

**135C.14 Rules.**

The department shall, in accordance with [chapter 17A](#) and with the approval of the state board of health, adopt and enforce rules setting minimum standards for health care facilities. In so doing, the department, with the approval of the state board of health, 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. The rules and standards required by [this section](#) shall be formulated in consultation with the director of human services or the director's designee, with the state fire marshal, and with affected industry, professional, and consumer groups, 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, heating, lighting, ventilation, and other housing conditions, which shall ensure the health, safety and comfort of residents and protection from fire hazards. The rules of the department relating to protection from fire hazards and fire safety shall be promulgated by the state fire marshal in consultation with the department, 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 are prima facie evidence. To the greatest extent possible, the rules promulgated by the state fire marshal shall be consistent with the rules adopted by the department under [this chapter](#).

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

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.

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

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

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 residents.

8. Facility policies and procedures regarding the treatment, care, and rights of residents. The rules shall apply the federal resident's rights contained in the federal Omnibus Budget Reconciliation Act of 1987, Pub. L. No. 100-203, and the regulations adopted pursuant to the Act and contained in 42 C.F.R. §483.10, 483.12, 483.13, and 483.15, as amended to February 2, 1989, to all health care facilities as defined in [this chapter](#) and shall include procedures for implementing and enforcing the federal rules. The department shall also adopt rules relating to the following:

a. The transfer of residents to other rooms within a facility.

b. The involuntary discharge or transfer of residents from a facility including provisions for notice and agency hearings and for the development of a patient discharge or transfer plan and for providing counseling services to a patient being discharged or transferred.

c. The required holding of a bed for a resident under designated circumstances upon payment of a prescribed charge for the bed.

d. The notification of the office of long-term care ombudsman by the department of all complaints relating to health care facilities and the involvement of the office of long-term care ombudsman in resolution of the complaints.

e. For the recoupment of funds or property to residents when the resident's personal funds or property have been used without the resident's written consent or the written consent of the resident's guardian.

f. The involuntary discharge of a resident of the Iowa veterans home including provisions for notice and agency hearings, the development of a resident discharge plan, and for providing counseling services to a resident being discharged. As used in this paragraph "f",

“collaborative care plan” and “interdisciplinary resident care committee” mean as defined in [section 35D.15, subsection 2](#). The rules shall provide that a resident shall be involuntarily discharged for any of the following reasons:

(1) (a) The resident has been diagnosed with a substance use disorder but continues to abuse alcohol or an illegal drug in violation of the resident’s conditional or provisional agreement entered into at the time of admission, and all of the following conditions are met:

(i) The resident has been provided sufficient notice of any changes in the resident’s collaborative care plan.

(ii) The resident has been notified of the resident’s commission of three offenses and has been given the opportunity to correct the behavior through either of the following options:

(A) Being given the opportunity to receive the appropriate level of treatment in accordance with best practices for standards of care.

(B) By having been placed on probation by the Iowa veterans home for a second offense.

(b) Notwithstanding the resident’s meeting the criteria for discharge under this subparagraph (1), if the resident has demonstrated progress toward the goals established in the resident’s collaborative care plan, the interdisciplinary resident care committee and the commandant may exercise discretion regarding the discharge. Notwithstanding any provision to the contrary, a resident may be immediately discharged under this subparagraph (1) if the resident’s actions or behavior jeopardizes the life or safety of other residents or staff.

(2) (a) The resident refuses to utilize the resources available to address issues identified in the resident’s collaborative care plan, and all of the following conditions are met:

(i) The resident has been provided sufficient notice of any changes in the resident’s collaborative care plan.

(ii) The resident has been notified of the resident’s commission of three offenses and the resident has been placed on probation by the Iowa veterans home for a second offense.

(b) Notwithstanding the resident’s meeting the criteria for discharge under this subparagraph (2), if the resident has demonstrated progress toward the goals established in the resident’s collaborative care plan, the interdisciplinary resident care committee and the commandant may exercise discretion regarding the discharge. Notwithstanding any provision to the contrary, the resident may be immediately discharged under this subparagraph (2) if the resident’s actions or behavior jeopardizes the life or safety of other residents or staff.

(3) The resident’s medical or life skills needs have been met to the extent possible through the services provided by the Iowa veterans home and the resident no longer requires a residential or nursing level of care, as determined by the interdisciplinary resident care committee.

(4) The resident requires a level of licensed care not provided at the Iowa veterans home.

[C50, 54, §135C.5; C58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.14; [81 Acts, ch 60, §1](#)]

[83 Acts, ch 96, §157, 159](#); [83 Acts, ch 101, §18](#); [89 Acts, ch 241, §1, 2](#); [90 Acts, ch 1204, §14](#); [99 Acts, ch 129, §3](#); [2001 Acts, ch 30, §3, 4](#); [2009 Acts, ch 62, §2](#); [2013 Acts, ch 18, §8](#); [2014 Acts, ch 1040, §7](#)

Subsection 8, paragraph d amended