

CHAPTER 29
ELDER GROUP HOMES
[Prior to 4/14/04, see 321—Ch 26]

321—29.1(231B) Definitions.

“Assessment” means the administration of a standardized tool, recognized by the department and administered by a health care professional, to determine appropriate admission qualifications and develop a service plan.

“Assistance” means aid to a tenant who self-directs or participates in a task or activity or who retains the mental or physical ability, or both, to participate in a task or activity. Cueing of the tenant regarding a particular task or activity shall not be construed to mean the tenant has not participated in the task or activity.

“Committee” means a resident advocate committee established by 321—Chapter 9.

“Condition” means a provision attached to a new or existing certification that limits or restricts the scope of the certification or imposes additional requirements on the certificate holder.

“Convenience services” means hotel-type services and may include meals, transportation, laundry and housekeeping provided for the convenience of a tenant.

“Department” means the department of elder affairs or the department’s designee.

“DIA” means the department of inspections and appeals.

“EGH” means an elder group home.

“Elder” means a person 60 years of age or older.

“Elder group home” means a single-family residence that is operated by a person who is providing room, board, and personal care to three to five elders who are not related to the person providing the service within the third degree of consanguinity or affinity.

“Health care professional” means a physician, physician assistant, registered nurse or advanced registered nurse practitioner licensed through the department of public health.

“Homelike” means an environment that promotes the dignity, security and comfort of tenants through the provision of personalized care and services to encourage independence, choice and decision making by the tenants.

“Household occupant” means a homeowner, a member of the homeowner’s family, a tenant, an operator, a member of the operator’s family, an on-site manager or a member of the on-site manager’s family.

“Legal representative” means a person appointed by the court to act on behalf of the tenant, or a person acting pursuant to a power of attorney.

“Nurse-delegated assistance” means those delegated tasks or activities for which a professional nurse has assumed responsibility for assessing, planning, implementing, or evaluating, and for which the nurse remains legally accountable.

“Occupancy agreement” means a written contract entered into between an EGH and a tenant that clearly describes the rights and responsibilities of the EGH and the tenant and other information required by rule or statute. The occupancy agreement may include a separate signed lease and signed service agreement.

“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.

“Operator” means the person who takes responsibility for all care and ensures that appropriate staffing is provided to tenants on a 24 hours per day, seven days per week basis.

“Part-time or intermittent health-related care” means licensed nursing services and professional therapies, in combination with nurse-delegated assistance, which are provided to a participant not to exceed a total of three hours per day.

“Person” has the same meaning as that defined in Iowa Code section 4.1(20).

“*Personal care*” means services that may include bathing, personal hygiene, dressing, grooming, and supervision of self-administered medications. However, “personal care” does not include the administration of medications or the services of a registered nurse or licensed practical nurse.

“*Personal care provider*” means an individual who, in return for remuneration, assists with the essential activities of daily living which the recipient can perform personally only with difficulty.

“*Program*” shall have one of the following meanings, determined by the context of the particular rule under consideration:

1. A person. Unless otherwise provided by law, “person” means individual, corporation, limited liability company, government or governmental subdivision or agency, business trust, estate, trust, partnership or association, or any other legal entity.

2. A physical facility, structure or building utilized as an elder group home.

3. Services provided to persons eligible for an elder group home as defined in this chapter.

“*Qualified professional*” means a facility plant engineer familiar with the type of program being provided, or a licensed plumbing, heating, cooling or electrical contractor who furnishes regular service to such equipment.

“*Routine*” means regular, customary or not occasional or intermittent.

“*Self-administration*” means a tenant’s taking personal responsibility for all medication needs, including ordering, refilling, remembering dosing schedule, and self-administering medications.

“*Service plan*” means the written description of a tenant’s needs and capabilities, including by whom, when and how often care and services will be provided.

“*Supervision of self-administered medications*” means the verbal reminder or guidance in the identification of the medication and the times and manner of administration. “Supervision of self-administered medications” includes activities such as routine prompting or reminding, opening of containers or packaging at the direction of the tenant, and reading instructions or other label information in order for a tenant to self-administer a medication. “Supervision of self-administered medications” does not include the placing of the medication internally or externally on the tenant’s body. Supervision of self-administration shall comply with rule 321—29.9(231B).

“*Tenant*” means any person who is receiving room, board, personal care or convenience services for payment of fees in an EGH on a 24 hours per day, seven days per week basis.

“*Usable floor space*” means open floor space that is not under fixtures, furniture or other barriers and is available for walking or using a wheelchair.

“*Waiver*” means action taken by DIA which suspends in whole or in part the requirements or provisions of a rule as applied to an identified tenant on the basis of that tenant’s particular circumstances.

321—29.2(231B) Application content. Any entity that meets the definition of an EGH as defined in Iowa Code Supplement section 231B.1(4) must be certified by DIA. An eligible applicant is any for-profit or nonprofit corporation or person that owns a single-family residence.

29.2(1) Application materials may be obtained by mail from the Department of Inspections and Appeals, Adult Services Bureau, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319-0083; or by telephone at (515)281-6325. The Web site is https://dia-hfd.iowa.gov/DIA_HFD/Home.do.

29.2(2) The initial or renewal application for certification shall contain:

a. A list that includes the names, addresses and percentage of stock, shares, partnership or other equity interest of all officers, members of the board of directors, and trustees and of the owner, operator or designated manager, as well as stockholders, partners or any individuals who have greater than a 10 percent equity interest in the program. The EGH operator shall notify DIA of any changes in the list within ten working days of the change;

b. A statement affirming that the individuals listed in 29.2(2)“*a*” have not been convicted of a felony or serious misdemeanor or found in violation of the dependent adult or child abuse code in any state;

- c.* A statement disclosing whether any of the individuals listed in 29.2(2) “a” have or have had an ownership interest in a program certified under Iowa Code Supplement chapter 231 or an EGH, a home health agency, or a licensed health care facility as defined under Iowa Code section 135C.1 or licensed hospital as defined under Iowa Code section 135B.1 which has been closed in any state due to removal of program, agency, or facility licensure or certification or due to involuntary termination from participation in either the Medicaid or Medicare program; or have been found to have failed to provide adequate protection or services for participants to prevent abuse or neglect;
- d.* A copy of the current policy and procedure for evaluation of each tenant, which includes a copy of the evaluation tool to be used to identify the functional, cognitive and health status of each tenant;
- e.* Identification of target population;
- f.* A copy of the current EGH service plan format;
- g.* If the EGH 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;
- h.* The current policy and procedure for addressing medication needs of tenants;
- i.* The current policy and procedure describing accident and emergency response;
- j.* A copy of the current tenant occupancy agreement;
- k.* The current policy and procedure for mutual managed risk agreements and upholding tenant autonomy when tenant decision making may result in poor outcomes for the tenant or others.

321—29.3(231B) Initial certification process.

29.3(1) The applicant shall submit one copy of the completed application and associated documentation to DIA at the address stated in 29.2(1) at least 60 calendar days prior to the expected date of beginning operations. An application for an EGH that intends to operate in new construction shall include proof of compliance with all applicable local housing and state building codes.

29.3(2) The applicant shall notify the state fire marshal of the applicant’s intent to become certified as an EGH at least 60 calendar days prior to the expected date of beginning operations.

29.3(3) DIA shall review the application for completeness and compliance with this chapter. A completed application shall include all necessary documentation including state fire marshal approval.

29.3(4) DIA shall notify the applicant within 20 working days of approval or denial, upon receipt of a completed application.

29.3(5) Certification for an EGH, unless suspended or revoked, shall expire at the end of the time period specified in the certificate.

321—29.4(231B) Renewal of certification. Certification may be renewed upon application by the owner or operator in accordance with this rule. In order to renew the EGH certification, the applicant must submit:

1. A completed application that includes all information required by 29.2(2) at least 90 days prior to the expiration of the certification;
2. Documentation by a qualified professional that the following systems have been inspected and found to be maintained in conformance with the manufacturer’s recommendations and nationally recognized standards: heating, cooling, water heater, electricity, plumbing, wastewater, artificial light, and ventilation; and, if applicable, garbage disposal, cooking area, laundry and elevators;
3. Documentation that all employees have received the two-hour mandatory reporter training on dependent adult abuse as well as documentation that the EGH has established a policy for reporting abuse allegations and a policy for employee sanctions if allegations are substantiated; and
4. Documentation to reflect any structural or operational changes in the EGH from the information submitted since the last application.

321—29.5(231B) Denial, suspension, or revocation of certification.

29.5(1) DIA shall have the authority to deny, suspend or revoke certification in any case in which DIA finds there has been a substantial or repeated failure on the part of the EGH to comply with the requirements of Iowa Code Supplement chapter 231B and this chapter or for any of the following reasons:

- a.* Cruelty or indifference to EGH tenants.
- b.* Appropriation or conversion of the property of an EGH tenant without the tenant's or the tenant's legal representative's written consent.
- c.* Permitting, aiding or abetting any illegal act set forth in Iowa Code Supplement chapter 231B or this chapter.
- d.* Obtaining or attempting to obtain or retain certification by fraudulent means or misrepresentation or by submitting false information.
- e.* Habitual intoxication or addiction to controlled substances by the owner, operator, on-site manager or other staff of the EGH.
- f.* Securing the devise or bequest of property owned by a tenant by threats, coercion or undue influence.
- g.* The documentation or presence of any individual, on staff or otherwise, who has or has had an ownership interest in a program certified under Iowa Code Supplement chapter 231 or an EGH, a home health agency, or a licensed health care facility as defined under Iowa Code section 135C.1, or licensed hospital as defined under Iowa Code section 135B.1, which has been closed in any state due to removal of program, agency, or facility licensure or certification or involuntary termination from participation in either the Medicaid or Medicare program; or has been found to have failed to provide adequate protection or services for tenants to prevent abuse or neglect.

29.5(2) When an applicant for certification, an owner or an operator is an entity other than an individual, DIA may deny, suspend, or revoke certification if any person in a position of control or an officer of the entity engages in any act or omission prohibited by Iowa Code Supplement chapter 231B or this chapter.

321—29.6(231B) Notice, hearing, appeal and judicial review.

29.6(1) Notice of denial, suspension, or revocation of a certificate shall be effected by delivery to the applicant or certificate holder by certified mail, return receipt requested, or by personal service setting forth the particular reasons for the action. The denial, suspension, or revocation shall become effective 30 days after the receipt or service of the notice. The applicant or certificate holder may, within the 30-day period, give written notice to DIA requesting a hearing. Any DIA action on the notice shall be suspended until the hearing and all appeals are concluded.

29.6(2) The hearing shall be conducted by the administrative hearings division of DIA pursuant to 481—Chapter 10.

29.6(3) At any time at or prior to the hearing, DIA may rescind the notice of denial, suspension, or revocation upon receipt of satisfactory evidence that the reasons for the denial, suspension, or revocation have been or will be removed.

29.6(4) All appeals shall be conducted pursuant to 481—Chapter 10.

29.6(5) Procedures for judicial review shall be conducted pursuant to 481—Chapter 10.

321—29.7(231B) Tenant admission requirements.

29.7(1) The operator or on-site manager may only admit or continue to care for tenants whose service needs include personal care as defined in this chapter.

29.7(2) Criteria for exclusion of tenants. An EGH 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, other tenants or staff, including but not limited to a tenant who:
 - (1) Despite intervention chronically wanders into danger, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression; 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.* On a routine basis, has unmanageable incontinence.

29.7(3) A tenant may be accepted for residence only if a bedroom and a bathroom are available to the tenant from which the unaided tenant immediately and without aid of another is physically and mentally capable of traveling a normal path to safety, including the ascent and descent of stairs.

321—29.8(231B) Service plan required.

29.8(1) At the time of admission, the tenant's service plan shall be developed from an assessment of the tenant's functional abilities in cooperation with the tenant or the tenant's legal representative.

29.8(2) The service plan shall be individualized and shall, at a minimum:

- a.* Indicate the tenant's identified needs and tenant's requests for assistance with expected outcomes;
- b.* Indicate any services and care to be provided pursuant to the agreement with the tenant;
- c.* Identify the provider(s) if other than the EGH; and
- d.* Be updated within 30 days of admission, as needed and, at a minimum, annually.

29.8(3) The tenant's service plan shall be reviewed for appropriateness as follows:

- a.* Based on an assessment of the tenant's needs; or
- b.* At the request of the tenant, the tenant's legal representative, the operator or the on-site manager.

321—29.9(231B) Medications. When medications are administered or stored by the EGH, the following requirements shall apply:

29.9(1) The administration of medications shall be provided by an Iowa-licensed registered nurse or advanced registered nurse practitioner registered in Iowa or the agent delegated in accordance with 655—subrules 6.2(5) and 6.3(1) and Iowa Code chapter 155A.

29.9(2) The EGH shall document any medication the EGH has agreed to administer or store.

29.9(3) Medication, other than that self-administered by a tenant, shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications.

29.9(4) The medications shall be labeled and maintained in compliance with label instructions and state and federal laws.

29.9(5) No person other than the dispensing pharmacist shall alter a prescription label.

29.9(6) Each tenant's medication shall be stored in its originally received container.

29.9(7) When partial or complete control of medication is delegated to the EGH by the tenant, appropriate staff may transfer medications from the original prescription containers into medication reminder boxes or medication cups in the tenant's presence.

29.9(8) Each EGH shall follow written policies and procedures for narcotic medications in accordance with Iowa Code chapter 155A.

321—29.10(231B) Occupancy agreement.

29.10(1) Prior to the tenant's taking occupancy, the tenant or tenant's legal representative, if applicable, and the EGH shall enter into and sign an occupancy agreement that clearly describes the rights and responsibilities of the tenant and of the EGH, and shall sign a managed risk policy disclosure statement.

29.10(2) The occupancy agreement shall be in 12-point type or larger, and be written in language using plain, commonly understood terms and, to the extent possible, be easy to understand by the tenant or the tenant's legal representative.

29.10(3) The written occupancy agreement shall include, but not be limited to, the following information in the body of the agreement or in the supporting documents and attachments:

- a.* A description of all fees, charges, and rates describing the tenant's accommodations and basic services covered, as well as any additional and optional services with their related costs.

b. A statement regarding the impact of the fee structure on third-party payments and whether third-party payments and resources are accepted by the EGH.

c. The procedure followed for nonpayment of fees.

d. Identification of the party responsible for payment of fees and identification of the tenant's legal representative, if any.

e. The term of the occupancy agreement.

f. A statement that the EGH must notify the tenant or the tenant's legal representative, as applicable, in writing at least 30 days prior to any change in the occupancy agreement, with the following exceptions. In these instances the notification shall be immediate:

(1) When the tenant's health status or behavior constitutes a substantial threat to the health or safety of the tenant, other tenants, or others, including when the tenant refuses to consent to relocation.

(2) When an emergency or a significant change in the tenant's condition results in the need for the provision of services that exceed the type or level of services included in the occupancy agreement and the necessary services cannot be safely provided by the EGH.

g. A statement that all tenant information shall be maintained in a confidential manner to the extent required under state and federal law.

h. Occupancy, involuntary transfer, and transfer criteria and procedures, which ensure a safe and orderly transfer from the EGH. The internal appeals process provided relative to an involuntary transfer.

i. The EGH policies and procedures for addressing grievances between the EGH and the tenant, including grievances relating to transfer and occupancy.

j. A policy regarding discrimination or retaliation against a tenant, tenant's family, or an employee of the EGH who has initiated or participated in any proceeding authorized by this chapter.

k. The emergency response policy.

l. The staffing policy which specifies that staff is available 24 hours per day, if nurse delegation will be used, and how staffing will be adapted to meet changing tenant needs.

m. The refund policy.

n. A statement regarding billing and payment procedures.

o. The telephone number for filing a complaint with DIA.

p. The telephone number for the office of the state long-term care resident advocate/ombudsman.

q. The telephone number for the elder abuse hotline.

r. A copy of the EGH statement on tenant rights.

s. A statement that the tenant landlord law applies to the EGH.

29.10(4) A copy of the occupancy agreement shall be provided to the tenant or the tenant's legal representative, if any, and a copy shall be kept by the EGH.

29.10(5) The occupancy agreement shall be reviewed and updated as necessary to reflect any change in the services offered and in financial arrangements.

29.10(6) A blank copy of the most current occupancy agreement form shall be made available to the general public upon request. The EGH basic marketing material shall include a statement that a copy of the occupancy agreement is available to all persons upon request.

321—29.11(231B) Waiver of the level of care requirements.

29.11(1) Criteria for level of care waiver.

a. When it becomes apparent to the EGH staff that a tenant will need licensed nursing activities or hospice care and the tenant or tenant's legal representative does not want or approve of a transfer from the EGH, a request for waiver of level of care shall be submitted to DIA by the tenant, tenant's legal representative, homeowner, operator or on-site manager.

b. DIA may grant a waiver if an investigation establishes by clear and convincing evidence that the following criteria have been met:

(1) It is the informed choice of the tenant or tenant's legal representative to remain in the home; and

(2) The operator is able to provide appropriate care to the tenant in addition to adequate care of the other tenants, or that additional staff is available or can be obtained to meet the tenant's care needs; and

(3) The waiver shall not jeopardize the care, health, safety or welfare of the tenant or others; and

(4) The tenant does not meet the criteria for exclusion set forth in 29.7(2).

29.11(2) Level of care waivers. Requests for waiver of the level of care requirements for a tenant of an EGH shall be submitted on a form and in a manner designated by DIA and in accordance with this rule. DIA may grant a waiver for an individual tenant on a time-limited basis.

29.11(3) DIA shall:

a. Review and respond in writing to waiver requests within two working days of receipt of necessary documentation.

b. Monitor regularly, for the duration of the waiver, the tenant's medical and functional information for continued appropriateness of the waiver.

29.11(4) The waiver applicant shall notify DIA within five calendar days of any changes in the condition of the tenant as provided in the approved waiver request.

29.11(5) A tenant who is subject to an involuntary transfer shall have the right to an internal appeal of the transfer before the transfer occurs.

321—29.12(231B) Resident advocate committees. Resident advocate committees for EGHs shall be governed by 321—Chapter 9 unless otherwise required in this chapter.

29.12(1) *Committee placement.* A resident advocate committee shall be established by the department for each EGH certified in accordance with this chapter.

29.12(2) *Committee visitations.* The committee shall visit the EGH assigned to it within one month of the admission of the first tenant as well as a minimum of once and maximum of four times annually thereafter.

321—29.13(231B) Requirements for and qualifications of staff.

29.13(1) The EGH shall be staffed by an on-site manager 24 hours per day, seven days per week.

29.13(2) Sufficient trained staff shall be available at all times to fully meet tenants' identified needs.

29.13(3) All personnel of the EGH shall be able to implement the EGH accident, fire safety and emergency procedures.

29.13(4) Personal care providers shall have completed, at a minimum, a home care aide training program that meets the requirements and criteria established in 641—Chapter 80.

29.13(5) The operator shall maintain proof of training of EGH staff for review as required by these rules.

29.13(6) All staff shall sign a statement disclosing whether the staff member has or has had ownership interest in a program certified under Iowa Code Supplement chapter 231 or an EGH, a home health agency, or a licensed health care facility as defined under Iowa Code section 135C.1, or licensed hospital as defined under Iowa Code section 135B.1, which has been closed in any state due to removal of program, agency, or facility licensure or certification or involuntary termination from participation in either the Medicaid or Medicare program; or has been found to have failed to provide adequate protection or services for tenants to prevent abuse or neglect.

29.13(7) The EGH shall conduct, on each employee hired after July 1, 1998, a criminal background check including a dependent adult and child abuse record check in accordance with Iowa Code section 135C.33.

29.13(8) Any person refusing to sign the statement required in 29.13(6) or subsequently found to have provided false information on said statement shall not serve on staff.

321—29.14(231B) Tenant documents.

29.14(1) A file shall be maintained for each tenant at the EGH and shall contain:

a. An occupancy record including the tenant's name; birth date; identification numbers; date of occupancy; names, addresses and telephone numbers of health care professional(s) and tenant's legal representative; tenant's diagnosis (if applicable); 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. Initial assessment and all updates;
- d. Nutritional assessment as necessary;
- e. Initial individual service plan and updates;
- f. Signed authorizations for permission to release medical information, photos, or other media information as necessary;
- g. Signed authorization for the tenant to receive emergency medical care if necessary;
- h. When appropriate, medical information sheet, documentation of health care professionals' orders, treatment, therapy, medication and service notes;
- i. Advance health care directives as applicable;
- j. A complete copy of the tenant's occupancy agreement, including any updates;
- k. Written acknowledgement that the tenant or the tenant's legal representative, if applicable, has been fully informed of the tenant's rights;
- l. A copy of the tenant's power of attorney, guardianship, conservatorship letters of appointment or other documentation of a legal representative as necessary.

29.14(2) The EGH records relating to a tenant shall be retained for a minimum of three years after the transfer or death of the tenant before the records are destroyed.

29.14(3) All records shall be protected from loss, damage and unauthorized use.

321—29.15(231B) EGH facility standards.

29.15(1) The EGH shall be safe; sanitary; well-ventilated; properly lighted, heated, and cooled; and shall comply with all applicable state and local housing ordinances for family residences and with fire safety rules promulgated by the state fire marshal.

29.15(2) If the structure exists and is being used as an EGH on November 3, 2004, and is unchanged until on or after July 1, 2005, the EGH shall meet the following standards:

a. General.

- (1) The home, furnishings and fixtures shall be clean, in good repair and appropriate for the tenants.
- (2) Stairways shall have handrails of a circumference, length, texture, strength and stability that can reasonably be expected to provide tenant support.
- (3) A functioning light shall be provided in each room, stairway and exit; all light bulbs shall be protected from breakage or removal with appropriate covers.
- (4) The yard, fire exits and exterior steps shall be kept free of obstructions, and shall be accessible and appropriate to the condition of the tenants.
- (5) There shall 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 shall 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. Common living space remodeled after July 1, 2005, must meet the square footage requirement in 29.15(3).
- (6) Interior and exterior doorways used by tenants shall 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 shall be in sufficient supply to meet the needs of the tenants and staff.
- (8) Grab bars shall be present for each toilet, tub and shower. Access to toilet and bathing facilities shall be barrier-free. Toilet and bathing facilities shall provide individual privacy.
- (9) A telephone shall be available and accessible for tenants' use and located in a reasonable accommodation for privacy for all calls.

b. Safety.

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

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

c. Sanitation requirements.

(1) A public water supply shall be utilized if available. If a nonmunicipal water source is used, the homeowner or the person currently in charge of the EGH must 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 shall be in good working order and shall comply with state and local regulations for wastewater treatment.

(3) Garbage and refuse shall 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 shall be stored in containers in an area separate from food storage, kitchen and dining areas.

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

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

(7) Reasonable and prudent precautions for infection control 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 shall be at least one toilet and one sink for every four EGH household occupants. A minimum of one sink and toilet is required on each floor occupied by tenants. A sink shall be located near each toilet. At least one tub or shower is required for each six household occupants. Programs remodeled after July 1, 2005, must meet the requirements in 29.15(3)“b” and “c.”

d. Bedroom requirements.

(1) Each tenant bedroom shall:

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. Bedrooms remodeled after July 1, 2005, must meet the square footage requirement in 29.15(3);

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

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

6. Be in close enough proximity to the on-site manager to ensure that tenants can 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, convenience service providers and personal care providers shall not use as bedrooms areas that are designated as living areas or as tenant bedrooms;

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

29.15(3) Programs constructed after July 1, 2005.

a. The square footage requirements for living areas and tenant bedrooms in an EGH shall be as follows:

(1) Common living area, 300 square feet of usable floor space.

(2) Tenant bedroom, 100 square feet of usable floor space.

b. One toilet and one sink are required for every two EGH household occupants, with a minimum of one toilet and one sink on each floor occupied by tenants. A sink shall be located near each toilet.

c. At least one tub or one shower is required for each four household occupants.

321—29.16(231B) Records. DIA collects and stores a variety of records in the course of certifying and monitoring EGHs. Some stored information may be personally identifiable. Each EGH record maintained by DIA contains both open and confidential information. The confidential information shall not be retrievable by personal identifier unless an EGH uses an individual’s name in the business title.

321—29.17(231B) Classes of information.

29.17(1) Open information includes the following:

- a.* Certification application and status;
- b.* Final findings of state monitoring evaluations;
- c.* Records of complaints;
- d.* Reports from the state fire marshal;
- e.* Plans of correction submitted by an EGH;
- f.* Official notices of certification sanctions; and
- g.* Findings of fact, conclusions of law, decisions and orders issued pursuant to rules

321—29.5(231B) and 321—29.6(231B).

29.17(2) Confidential information includes the following:

- a.* Information which does not comprise a final finding resulting from monitoring or an investigation. That information which does not contain a final finding may be made public in a legal proceeding concerning a citation issued to an EGH, or denial, suspension or revocation of certification;
- b.* Names of all complainants;
- c.* Names of tenants of an EGH, identifying medical information, copies of documentation appointing a legal representative, and the address of anyone other than an owner or operator.

321—29.18(231B) Landlord and tenant Act. Iowa Code chapter 562A, the uniform residential landlord and tenant Act, shall apply to all EGHs under this chapter.

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

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