all personnel, including management and nursing personnel, having responsibility for any part of the

care provided to residents or patients.

3. All sanitary conditions within the facility and its surroundings including water supply, sewage disposal, food handling, and general hygiene, which shall ensure the health and comfort of residents or patients.

4. Diet related to the needs of each resident or patient and based on good nutritional practice and on recommendations which may be made

by the physician attending the resident or patient.

5. Equipment essential to the health and welfare of the resident or

38 patient. 39 6. Re

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6. Requirements that a minimum number of registered or licensed practical nurses and nurses' aides, relative to the number of residents admitted, be employed by each licensed facility. Staff-to-resident ratios established under this subsection need not be the same for facilities holding different types of licenses, nor for facilities holding the same type of license if there are significant differences in the needs of residents which the respective facilities are serving or intend to serve.

7. Social services and rehabilitative services provided for the resi-

dents.

SEC. 14. Section one hundred thirty-five C point fifteen (135C.15), Code 1975, is amended to read as follows:

135C.15 Time to comply.

1. Any health care facility which is in operation at the time of adoption or promulgation of any applicable rules or minimum standards under this chapter shall be given reasonable time from the date of such promulgation to comply with such rules and minimum standards as provided for by the department. The commissioner may grant successive thirty-day extensions of the time for compliance where evidence of a good faith attempt to achieve compliance is furnished, if the extensions will not place in undue jeopardy the residents of the facility to which the extensions are granted.

2. Renovation of an existing health care facility, not already in compliance with all applicable standards, shall be permitted only if the fixtures and equipment to be installed and the services to be provided in the renovated portion of the facility will conform substantially to

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current operational standards. Construction of an addition to an existing health care facility shall be permitted only if the design of the structure, the fixtures and equipment to be installed, and the services to be provided in the addition will conform substantially to current construction and operational standards.

Section one hundred thirty-five C point sixteen (135C.16). Code 1975, is amended to read as follows:

135C.16 Inspections. The

1. In addition to the inspections required by section one hundred thirty-five C point nine (135C.9) of the Code and by section twentyfive (25) of this Act, the department shall make or cause to be made such further unannounced inspections as it may deem necessary to adequately enforce this chapter, and shall including at least one general inspection in each calendar year of every licensed health care facility in the state made without providing advance notice of any kind to the facility being inspected. The inspector shall identify himself or herself to the person in charge of the facility and state that an inspection is to be made before beginning the inspection. Any employee of the department who gives unauthorized advance notice of an inspection made or planned to be made under this subsection or section twenty-five (25) of this Act shall be disciplined as determined by the commissioner, except that if the employee is employed pursuant to chapter nineteen A (19A) of the Code the discipline shall not exceed that authorized pursuant to that chapter.

2. The department shall prescribe by rule that any licensee or applicant for license desiring to make specific types of physical or functional alterations or additions to its facility or to construct new facilities shall, before commencing such alteration or additions or new construction, submit plans and specifications therefor to the department for preliminary inspection and approval or recommendations with respect to the compliance with the rules and standards herein au-

thorized.

When plans and specifications submitted as required by this subsection have been properly approved by the department or other appropriate state agency, the facility or the portion of the facility constructed or altered in accord with the plans so approved shall not for a period of at least five years from completion of the construction or alteration be considered deficient or ineligible for li-censing by reason of failure to meet any rule or standard established subsequent to approval of the plans and specifications, unless a clear and present danger exists that would adversely affect

the residents of the facility.

3. An inspector of the department, department of social services, county board of social welfare or fire marshal, may enter any licensed health care facility without a warrant, and may examine all records pertaining to the care provided residents of the facility. An inspector of the department of social services shall have the same right with respect to any facility where one or more residents are cared for entirely or partially at public expense and the state fire marshal or a deputy appointed pursuant to section one hundred thirty-five C point nine (135C.9), subsection one (1), paragraph b shall have the same right of entry into any facility and the right to inspect any records pertinent to fire safety practices and conditions within that facility. If any such inspector has probable cause to believe that any institution, place, building, or agency not licensed as a health care facility is in fact a health care facility as defined by this chapter, and upon properly identifying himself he is denied entry thereto for the

purpose of making an inspection, he may, with the assistance of the county attorney of the county in which the purported health care facility is located, apply to the district court for an order requiring the owner or occupant to permit entry and inspection of the premises to determine whether there have been any violations of this chapter.

Section one hundred thirty-five C point seventeen (135C.17), Code 1975, is amended to read as follows:

Duties of other departments. It shall be the duty of the department of social services, state fire marshal, and the officers and agents of other state and local governmental units to assist the department in carrying out the provisions of this chapter, insofar as the functions of these respective offices and departments are concerned with the health, welfare, and safety of any resident or patient of any health care facility.

Section one hundred thirty-five C point nineteen (135C.19). SEC. 17. Code 1975, is amended to read as follows:

Public disclosure of inspection findings—posting of 135C.19 citations.

1. Following any inspection of a health care facility by the department, the findings of the inspection with respect to compliance by the facility with requirements for licensing under this chapter shall be made public in a readily available form and place forty-five days after the findings are made available to the applicant or licensee. However, if the applicant or licensee requests a hearing pursuant to section 135C.11, the findings of the inspection shall not be made public until the hearing has been completed. When the findings are made public, they shall include no reference to any cited violation which has been corrected to the department's satisfaction unless the same reference also clearly notes that the violation has been corrected. Other information relating to any health care facility, obtained by the department through reports, investigations, complaints, or as otherwise authorized by this chapter, which is not a part of the department's findings from an inspection of the facility, shall not be disclosed publicly except in proceedings involving the citation of a facility for a violation, in the manner provided by section twenty-seven (27) of this Act. or the denial, suspension or revocation of a license under this chapter.

2. Each citation for a class I or class II violation which is issued to a health care facility and which has become final, or a copy or copies thereof, shall be prominently posted as prescribed in rules to be adopted by the department, until the violation is corrected to the department's satisfaction. The citation or copy shall be posted in a place or places in plain view of the residents of the facility cited, persons visiting the residents, and persons inquiring about place-

ment in the facility.

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3. A copy of each citation required to be posted by this subsection shall be sent by the department to the department of social services. If the facility cited subsequently advises the department of social services that the violation has been corrected to the satisfaction of the department of health, the department of social services must maintain this advisory in the same file with the copy of the citation. The department of social services shall not disseminate to the public any information regarding citations issued by the department of health, but shall forward or refer such inquiries to the department of health.

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25 26 SEC. 18. Section one hundred thirty-five C point twenty-one (135C.21), Code 1975, is amended to read as follows:

135C.21 Penalty Penalties.

1. Any person establishing, conducting, managing, or operating any health care facility without a license shall be guilty of a misdemeanor and, upon conviction thereof, shall be fined not less than one hundred dollars nor more than one thousand dollars or be imprisoned in the county jail for not more than six months, or both. Each day of continuing violation after conviction or notice from the department by certified mail of a violation shall be considered a separate offense or chargeable offense. Any such person establishing, conducting, managing or operating any health care facility without a license may be by any court of competent jurisdiction temporarily or permanently restrained therefrom in any action brought by the state.

2. Any person who prevents or interferes with or attempts to impede in any way any duly authorized representative of the department or of any of the agencies referred to in section one hundred thirty-five C point seventeen (135C.17) of the Code in the lawful enforcement of this chapter or of the rules adopted pursuant to it is guilty of a misdemeanor and, upon conviction, shall be subject to a fine of not less than fifty nor more than five hundred dollars or imprisonment in the county jail for not more than ninety days or both. As used in this subsection, lawful enforcement in-

cludes but is not limited to:

a. Contacting or interviewing any resident of a health care facility in private at any reasonable hour and without advance notice.

b. Examining any relevant books or records of a health care facil-

29 c. Preserving evidence of any violation of this chapter or of the 30 rules adopted pursuant to it.

SEC. 19. Section one hundred thirty-five C point twenty-three (135C.23), Code 1975, is amended to read as follows:

135C.23 Express requirements for admission dence. No individual shall be admitted to or permitted to remain in a health care facility as a patient or resident, except in accordance

with the requirements of this section.

1. Each patient or resident shall be covered by a contract executed at the time of admission or prior thereto by the patient or resident, or his legal representative, and the health care facility, except as otherwise provided by subsection five (5) of this section with respect to residents admitted at public expense to a county care facility operated under chapter two hundred fifty-three (253) of the Code. Each party to the contract shall be entitled to a duplicate original thereof, and the health care facility shall keep on file all contracts which it has with patients or residents and shall not destroy or otherwise dispose of any such contract for at least one year after its expiration or such longer period as the department may by rule require. Each such contract shall expressly set forth:

a. The terms of the contract.

b. The services and accommodations to be provided by the health care facility and the rates or charges therefor.

c. Specific descriptions of any duties and obligations of the parties

in addition to those required by operation of law.

d. Any other matters deemed appropriate by the parties to the contract. No contract or any provision thereof shall be drawn or construed so as to relieve any health care facility of any requirement or obliga-

tion imposed upon it by this chapter or any standards or rules in force pursuant to this chapter, nor contain any disclaimer of responsibility for injury to the resident, or to relatives or other persons visiting the resident, which occurs on the premises of the facility or, with respect to injury to the resident, which occurs while the resident is under the supervision of any employee of the facility whether on or off the premises of the facility.

2. No health care facility shall knowingly admit or retain any pa-

tient or resident:

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a. Who is dangerous to himself or other patients or residents. b. Who is in an active or acute stage of alcoholism, drug addiction,

mental illness, or communicable disease.

c. Whose condition or conduct is such that he would be unduly disturbing to other patients or residents.

d. Who is in need of medical procedures, as determined by a physician, or services, as determined by the care review committee, which cannot be or are not being carried out in the facility.

3. Except in emergencies, a patient or resident who is not essentially capable of managing his own affairs shall not be transferred out of a health care facility or discharged for any reason only after without prior notification to the next of kin, legal representative, or agency acting on the patient's or resident's behalf. When such next of kin, legal representative, or agency cannot be reached or refuses to co-operate, proper arrangements shall be made by the home facility for the welfare of the patient or resident before his transfer or discharge.

4. No owner, administrator, employee, or representative of a health care facility shall pay any commission, bonus, or gratuity in any form whatsoever, directly or indirectly, to any person for patients or residents referred to such facility, nor accept any commission, bonus, or gratuity in any form whatsoever, directly or indirectly, for professional or other services or supplies purchased by the facility or by any resident, or by any third party on behalf of any resident, of the facility.

5. Each county which maintains a county care facility under chapter two hundred fifty-three (253) of the Code shall develop a statement in lieu of, and setting forth substantially the same items as, the contracts required of other health care facilities by subsection one (1) of this section. The statement must be approved by the county board of supervisors and by the department. When so approved, the statement shall be considered in force with respect to each resident of the county care facility.

SEC. 20. Section one hundred thirty-five C point twenty-four

(135C.24), Code 1975, is amended to read as follows:

Personal property or affairs of patients or resi-The admission of a patient or resident to a health care facility and his presence therein shall not in and of itself confer on such facility, its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the patient or resident, nor any authority or responsibility for the personal affairs of the patient or resident, except as may be necessary for the safety and orderly management of the facility and as required by this section.

1. No health care facility, and no owner, administrator, employee or representative thereof shall act as guardian, trustee or conservator for any patient or resident of such facility, or any of such patient's or resident's property, unless such patient or resident is related to the person

acting as guardian within the third degree of consanguinity.

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2. A health care facility shall provide for the safekeeping of personal effects, funds and other property of its patients or residents, provided that whenever necessary for the protection of valuables or in order to avoid unreasonable responsibility therefor, the facility may require that they be excluded or removed from the premises of the facility and kept at some place not subject to the control of the facility.

3. A health care facility shall keep complete and accurate records of all funds and other effects and property of its patients or residents re-

ceived by it for safekeeping.

4. Any funds or other property belonging to or due a patient or resident, or expendable for his account, which are received by a health care facility shall be trust funds, shall be kept separate from the funds and property of the facility and of its other patients or residents, or specifically credited to such patient or resident, and shall be used or otherwise expended only for the account of the patient or resident. Upon request the facility shall furnish the patient or resident, the guardian, trustee or conservator, if any, for any patient or resident, or any governmental unit or private charitable agency contributing funds or other property on account of any patient or resident, a complete and certified statement of all funds or other property to which this subsection applies detailing the amounts and items received, together with their sources and disposition.

5. The provisions of this section notwithstanding, upon the verified petition of the county board of supervisors the district court may appoint the administrator of a county care facility as conservator or guardian, or both, of a resident of such county care facility, in accordance with the provisions of Chapter 633 of the Code. Such administrator shall serve as conservator or guardian, or both, without fee. The county attorney shall serve as attorney for the administrator in such conservatorship or guardianship, or both, without fee. The administrator may establish either separate or common bank accounts for cash funds of such resident wards.

SEC. 21. Section one hundred thirty-five C point twenty-five (135C.25), Code 1975, is amended to read as follows:

135C.25 Care review committee—appointment—duties.

1. Each health care facility shall have a care review committee whose members shall be appointed by as follows:

a. By the areawide health planning council recognized as such by this state acting through the office for comprehensive health planning in the office for planning and programming; or

b. If the appropriate areawide health planning council has failed to make any appointment necessary under this subsection within thirty days after being notified of a vacancy by the administrator of

the facility involved, by the commissioner; or c. If the commissioner has failed to act within thirty days after being notified by the administrator of the facility involved of a vacancy which has not been filled by the appropriate areawide health planning council within the time prescribed by this subsection, the appointment may be made by the administrator.

2. The care review committee shall periodically review the needs of each individual patient or resident of the facility, and shall perform the functions delegated to it by section twenty-five (25) of this Act. The responsibilities of the care review committee shall be in accordance with rules of the department, which shall in formulating such rules give consideration to the needs of patients and residents of each license category of health care facility and the services facilities of each category are authorized to render.

SEC. 22. Chapter one hundred thirty-five C (135C), Code 1975, is amended by adding sections twenty-three (23) through thirty-five (35) of this Act.

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SEC. 23. New Section. **Violations classified.** Every violation by a health care facility of any provision of this chapter or of the rules adopted pursuant to it shall be classified by the department in accordance with this section. The department shall adopt and may from time to time modify, in accordance with chapter seventeen A (17A) of the Code, rules setting forth so far as feasible the specific violations included in each classification and stating criteria for the classification of any violation not so listed.

any violation not so listed.

1. A class I violation is one which presents an imminent danger or a substantial probability of resultant death or physical harm to the residents of the facility in which the violation occurs. A physical condition or one or more practices in a facility may constitute a class I violation. A class I violation shall be abated or eliminated immediately unless the department determines that a stated period of time, specified in the citation issued under section twenty-seven (27) of this Act, is required to correct the violation. A licensee shall be subject to a penalty of not less than five hundred nor more than five thousand dollars for each class I violation for which the licensee's facility is cited.

2. A class II violation is one which has a direct or immediate relationship to the health, safety or security of residents of a health care facility, but which presents no imminent danger nor substantial probability of death or physical harm to them. A physical condition or one or more practices within a facility, including either physical abuse of any resident or failure to treat any resident with consideration, respect and full recognition of the resident's dignity and individuality, in violation of a specific rule adopted by the department, may constitute a class II violation. A class II violation shall be corrected within a stated period of time determined by the department and specified in the citation issued under section twenty-seven (27) of this Act. The stated period of time specified in the citation may subsequently be modified by the department for good cause shown. A licensee shall be subject to a penalty of not less than one hundred nor more than five hundred dollars for each class II violation for which the licensee's facility is cited. however the commissioner may waive the penalty if the violation is corrected within the time specified in the citation.

3. A class III violation is any violation of this chapter or of the rules adopted pursuant to it which violation is not classified in the department's rules nor classifiable under the criteria stated in those rules as a class I or a class II violation. A licensee shall not be subject to a penalty for a class III violation, except as provided by section twenty-seven (27), subsection one (1) of this Act for failure to correct the violation within a reasonable time specified by the department in the notice of the violation.

SEC. 24. NEW SECTION. **Complaints alleging violations.** Any person may request an inspection of any health care facility by filing with the department or care review committee of the facility a complaint of an alleged violation of applicable requirements of this chapter or the rules adopted pursuant to it. The complaint shall state in a reasonably specific manner the basis of the complaint, and a copy thereof shall be forwarded to the facility involved within twenty-four hours of receipt of the complaint by the department or the committee.

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Sec. 25. New Section. Inspections upon complaints.

1. Upon receipt of a complaint made in accordance with section twenty-four (24) of this Act, the department or care review committee shall make a preliminary review of the complaint. Unless the department or committee concludes that the complaint is intended to harass a facility or a licensee or is without reasonable basis, it shall within twenty working days of receipt of the complaint make or cause to be made an on-site inspection of the health care facility which is the subject of the complaint. The department may refer to the care review committee of a facility any complaint received by the department regarding that facility, for initial evaluation and appropriate action by the committee. In any case, the complainant shall be promptly informed of the result of any action taken by the department or committee in the matter.

2. An inspection made pursuant to a complaint filed under section twenty-four (24) of this Act shall be limited to the matter or matters complained of, and shall not be a general inspection. Upon arrival at the facility to be inspected, the inspector shall identify himself or herself to an employee of the facility and state that an inspection is to be made, before beginning the inspection. Upon request of either the complainant or the department or committee, the complainant or his or her representative or both may be allowed the privilege of accompanying the inspector during any on-site inspection made pursuant to this section. The inspector may cancel the privilege at any time if the inspector determines that the privacy of any resident of the facility to be inspected would otherwise be violated. The dignity of the resident shall be given first priority by the inspector and others.

3. If upon an inspection of a facility by its care review committee, pursuant to this section, the committee advises the department of any circumstance believed to constitute a violation of this chapter or of any rule adopted pursuant to it, the committee shall similarly advise the facility at the same time. If the facility's licensee or administrator disagrees with the conclusion of the committee regarding the supposed violation, an informal conference may be requested and if requested shall be arranged by the department as provided in section twenty-nine (29) of this Act before a citation is issued. If the department thereafter issues a citation pursuant to the committee's finding, the facility shall not be entitled to a second informal conference on the same violation and the citation shall be considered affirmed. The facility cited may proceed under section thirty (30) of this Act if it so desires.

New Section. No advance notice of inspection—exception. No advance notice of an on-site inspection made pursuant to section twenty-five (25) of this Act shall be given the health care facility or the licensee thereof unless previously and specifically authorized in writing by the commissioner or required by federal law. The person in charge of the facility shall be informed of the substance of the complaint at the commencement of the on-site inspection.

Sec. 27. New Section. Citations when violations found—exception.

1. When any inspection or investigation of a health care facility made pursuant to this chapter finds the facility in violation of any applicable requirement of this chapter or the rules adopted pursuant to it, the commissioner shall within five working days after a finding of a class I violation is made, and within ten working days after a finding of a class II or class III violation is made, issue a written citation to

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the facility. The citation shall be served upon the facility personally or by certified mail, except that a citation for a class III violation may be sent by ordinary mail. Each citation shall specifically describe the nature of the violation, identifying the Code section or subsection or the rule or standard violated, and the classification of the violation under section twenty-three (23) of this Act. Where appropriate, the citation shall also state the period of time allowed for correction of the violation, which shall in each case be the shortest period of time the department deems feasible. Failure to correct a violation within the time specified, unless the licensee's control, shall subject the facility to a further penalty of fifty dollars for each day that the violation continues after the time specified for correction.

2. When a citation is served upon or mailed to a health care facility under subsection one (1) of this section, and the licensee of the facility is not actually involved in the daily operation of the facility, a copy of the citation shall be mailed to the licensee. If the licensee is a corporation, a copy of the citation shall be sent to the corporation's office of record. If the citation was issued pursuant to an inspection resulting from a complaint filed under section twenty-four (24) of this Act, a copy of the citation shall be sent to the complainant at the earliest time permitted by section one hundred thirty-five C point nineteen (135C.19), subsection one (1), of the Code.

3. No health care facility shall be cited for any violation caused by any practitioner licensed pursuant to chapters one hundred forty-eight (148), one hundred fifty (150) or one hundred fifty A (150A) of the Code if that practitioner is not the licensee of and is not otherwise financially interested in the facility, and the licensee or the facility presents evidence that reasonable care and diligence have been exercised in notifying the practitioner of his duty to the patients in the facility.

SEC. 28. NEW SECTION. Licensee's response to citation. Within twenty business days after service of a citation under section twenty-seven (27) of this Act, a facility shall either:

1. If it does not desire to contest the citation:

a. Remit to the department the amount specified by the department pursuant to section twenty-three (23) of this Act as a penalty for each class I violation cited, and for each class II violation unless the citation specifically waives the penalty, which funds shall be paid by the department into the state treasury and credited to the general fund; or

b. In the case of a class II violation for which the penalty has been waived in accordance with the standards prescribed in section twenty-three (23), subsection two (2) of this Act, or a class III violation, send to the department a written response acknowledging that the citation has been received and stating that the violation will be corrected within the specific period of time allowed by the citation; or

2. Notify the commissioner that the facility desires to contest the citation and, in the case of citations for class II or class III violations, request an informal conference with a representative of the department.

SEC. 29. NEW SECTION. Informal conference on contested citation. The commissioner shall assign a representative of the department, other than the inspector upon whose inspection the contested citation is based, to hold an informal conference with the facility within ten working days after receipt of a request made under section twenty-eight (28), subsection two (2) of this Act. At the conclusion of the conference the representative may affirm or may modify or dismiss the citation. In the latter case, the representative shall state in writing the

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specific reasons for the modification or dismissal and immediately 10 transmit copies of the statement to the commissioner, and to the facility. If the facility does not desire to further contest an affirmed or modified citation, it shall within five working days after the informal conference, or after receipt of the written explanation of the represent-11 12 13 ative, as the case may be, comply with section twenty-eight (28), subsection one (1) of this Act. 14 15

Sec. 30. New Section. Formal contest—judicial review.

1. A facility which desires to contest a citation for a class I violation, or to further contest an affirmed or modified citation for a class II or class III violation, may do so in the manner provided by chapter seventeen A (17A) of the Code for contested cases. Notice of intent to formally contest a citation shall be given the department in writing within five days after service of a citation for a class I violation, or within five days after the informal conference or after receipt of the written explanation of the representative delegated to hold the informal conference, whichever is applicable, in the case of an affirmed or modified citation for a class II or class III violation. A facility which has exhausted all adequate administrative remedies and is aggrieved by the final action of the department may petition for judicial review in the manner provided by chapter seventeen A (17A) of the Code.

2. Hearings on petitions for judicial review brought under this section shall be set for trial at the earliest possible date and shall take precedence on the court calendar over all other cases except matters to which equal or superior precedence is specifically granted by law. The times for pleadings and for hearings in such actions shall be set by the judge of the court with the object of securing a decision in the matter at the earliest possible time.

Sec. 31. New Section. Treble fines for repeated violations. The penalties authorized by section twenty-three (23) of this Act shall be trebled for a second or subsequent class I or class II violation occurring within any twelve-month period if a citation was issued for the same class I or class II violation occurring within that period and a penalty was assessed therefor.

SEC. 32. NEW SECTION. Refund of penalty. If at any time a contest or appeal of any citation issued a health care facility under this Act results in an order or determination that a penalty previously paid to or collected by the department must be refunded to the facility, the refund shall be made from any money in the state general fund not otherwise appropriated.

Sec. 33. New Section. Retaliation by facility prohibited.

1. A facility shall not discriminate or retaliate in any way against a resident or an employee of the facility who has initiated or participated in any proceeding authorized by this chapter. A facility which violates this section is subject to a penalty of not less than two hundred fifty nor more than five thousand dollars, to be assessed and collected by the commissioner in substantially the manner prescribed by sections twenty-seven (27) through thirty (30), inclusive, of this Act and paid into the state treasury to be credited to the general fund, or to immediate revocation of the facility's license.

2. Any attempt to expel from a health care facility a resident by whom or upon whose behalf a complaint has been submitted to the department under section twenty-four (24) of this Act, within ninety days after the filing of the complaint or the conclusion of any proceeding resulting from the complaint, shall raise a rebuttable presumption that the action was taken by the licensee in retaliation for the filing of the complaint.

SEC. 34. NEW SECTION. Report listing licensees and citations. The state department shall annually prepare and make available in its office at the seat of government a report listing all licensees by name and address, indicating (1) the number of citations and the nature of each citation issued to each licensee during the previous twelve-month period and the status of any action taken pursuant to each citation, including penalties assessed, and (2) the nature and status of action taken with respect to each uncorrected violation for which a citation is outstanding.

SEC. 35. NEW SECTION. Information about complaint procedure. The state department shall make a continuing effort to inform the general public of the appropriate procedure to be followed by any person who believes that a complaint against a health care facility is justified and should be made under section twenty-four (24) of this Act.

SEC. 36. A health care facility licensed prior to the effective date of this Act under chapter one hundred thirty-five C (135C) as it appears in the Code of 1975 may operate by virtue of that license for one year from the date the license is issued unless it is sooner suspended or revoked in the manner provided by law. Any facility holding a license on the effective date of this Act shall have one year from that date, subject to such provisional certificates or other extensions as may be granted in accordance with this Act, to achieve compliance with any standards or requirements imposed by or pursuant to this Act which are new or are more stringent than the comparable standards or requirements previously in existence, but this provision shall not be construed to exempt any facility from operation of the citation and penalty procedure established by this Act as a means of enforcing laws and rules to which the facility is subject.

SEC. 37. After consultation with industry, professional and consumer groups affected thereby, but not later than three months after the effective date of this Act, the commissioner shall initiate the procedure prescribed by section seventeen A point four (17A.4) of the Code for adoption of the rules required by section twenty-three (23) of this Act. The adoption of those rules shall then be completed as expeditiously as reasonably possible. It is the intent of this Act that those rules the adoption of which is required by this section shall serve only to classify violations of and not to substantively change the department's existing rules previously adopted under chapter one hundred thirty-five C (135C) of the Code. Any substantive changes in such existing rules shall be made in a proceeding separate from the proceeding for adoption of the rules required by section twenty-three (23) of this Act.

SEC. 38. Not later than July 1, 1978, the department shall complete a review of the effectiveness of the citation and penalty procedure established by this Act as a means of enforcement of the provisions of chapter one hundred thirty-five C (135C) of the Code and of the rules adopted pursuant to it, and shall submit a report thereon to the legislative council for transmission to the Sixty-eighth General Assembly upon the convening of its first regular session. The report shall include any recommendations for additional legislation which the department deems necessary to improve the enforcement of the provisions of chap-

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- ter one hundred thirty-five C (135C) of the Code or to enhance the quality of care provided in health care facilities in this state.
 - 1 Sec. 39. This Act shall take effect January 1, 1976.

Approved July 14, 1975

This Act was passed by the G.A. prior to July 1, 1975; see \$3.7 of the Code

CHAPTER 120

ADULT FOSTER FAMILY HOMES

S. F. 193

AN ACT to amend chapter 135C of the Code so as to change the defined term "adult foster home" to "adult foster family home" and to make certain related changes in the use of that term.

Be It Enacted by the General Assembly of the State of Iowa:

SECTION 1. Section one hundred thirty-five C point one (135C.1), subsections one (1) and eight (8), Code 1975, is amended to read as follows:

1. "Adult foster family home" means any private dwelling or other suitable place providing for a period exceeding twenty-four consecutive hours accommodation, board, and supervision, for which a charge is made, to not more than two five individuals, not related to the owner or occupant of the dwelling or place within the third degree of consanguinity, who by reason of age, illness, disease, or physical or mental infirmity are unable to sufficiently or properly care for themselves, but who are essentially capable of managing their own affairs.

8. "Health care facility" or "facility" means any adult foster family home, boarding home, custodial home, basic nursing home, intermediate nursing home, skilled nursing home, or extended care facility.

SEC. 2. Section one hundred thirty-five C point four (135C.4), Code 1975, is amended to read as follows:

- 135C.4 Custodial homes. Each facility licensed as a custodial home or boarding home shall provide an organized continuous twenty-four hour program of care commensurate with the needs of the residents of the home and under the immediate direction of a person whose combined training and supervised experience is such as to ensure adequate and competent care. All admissions to custodial homes, or boarding homes, or and all placements in adult foster family homes shall be based on an order written by a physician certifying that the individual being admitted or placed does not require nursing care.
- 1 SEC. 3. Section one hundred thirty-five C point seven (135C.7), sub-2 section two (2), unnumbered paragraph one (1), Code 1975, is amended 3 to read as follows:
- 4 2. For adult foster homes, boarding homes, and custodial homes, baving a total of:
- 1 SEC. 4. Section one hundred thirty-five C point seven (135C.7),
- Code 1975, is amended by adding the following new subsection:
 NEW SUBSECTION. For adult foster family homes, five dollars.

Approved May 12, 1975