Regulatory Analysis

Notice of Intended Action to be published: 481—Chapter 68
"Elder Group Homes"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 231B.2

State or federal law(s) implemented by the rulemaking: Iowa Code section 231B.2 and Executive Order 10

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

November 4, 2025 1:30 p.m.	Ledges Conference Room 6200 Park Avenue Des Moines, Iowa

Information on virtual participation will be available on the Department of Inspections, Appeals, and Licensing's website prior to the hearing.

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

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Des Moines, Iowa 50321
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Purpose and Summary

The proposed rulemaking repromulgates Chapter 68 and implements Iowa Code section 231B.2 in accordance with the goals and directives of Executive Order 10. Iowa Code section 231B.2 requires the Department to establish minimum standards for certification and monitoring of elder group homes.

The rulemaking implements the above Iowa Code section by setting forth the certification and recertification process. The rulemaking describes the evaluation needed for tenants and lists the occupancy agreement terms, as well as the criteria for admission and retention of tenants and necessary tenant documents. The rules list how to involuntarily transfer a tenant from the program. The rulemaking sets staffing requirements, along with structural standards and life safety protocols.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Elder group home owners and operators will bear the costs of the proposed rulemaking. These costs are associated with running safe and effective programs.

- **Classes of persons that will benefit from the proposed rulemaking:**

The tenants of elder group homes will benefit from the rulemaking by receiving safe and adequate care. Their loved ones will benefit by knowing the tenants are taken care of.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

The elder group homes will be impacted by having to comply with the policies and procedures established by the rulemaking. The costs will vary by program and are difficult to predict. The facilities will have to provide adequate staffing and appropriate facilities. It is difficult to determine those costs.

- **Qualitative description of impact:**

The qualitative impact of this rulemaking is that it provides safe and adequate care to tenants and peace of mind to their loved ones.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

The costs to the Department are those that are statutorily required to oversee the programs. There are currently no elder group homes in Iowa.

- **Anticipated effect on State revenues:**

There is no anticipated effect on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

The costs of the rulemaking to the programs are necessary to maintain the safety of the tenants in the facilities. These tenants are a vulnerable population. The rulemaking ensures that the programs are providing the tenants with the necessary services to meet their needs safely and adequately.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

There are no less costly or less intrusive methods to achieve the purpose of the rulemaking. The purpose of Iowa Code chapter 231B is to ensure the safety of the tenants, and the rules promulgated help to achieve that purpose in the most efficient and least intrusive way possible.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

See the answer to section 5 above.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

See the answer to section 5 above.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

Elder group homes will be of different sizes. The need to protect the residents of those facilities is the same no matter the size of the facility. Iowa Code chapter 231B does not allow for exemptions or different standards for small organizations. The necessity for consistency and fairness is the same whether the facility is small or large. Notwithstanding, if a small organization identifies a portion of the rulemaking that is overly burdensome and the goals of which can be accomplished in a manner that would reduce the impact of the rulemaking to the organization, the Department's established waiver process could be utilized.

Text of Proposed Rulemaking

ITEM 1. Rescind 481—Chapter 68 and adopt the following **new** chapter in lieu thereof:

CHAPTER 68
ELDER GROUP HOMES

481—68.1(231B) Definitions. In addition to the definitions in 481—Chapter 67 and Iowa Code chapter 231B, the following definitions apply:

"Applicable requirements" means Iowa Code chapter 231B, this chapter and 481—Chapter 67 and any other applicable administrative rules and provisions of the Iowa Code.

"Household occupant" means a tenant and all others who reside in an elder group home (EGH).

"Maximal assistance with activities of daily living" means routine total dependence on staff for the performance of a minimum of four activities of daily living for a period that exceeds 21 days.

"Medically unstable" means that a tenant has a condition or conditions:

1. Indicating physiological frailty as determined by the program's staff in consultation with a physician or physician extender;
2. Resulting in two or more significant hospitalizations within a consecutive three-month period for more than observation; and
3. Requiring supervision by a registered nurse more than once a week of the tenant for more than 21 days.

"On-site manager" means the person on duty responsible for direct supervision or provision of tenant care. The on-site manager may be any household occupant over 18 years of age, except a tenant, who is qualified to perform the necessary duties.

"Personal care provider" means an individual who, in return for remuneration, assists with the essential activities of daily living that the tenant can perform personally only with difficulty.

"Program" means an elder group home.

"Unmanageable incontinence" means a condition that requires staff provision of total care for an incontinent tenant who lacks the ability to assist in bladder or bowel continence care.

"Usable floor space" means open floor space that is not under fixtures, furniture or other barriers and is available for walking or wheelchair use.

481—68.2(231B) Program certification and posting requirements.

68.2(1) *Certification.* A program may obtain certification by meeting all applicable requirements.

68.2(2) *Posting requirements.* A program's current certificate shall be visibly displayed within the designated operation area of the program. The latest monitoring report, fire safety bureau report, and food establishment inspections report issued pursuant to Iowa Code chapter 137F shall be made available to the public by the program upon request.

481—68.3(231B) Certification—application process.

68.3(1) The applicant shall complete an application packet obtained from the department health facilities division website at dia-hfd.iowa.gov; by mail from the Department of Inspections, Appeals,

and Licensing, Adult Services Bureau, 6200 Park Avenue, Des Moines, Iowa 50321; or by telephone at 515.281.7272.

68.3(2) The applicant shall submit one copy of the completed application and all supporting documentation to the department at least 30 calendar days prior to the expected date of beginning operation.

481—68.4(231B) Certification—application content. An application for certification or recertification of an EGH shall include the following:

68.4(1) The names, addresses, and percentage of stock, shares, partnership or other equity interest of all officers, members of the board of directors and trustees, as well as stockholders, partners or any individuals who have greater than a 10 percent equity interest in each of the following, as applicable:

a. The real estate owner or lessor;

b. The lessee;

c. The management company responsible for the day-to-day operation of the program.

The program will notify the department of any changes in the list no later than ten working days after the effective date of the change.

68.4(2) A statement disclosing whether the individuals listed in subrule 68.4(1) have been convicted of a felony or an aggravated or serious misdemeanor or found to be in violation of the child abuse or dependent adult abuse laws of any state.

68.4(3) A statement disclosing whether any of the individuals listed in subrule 68.4(1) meet the criteria set out in Iowa Code section 231B.10(1)*"g,"* including for a licensed health care facility as defined in Iowa Code section 135C.1 or licensed hospital as defined in Iowa Code section 135B.1.

68.4(4) Reserved.

68.4(5) The tenant occupancy agreement and all attachments.

68.4(6) If the program contracts for personal care or health-related care services from a certified home health agency, a mental health center or a licensed health care facility, a copy of that entity's current license or certification.

68.4(7) A copy of the state license for the entity that provides food service, whether the entity is the program or an outside entity or a combination of both.

68.4(8) The fee set forth in Iowa Code section 231B.17.

481—68.5(231B) Initial certification process.

68.5(1) Upon receipt of all completed documentation, including fire safety bureau approval and structural and evacuation review approval, the department will determine whether or not the proposed program meets applicable requirements.

68.5(2) If the department determines the proposed program meets the requirements for certification, a provisional certification will be issued to the program to begin operation and accept tenants.

68.5(3) Within 180 calendar days following issuance of provisional certification, the department will conduct a monitoring to determine the program's compliance with applicable requirements.

68.5(4) If a regulatory insufficiency is identified as a result of the monitoring, the process in rule 481—67.10(17A,231B,231C,231D) will be followed.

68.5(5) The department will make a final certification decision based on the results of the monitoring and review of an acceptable plan of correction.

68.5(6) The department will notify the program of a final certification decision within ten working days following the finalization of the monitoring report or receipt of an acceptable plan of correction, whichever is applicable.

68.5(7) If the decision is to continue certification, the department will issue a full two-year certification effective from the date of the original provisional certification.

481—68.6(231B) Expiration of program certification. Unless conditionally issued, suspended or revoked, certification of a program will expire at the end of the time period specified on the certificate.

481—68.7(231B) Recertification process. To obtain recertification, a program shall:

68.7(1) Submit one copy of the completed application, including the information from rule 481—68.4(231B), associated documentation, and the recertification fee as listed in Iowa Code section 231B.17 to the department at the address stated in subrule 68.3(1) at least 90 calendar days prior to the expiration of the program's certification.

68.7(2) Submit additional documentation that each of the following has been inspected and found to be maintained in conformance with the manufacturer's recommendations and nationally recognized standards: heating system, cooling system, water heater, electrical system, plumbing, sewage system, artificial lighting, and ventilation system; and, if located on site, garbage disposal, kitchen appliances, washing machines and dryers, and elevators.

481—68.8(231B) Notification of recertification.

68.8(1) The department will review the application and associated documentation and fees. If the application is incomplete, the department will contact the program to request the additional information. After all finalized documentation is received, including fire safety bureau approval, the department will determine the program's compliance with applicable requirements.

68.8(2) If the facility is in good standing, the department will issue the program a two-year certification effective from the date of the expiration of the previous certification.

68.8(3) If the decision is to deny recertification, the department shall issue a notice of denial and provide the program the opportunity for a hearing pursuant to rule 481—67.14(17A,231B,231C,231D).

481—68.9(231B) Listing of all certified programs. The department will maintain a list of all certified programs, which is available online at dia-hfd.iowa.gov.

481—68.10(231B) Change of ownership—notification to the department.

68.10(1) Certification, unless conditionally issued, suspended or revoked, may be transferable. If the program's certification has been conditionally issued, the department must approve a change of ownership prior to the transfer of the certification.

68.10(2) In order to transfer certification, the applicant must:

a. Meet the requirements of the rules, regulations and standards contained in Iowa Code chapter 231B and 481—Chapter 67 and this chapter;

b. At least 30 days prior to the change of ownership of the program, provide application and supporting documents to the department.

68.10(3) The department may conduct a monitoring within 90 days following a change in the program's ownership to ensure that the program complies with applicable requirements. If a regulatory insufficiency is found, the department will take any necessary enforcement action authorized by applicable requirements.

481—68.11(231B) Cessation of program operation that includes seeking decertification.

68.11(1) The program shall provide, at least 90 days in advance of cessation, unless there is some type of emergency, written notification to the department and the tenant advocate of the date on which the program will cease operation.

68.11(2) At the time a program decides to cease operation, the program shall submit a plan to the department and make arrangements for the safe and orderly transfer or transition of all tenants within the 90-day period specified by subrule 68.11(1).

68.11(3) The department may conduct a monitoring during the 90-day period to ensure the safety of tenants during the transfer process or transition process.

68.11(4) When a program ceases operation, tenant advocates shall be allowed by the program to privately meet with tenants to provide education and service options.

481—68.12(231B) Occupancy agreement.

68.12(1) The occupancy agreement shall be in 12-point type or larger and written in plain language using commonly understood terms that are easy for the tenant or the tenant's legal representative to understand.

68.12(2) In addition to the requirements of Iowa Code section 231B.5, the written occupancy agreement shall include the following information in the body of the agreement or in the supporting documents and attachments:

a. The telephone number for filing a complaint with the department.

b. The telephone number for the office of the tenant advocate.

c. The telephone number for reporting dependent adult abuse.

d. A copy of the program's statement on tenants' rights.

e. A statement that the program will notify the tenant at least 90 days in advance of any planned program cessation, except in cases of emergency.

f. A copy of the program's admission and transfer criteria.

68.12(3) The occupancy agreement shall be reviewed and updated as necessary to reflect any change in services or financial arrangements.

68.12(4) A copy of the occupancy agreement shall be provided to the tenant or the tenant's legal representative, if any, and a copy kept by the program.

68.12(5) A copy of the most current occupancy agreement shall be made available to the general public upon request.

481—68.13(231B) Evaluation of tenant.

68.13(1) *Evaluation prior to occupancy.* A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and becoming a household occupant to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional, human service professional, or a licensed practical nurse via nurse delegation.

68.13(2) *Evaluation within 30 days of occupancy and with significant change.* A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, human service professional, or a licensed practical nurse via nurse delegation.

481—68.14(231B) Criteria for admission and retention of tenants.

68.14(1) *Persons who may not be admitted or retained.* A program shall not knowingly admit or retain a tenant who:

a. Is bed-bound; or

b. Requires routine, one-person assistance with standing, transfer or evacuation; or

c. Is dangerous to self or other tenants or staff, including but not limited to a tenant who:

(1) Despite intervention chronically elopes, is sexually, verbally or physically aggressive or abusive; or

(2) Displays behavior that places another tenant at risk; or

d. Is in an acute stage of alcoholism, drug addiction, or uncontrolled mental illness; or

e. Is under the age of 18; or

f. Requires more than part-time or intermittent health-related care; or

g. Has unmanageable incontinence on a routine basis despite an individualized toileting program; or

h. Is medically unstable; or

i. Requires maximal assistance with activities of daily living; or

j. Is physically or mentally unable to immediately and without aid of another travel a normal path to safety, including the ascent and descent of stairs from the tenant's bedroom or bathroom.

68.14(2) *Disclosure of additional occupancy and transfer criteria.* A program may have additional occupancy or transfer criteria if the criteria are disclosed in the written occupancy agreement prior to the tenant's occupancy.

68.14(3) *Assistance with transfer from the program.* A program shall assist a tenant and the tenant's legal representative, if applicable, to ensure a safe and orderly transfer from the program when the tenant exceeds the program's criteria for admission and retention.

481—68.15(231B) Involuntary transfer from the program.

68.15(1) *Program initiation of transfer.* The program shall comply with Iowa Code section 231B.6 and provide notification to the tenant advocate by certified mail and the tenant's treating physician, if any.

68.15(2) *Transfer pursuant to results of monitoring or complaint or program-reported incident investigation by the department.* If one or more tenants are identified as exceeding the admission and retention criteria for tenants and transferred as a result of a monitoring or a complaint or program-reported incident investigation conducted by the department, the following procedures shall apply:

a. Notification of the program. Within 20 working days of the monitoring or complaint or program-reported incident investigation, the department will notify the program, in writing, of the identification of any tenant who exceeds admission and retention criteria.

b. Notification of others. Each identified tenant, the tenant's legal representative, if applicable, and other providers of services to the tenant will be notified of their opportunity to provide responses within ten days of receipt of the notice, including: specific input, written comment, information, and documentation directly addressing any agreement or disagreement with the identification.

c. Program agreement with the department's finding. If the program agrees with the department's finding and the program begins involuntary transfer proceedings, the program's internal appeal process in subrule 68.15(1) will be utilized for appeals.

d. Program disagreement with the department's finding. If the program does not agree with the department's finding that the tenant exceeds admission and retention criteria, the program may collect and submit all responses to the department, within ten working days of the receipt of the notice, including those from other interested parties. In the program's response, the program will identify the tenant, list the known responses from others, and note the program's agreement or disagreement with the responses from others. Submission of a response does not eliminate the applicable requirements including submission of a plan of correction under 481—subrule 67.13(3). Other persons may also submit information directly to the department.

(1) Consideration of response. Within ten working days of receipt of the program's response for each identified tenant, the department will make a final finding regarding the continued retention of a tenant.

(2) Amending the regulatory insufficiency. If the department's determination is to amend the regulatory insufficiency based on the response, the department will modify the report of findings.

(3) Retaining regulatory insufficiency. If the department retains the regulatory insufficiency, the department will review the plan of correction in accordance with this chapter and 481—Chapter 67. The department will notify the program of the opportunity to appeal the report findings as they relate to the admission and retention decision. The department will provide to the tenant or the tenant's legal

representative the contact information for the tenant advocate. A copy of the final report will be sent to the tenant advocate.

(4) Effect of the filing of an appeal. If an appeal is filed, the tenant who exceeds admission and retention criteria will be allowed to continue living in the EGH until all administrative appeals have been exhausted. Appeals filed that relate to the tenant's exceeding admission and retention criteria will be heard within 30 days of receipt, and appropriate services to meet the tenant's needs will be provided during that period of time.

(5) Request for waiver of criteria for retention of a tenant in a program. To allow a tenant to remain in the program, the program may request a waiver of criteria for retention of a tenant pursuant to rule 481—67.7(231B,231C,231D) from the department within ten working days of the receipt of the report.

481—68.16(231B) Tenant documents.

68.16(1) Documentation for each tenant shall be maintained by the program and include:

a. An occupancy record including the tenant's name, birth date, and home address; identification numbers; date of beginning participation; name, address and telephone number of health professional(s); diagnosis; and names, addresses and telephone numbers of family members, friends or other designated people to contact in the event of illness or an emergency;

b. Application forms;

c. The initial evaluations and updates;

d. A nutritional assessment as necessary;

e. The initial individual service plan and updates;

f. Signed authorizations for permission to release medical information, photographs, or other media information as necessary;

g. A signed authorization for the tenant to receive emergency medical care as necessary;

h. A signed managed risk policy and signed managed risk consensus agreements, if any;

i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception;

j. Medication lists, which will be maintained in conformance with 481—paragraph 67.5(2)*"d"*;

k. Advance health care directives as applicable;

l. A complete copy of the tenant's occupancy agreement, including any updates;

m. A written acknowledgment that the tenant or the tenant's legal representative, if applicable, has been fully informed of the tenant's rights;

n. A copy of guardianship, durable power of attorney for health care, power of attorney, or conservatorship or other documentation of a legal representative;

o. Incident reports involving the tenant, including but not limited to those related to medication errors, accidents, falls, and elopements (such reports need not be included in the tenant's medical record);

p. A copy of waivers of admission or retention criteria, if any;

q. When the tenant is unable to advocate on the tenant's own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks will be part of the medication administration records (MARs);

r. Authorizations for the release of information, if any.

68.16(2) The program records relating to a tenant shall be retained for a minimum of three years after termination of service.

68.16(3) All records shall be protected from loss, damage and unauthorized use.

481—68.17(231B) Service plans.

68.17(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 68.13(1) and 68.13(2); and be designed to meet the specific needs of the individual tenant.

68.17(2) Prior to the tenant's signing the occupancy agreement and becoming a household occupant, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan.

68.17(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. The service plan will be signed by all parties.

a. If a significant change does not exist, the program may, after nurse review, add minor discretionary changes to the service plan without a comprehensive evaluation and without obtaining signatures on the service plan.

b. If a significant change relates to a recurring or chronic condition, a previous evaluation and service plan of the recurring condition may be utilized without new signatures being obtained. For example, with chronic exacerbation of a urinary tract infection, nurse review is adequate to institute the previously written evaluation and service plan.

68.17(4) The service plan shall be individualized and indicate:

a. The tenant's identified needs and preferences for assistance;

b. Any services and care to be provided pursuant to the occupancy agreement;

c. The service provider(s), if other than the program;

d. Preferences, if any, of the tenant or the tenant's legal representative for nursing facility care, if the need for nursing facility care presents itself during the elder group home occupancy.

481—68.18(231B) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation:

68.18(1) To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders;

68.18(2) To ensure that health care professionals' orders are current for tenants who receive professional-directed health care from the program;

68.18(3) To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status;

68.18(4) To provide the program with written documentation of the activities under the service plan, as set forth in rule 481—68.17(231B), showing the time, date and signature.

481—68.19(231B) Staffing. In addition to the general staffing requirements in rule 481—67.9(231B,231C,231D), the following requirements apply to staffing in programs:

68.19(1) The program will be staffed by an on-site manager 24 hours per day, seven days per week.

68.19(2) Personal care providers will have completed a home care aide training program that meets the requirements and criteria established in 441—Chapter 81.

68.19(3) The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population.

68.19(4) Personal care providers and nursing staff may be employed by the program or obtained through a contract with a home health agency or other service provider. Regardless of the source, the staff must meet all applicable requirements.

68.19(5) The program will notify the department in writing within ten business days of a change in the program's manager.

481—68.20(231B) Managed risk policy and managed risk consensus agreements. The program shall have a managed risk policy that will be provided to the tenant along with the occupancy agreement and include:

68.20(1) An acknowledgment of the shared responsibility for identifying and meeting the needs of the tenant and the process for managing risk and for upholding tenant autonomy when tenant decision making results in poor outcomes for the tenant or others;

68.20(2) A consensus-based process to address specific risk situations. Program staff and the tenant will participate in the process. The result of the consensus-based process may be a managed risk consensus agreement that will include the signature of the tenant and all others who participated in the process and be included in the tenant's file.

481—68.21(231B) Transportation. When transportation services are provided directly or under contract with the program the following shall apply:

68.21(1) The vehicle will be accessible and appropriate to the tenants who use it, with consideration for any physical disabilities and impairments.

68.21(2) Every tenant transported will have a seat in the vehicle, except for a tenant who remains in a wheelchair during transport.

68.21(3) Vehicles will have adequate seat belts and securing devices for ambulatory and wheelchair-using passengers.

68.21(4) Wheelchairs will be secured when the vehicle is in motion.

68.21(5) During loading and unloading of a tenant, the driver will be in the proximate area of the tenants in a vehicle.

68.21(6) The driver will have a valid and appropriate Iowa driver's license or commercial driver's license as required by law for the vehicle being utilized for transport, or be so licensed in another state. The driver will meet any state or federal requirements for licensure or certification for the vehicle operated.

481—68.22(231B) Identification of veteran's benefit eligibility.

68.22(1) Within 30 days of a tenant's participation in an elder group home that receives reimbursement through the medical assistance program under Iowa Code chapter 249A, the program shall ask the tenant or the tenant's personal representative whether the tenant is a veteran or whether the tenant is the spouse, widow, or dependent of a veteran and document the response.

68.22(2) If the tenant may be a veteran or the spouse, widow, or dependent of a veteran, the program shall report the tenant's name along with the name of the veteran, if applicable, and the name of the contact person for this information, to the Iowa department of veterans affairs. The program may report such information to the Iowa department of health and human services.

68.22(3) If a tenant is eligible for benefits through the U.S. Department of Veterans Affairs or other third-party payor, the program first shall seek reimbursement from the identified payor source before seeking reimbursement from the medical assistance program established under Iowa Code chapter 249A.

481—68.23 Reserved.

481—68.24(231B) Life safety—emergency policies and procedures and structural safety requirements.

68.24(1) The program shall submit to the department and follow written emergency policies and procedures, including the following:

a. An emergency plan, with procedures for natural disasters that is located for easy reference;

b. Fire safety procedures;

c. Other general or personal emergency procedures, including head injury protocols;

d. Provisions for amending or revising the emergency plan;

e. Provisions for periodic training of all employees;

f. Procedures for fire drills;

g. Regulations regarding smoking;

h. Procedures for monitoring and testing of smoke-control systems;

i. Tenant evacuation procedures;

j. Procedures for reporting and documentation;

k. Procedures for extraordinary lifesaving measures, such as cardiopulmonary resuscitation (CPR).

68.24(2) The program's structure and procedures and the facility in which a program is located shall meet the requirements adopted for elder group homes in administrative rules promulgated by the building code bureau and fire safety bureau. Approval of the bureaus indicating that the building complies with these requirements is necessary for certification of a program.

68.24(3) The program shall have the means to control the maximum temperature of water at sources accessible by a tenant to prevent scalding and control the maximum water temperature for tenants with cognitive impairment or dementia or at a tenant's request.

481—68.25(231B) Structural standards.

68.25(1) The EGH shall be safe, sanitary, well-ventilated, and properly lighted, heated, and cooled; and comply with all applicable state and local housing ordinances for family residences and with fire safety rules promulgated by the fire safety bureau.

68.25(2) In addition to meeting the requirements in subrule 68.25(1), the EGH shall meet the following standards:

a. General.

(1) The home, furnishings and fixtures will be clean, in good repair and appropriate for the tenants.

(2) Stairways will have handrails of a circumference, length, texture, strength and stability that can reasonably be expected to provide tenant support.

(3) A functioning light will be provided in each room, stairway and exit; all light bulbs will be protected from breakage or removal with appropriate covers.

(4) The yard, fire exits and exterior steps will be kept free of obstructions and accessible and appropriate to the condition of the tenants.

(5) There will be at least 150 square feet of common living space and sufficient furniture in the home to accommodate the recreational and socialization needs of all the tenants at one time; common space will not be located in the basement or garage, unless such space was constructed for that purpose. Additional common living space may be required if wheelchairs, walkers or other durable medical equipment is to be accommodated. For an EGH constructed or remodeled after July 1, 2005, there will be 300 square feet of usable floor space.

(6) Interior and exterior doorways used by tenants will be wide enough to accommodate wheelchairs and walkers if tenants with impaired mobility are in residence.

(7) Hot and cold water at each tub, shower, and sink will be in sufficient supply to meet the needs of the tenants and staff.

(8) Grab bars will be present for each toilet, tub and shower. Access to toilet and bathing facilities will be barrier-free and provide individual privacy.

(9) A telephone will be available and accessible for tenants' use in a manner that allows for privacy.

b. Safety.

(1) All combustion appliances will be used and maintained properly and inspected annually by a qualified technician for carbon monoxide emissions and any other hazards to health and safety;

(2) Extension cord wiring will not be used in place of permanent electrical fixtures or outlets.

c. Sanitation requirements.

(1) A public water supply will be utilized if available. If a nonmunicipal water source is used, the owner or on-site manager will show documentation from the state laboratory that the water supply is potable and is tested as required by the rules of the environmental protection commission of the department of natural resources.

(2) Septic tanks or other nonmunicipal wastewater disposal systems will be in good working order and comply with state and local regulations for wastewater treatment.

(3) Garbage and refuse will be suitably stored and disposed of by a sanitation company providing service in the area.

(4) If laundry service is provided, soiled linens and clothing will be stored in containers in an area separate from food storage, kitchen and dining areas.

(5) Sanitation for household pets and other domestic animals will be adequate to prevent health and safety hazards.

(6) There will be adequate control of insects and rodents.

(7) Reasonable and prudent precautions for infection control will be taken, including washing hands and exposed portions of arms with soap and hot water immediately before engaging in food preparation and meal service and before and after providing personal care.

(8) There will be at least one toilet and one sink for every four household occupants. A minimum of one sink and toilet is required on each floor occupied by tenants. A sink will be located near each toilet. For an EGH constructed or remodeled after July 1, 2005, there will be at least one toilet and one sink for every two household occupants, with a minimum of one toilet and one sink on each floor occupied by tenants.

(9) At least one tub or shower is required for each six household occupants. For an EGH constructed or remodeled after July 1, 2005, there will be at least one tub or one shower for every four household occupants.

d. Bedroom requirements.

(1) Each tenant bedroom will:

1. Have a door that opens directly to a hallway or common use area without passage through another bedroom or common bathroom;

2. Be adequately ventilated, heated, cooled and lighted;

3. Have at least 70 square feet of usable floor space, excluding any area where a sloped ceiling does not allow a person to stand upright. For an EGH constructed or remodeled after July 1, 2005, each tenant bedroom will have at least 100 square feet of usable floor space;

4. Provide individual privacy and be occupied by one tenant, unless an alternative arrangement is agreed to in the occupancy agreement by the tenant or the tenant's legal representative;

5. Be on ground level for tenants with impaired mobility;

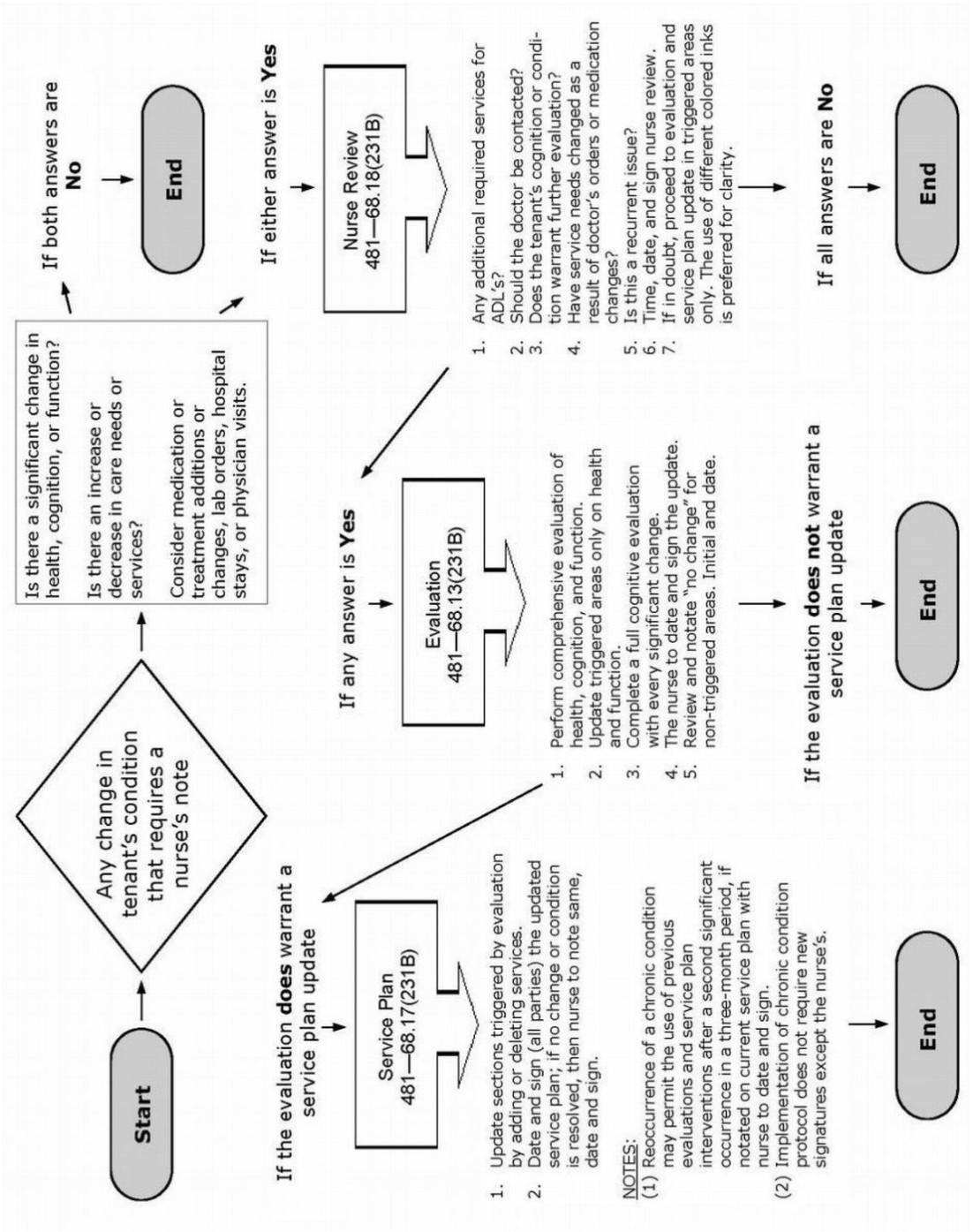
6. Be in sufficiently close proximity to the on-site manager to ensure that tenants are able to alert the on-site manager to nighttime needs or emergencies, or be equipped with a call system.

(2) Owners, operators, on-site managers, their family members, and personal care providers will not use as bedrooms areas that are designated as living areas or as tenant bedrooms;

(3) Common living space and tenant bedrooms will not be used for storage areas.

These rules are intended to implement Iowa Code chapter 231B.

Table A


Start
Any change in tenant's condition that requires a nurse's note
Is there a significant change in health, cognition, or function?
Is there an increase or decrease in care needs or services?
Consider medication or treatment additions or changes, lab orders, hospital stays, or physician visits.
If both answers are No
End
If either answer is Yes
Nurse Review 481—68.18(231B)
1. Any additional required services for ADL's?
2. Should the doctor be contacted?
3. Does the tenant's cognition or condition warrant further evaluation?
4. Have service needs changed as a result of doctor's orders or medication changes?
5. Is this a recurrent issue?
6. Time, date, and sign nurse review.
7. If in doubt, proceed to evaluation and service plan update in triggered areas only. The use of different colored inks is preferred for clarity.
If any answer is Yes
Evaluation 481—68.13(231B)
1. Perform comprehensive evaluation of health, cognition, and function.
2. Update triggered areas only on health and function.
3. Complete a full cognitive evaluation with every significant change.
4. The nurse to date and sign the update.
5. Review and notate "no change" for non-triggered areas. Initial and date.
If all answers are No
End
If the evaluation does warrant a service plan update
Service Plan 481—68.17(231B)
1. Update sections triggered by evaluation by adding or deleting services.
2. Date and sign (all parties) the updated service plan; if no change or condition is resolved, then nurse to note same, date and sign.
NOTES:
(1) Reoccurrence of a chronic condition may permit the use of previous evaluations and service plan interventions after a second significant occurrence in a three-month period, if notated on current service plan with nurse to date and sign.
(2) Implementation of chronic condition protocol does not require new signatures except the nurse's.
End
If the evaluation does not warrant a service plan update
End