

135C.1 Definitions.

1. “*Adult day services*” means adult day services as defined in section 231D.1 that are provided in a licensed health care facility.
2. “*Department*” means the department of inspections and appeals.
3. “*Direction*” means authoritative policy or procedural guidance for the accomplishment of a function or activity.
4. “*Director*” means the director of the department of inspections and appeals, or the director’s designee.
5. “*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.
6. “*Health care facility*” or “*facility*” means a residential care facility, a nursing facility, an intermediate care facility for persons with mental illness, or an intermediate care facility for persons with mental retardation.
7. “*House physician*” means a physician who has entered into a two-party contract with a health care facility to provide services in that facility.
8. “*Intermediate care facility for persons with mental illness*” means an institution, place, building, or agency designed to provide accommodation, board, and nursing care for a period exceeding twenty-four consecutive hours to three or more individuals, who primarily have mental illness and who are not related to the administrator or owner within the third degree of consanguinity.
9. “*Intermediate care facility for persons with mental retardation*” means an institution or distinct part of an institution with a primary purpose to provide health or rehabilitative services to three or more individuals, who primarily have mental retardation or a related condition and who are not related to the administrator or owner within the third degree of consanguinity, and which meets the requirements of this chapter and federal standards for intermediate care facilities for persons with mental retardation established pursuant to the federal Social Security Act, § 1905(c)(d), as codified in 42 U.S.C. § 1936d, which are contained in 42 C.F.R. pt. 483, subpt. D, § 410 – 480.
10. “*Licensee*” means the holder of a license issued for the operation of a facility, pursuant to this chapter.
11. “*Mental illness*” means a substantial disorder of thought or mood which significantly impairs judgment, behavior, or the capacity to recognize reality or the ability to cope with the ordinary demands of life.
12. “*Nursing care*” means those services which can be provided only under the direction of a registered nurse or a licensed practical nurse.
13. “*Nursing facility*” means an institution or a distinct part of an institution housing three or more individuals not related to the administrator or owner within the third degree of consanguinity, which is primarily engaged in providing health-related care and services, including rehabilitative services, but which is not engaged primarily in providing treatment or care for mental illness or mental retardation, for a period exceeding twenty-four consecutive hours for individuals who, because of a mental or physical condition, require nursing care and other services in addition to room and board.
14. “*Person*” means any individual, firm, partnership, corporation, company, association or joint stock association; and includes trustee, receiver, assignee or other similar representative thereof.
15. “*Physician*” has the meaning assigned that term by section 135.1, subsection 4.
16. “*Rehabilitative services*” means services to encourage and assist restoration of optimum mental and physical capabilities of the individual resident of a health care facility.
17. “*Residential care facility*” means any institution, place, building, or agency providing for a period exceeding twenty-four consecutive hours accommodation, board, personal assistance 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 illness, disease, or physical or mental infirmity are unable to sufficiently or properly care for themselves but who do not require the services of a registered or licensed practical nurse except on an emergency basis or who by reason of illness, disease, or physical or mental infirmity are unable to sufficiently or properly care for themselves but

who do not require the services of a registered or licensed practical nurse except on an emergency basis if home and community-based services, other than nursing care, as defined by this chapter and departmental rule, are provided. For the purposes of this definition, the home and community-based services to be provided are limited to the type included under the medical assistance program provided pursuant to chapter 249A, are subject to cost limitations established by the department of human services under the medical assistance program, and except as otherwise provided by the department of inspections and appeals with the concurrence of the department of human services, are limited in capacity to the number of licensed residential care facilities and the number of licensed residential care facility beds in the state as of December 1, 2003.

18. “*Resident*” means an individual admitted to a health care facility in the manner prescribed by section 135C.23.

19. “*Respite care services*” means an organized program of temporary supportive care provided for twenty-four hours or more to a person in order to relieve the usual caregiver of the person from providing continual care to the person.

20. “*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.

21. “*Supervision*” means direct oversight and inspection of the act of accomplishing a function or activity.

[C50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.1]

87 Acts, ch 194, §1; 90 Acts, ch 1039, §2 – 5; 94 Acts, ch 1151, §1; 96 Acts, ch 1129, §24; 2001 Acts, ch 64, §2; 2003 Acts, ch 165, §18; 2004 Acts, ch 1085, §1, 11