

SUBCHAPTER I
GENERAL PROVISIONS

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. “*Certified volunteer long-term care ombudsman*” means a volunteer long-term care ombudsman certified pursuant to [section 231.45](#).

3. “*Comprehensive preliminary background check*” includes a criminal history check of all states in which the applicant has worked or resided over the seven-year period immediately prior to submitting an application for employment that is conducted by a third-party vendor.

4. “*Department*” means the department of inspections, appeals, and licensing.

5. “*Direction*” means authoritative policy or procedural guidance for the accomplishment of a function or activity.

6. “*Director*” means the director of the department of inspections, appeals, and licensing, or the director’s designee.

7. “*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.

8. “*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 an intellectual disability.

9. “*House physician*” means a physician who has entered into a two-party contract with a health care facility to provide services in that facility.

10. “*Intermediate care facility for persons with an intellectual disability*” 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 an intellectual disability 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 an intellectual disability established pursuant to the federal Social Security Act, §1905(c)(d), as codified in 42 U.S.C. §1396d, which are contained in [42 C.F.R. pt. 483, subpt. D, §410 – 480](#).

11. “*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.

12. “*Licensee*” means the holder of a license issued for the operation of a facility, pursuant to [this chapter](#).

13. “*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.

14. “*Nursing care*” means those services which can be provided only under the direction of a registered nurse or a licensed practical nurse.

15. “*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 an intellectual disability, 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.

16. “*Office of long-term care ombudsman*” means the office of long-term care ombudsman established pursuant to [section 231.42](#).

17. “*Person*” means any individual, firm, partnership, corporation, company, association or joint stock association; and includes trustee, receiver, assignee or other similar representative thereof.

18. “Physician” has the meaning assigned that term by [section 135.1, subsection 4](#).

19. “Record check evaluation system” means the record check evaluation system of the department of health and human services used to perform child and dependent adult abuse record checks and to evaluate criminal history and abuse records.

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

21. “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 health and human services under the medical assistance program, and except as otherwise provided by the department of inspections, appeals, and licensing with the concurrence of the department of health and 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.

22. “Resident” means an individual admitted to a health care facility in the manner prescribed by [section 135C.23](#).

23. “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.

24. “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.

25. “State long-term care ombudsman” means the state long-term care ombudsman appointed pursuant to [section 231.42](#).

26. “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](#); [2012 Acts, ch 1019, §11](#); [2013 Acts, ch 18, §5](#); [2013 Acts, ch 90, §26](#); [2020 Acts, ch 1029, §4](#); [2023 Acts, ch 19, §167, 168, 188A](#)

Referred to in [§10A.511](#), [10A.523](#), [10A.711](#), [10A.713](#), [80.5](#), [124.501](#), [135B.34](#), [135C.6](#), [135M.2](#), [139A.2](#), [142D.2](#), [144C.2](#), [144D.1](#), [144F.1](#), [147.136A](#), [148A.3](#), [152.1](#), [152.5A](#), [231.4](#), [232.69](#), [233.1](#), [235E.1](#), [237A.5](#), [237C.1](#), [249.3](#), [249A.3](#), [249A.18A](#), [249A.21](#), [249A.30A](#), [249K.2](#), [249L.2](#), [347.14](#), [347.26](#), [419.1](#), [427.1\(14\)\(a\)](#), [427.9](#), [441.21](#), [514D.5](#), [692A.114](#), [692A.115](#), [715.9](#), [726.27](#)

See Code editor’s note on simple harmonization at the beginning of this Code volume

Subsections 4 and 6 amended

NEW subsection 19 and former subsection 20 amended and renumbered as 21

Former subsections 21 – 25 renumbered as 22 – 26

135C.2 Purpose — rules — special classifications — protection and advocacy agency.

1. The purpose of [this chapter](#) is to promote and encourage adequate and safe care and housing for individuals who are aged or who, regardless of age, are infirm, convalescent, or mentally or physically dependent, by both public and private agencies by providing for the adoption and enforcement of rules and standards for all of the following:

a. The housing, care, and treatment of individuals in health care facilities.

b. The location, construction, maintenance, renovation, and sanitary operation of such health care facilities which will promote safe and adequate care of individuals in such homes so as to further the health, welfare, and safety of such individuals.

2. Rules and standards prescribed, promulgated, and enforced under [this chapter](#) shall not be arbitrary, unreasonable, or confiscatory and the department or agency prescribing, promulgating, or enforcing such rules or standards shall have the burden of proof to establish that such rules or standards meet such requirements and are consistent with the economic problems and conditions involved in the care and housing of persons in health care facilities.

3. *a.* The department shall establish by administrative rule the following special classifications:

(1) Within the residential care facility category, a special license classification for residential facilities intended to serve persons with mental illness.

(2) Within the nursing facility category, a special license classification for nursing facilities which designate and dedicate the facility or a special unit within the facility to provide care for persons who suffer from chronic confusion or a dementing illness. A nursing facility which designates and dedicates the facility or a special unit within the facility for the care of persons who suffer from chronic confusion or a dementing illness shall be specially licensed. For the purposes of [this subsection](#), “*designate*” means to identify by a distinctive title or label and “*dedicate*” means to set apart for a definite use or purpose and to promote that purpose.

b. The department may also establish by administrative rule special classifications within the residential care facility, intermediate care facility for persons with mental illness, intermediate care facility for persons with an intellectual disability, or nursing facility categories, for facilities intended to serve individuals who have special health care problems or conditions in common. Rules establishing a special classification shall define the problem or condition to which the special classification is relevant and establish requirements for an approved program of care commensurate with the problem or condition. The rules may grant special variances or considerations to facilities licensed within the special classification.

c. The rules adopted for intermediate care facilities for persons with an intellectual disability shall be consistent with, but no more restrictive than, the federal standards for intermediate care facilities for persons with an intellectual disability established pursuant to the federal Social Security Act, §1905(c)(d), as codified in 42 U.S.C. §1396d, in effect on January 1, 1989. However, in order for an intermediate care facility for persons with an intellectual disability to be licensed, the director must certify to the department that the facility meets the applicable provisions of the rules adopted for such facilities by the director. The director’s rules shall be based upon such a facility’s compliance with either the provisions applicable to health care occupancies or residential board and care occupancies of the life safety code of the national fire protection association, 2000 edition. The department shall adopt additional rules for intermediate care facilities for persons with an intellectual disability pursuant to [section 135C.14, subsection 8](#).

d. Notwithstanding the limitations set out in [this subsection](#) regarding rules for intermediate care facilities for persons with an intellectual disability, the department shall consider the federal interpretive guidelines issued by the federal centers for Medicare and Medicaid services when interpreting the department’s rules for intermediate care facilities for persons with an intellectual disability. This use of the guidelines is not subject to the rulemaking provisions of [sections 17A.4](#) and [17A.5](#), but the guidelines shall be published in the Iowa administrative bulletin and the Iowa administrative code.

4. The protection and advocacy agency designated in the state, under Pub. L. No. 98-527, the Developmental Disabilities Act of 1984, Pub. L. No. 99-319, the Protection and Advocacy for Mentally Ill Individuals Act of 1986, and Pub. L. No. 100-146, the federal Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1987, is recognized as an agency legally authorized and constituted to ensure the implementation of the purposes of [this chapter](#) for populations under its authority and in the manner designated by Pub. L. No. 98-527, Pub. L. No. 99-319, and Pub. L. No. 100-146 and in the assurances of the governor of the state.

5. The department shall establish a special classification within the residential care facility category in order to foster the development of residential care facilities which serve persons with an intellectual disability, chronic mental illness, a developmental disability, or brain injury, as described under [section 225C.26](#), and which contain five or fewer residents. A facility within the special classification established pursuant to [this subsection](#) is exempt from

the requirements of [section 10A.713](#). The department shall adopt rules which are consistent with rules previously developed for the waiver demonstration project pursuant to [1986 Iowa Acts, ch. 1246, §206](#), and which include all of the following provisions:

a. A facility provider under the special classification must comply with rules adopted by the department for the special classification. However, a facility provider which has been accredited by the council on quality and leadership shall be deemed to be in compliance with the rules adopted by the department.

b. A facility must be located in an area zoned for single or multiple-family housing or in an unincorporated area and must be constructed in compliance with applicable local requirements and the rules adopted for the special classification by the director in accordance with the concept of the least restrictive environment for the facility residents. Local requirements shall not be more restrictive than the rules adopted for the special classification by the director and the state building code requirements for single or multiple-family housing, under [section 103A.7](#).

c. Facility provider plans for the facility's accessibility to residents must be in place.

d. A written plan must be in place which documents that a facility meets the needs of the facility's residents pursuant to individual program plans developed according to age appropriate and least restrictive program requirements.

e. A written plan must be in place which documents that a facility's residents have reasonable access to employment or employment-related training, education, generic community resources, and integrated opportunities to promote interaction with the community.

f. The facilities licensed under [this subsection](#) shall be eligible for funding utilized by other licensed residential care facilities for persons with an intellectual disability, or licensed residential care facilities for persons with mental illness, including but not limited to funding under or from the federal social services block grant, the state supplementary assistance program, state mental health and developmental disabilities services funds, and county funding provisions.

6. a. [This chapter](#) shall not apply to adult day services provided in a health care facility. However, adult day services shall not be provided by a health care facility to persons requiring a level of care which is higher than the level of care the facility is licensed to provide.

b. The level of care certification provisions pursuant to [sections 135C.3 and 135C.4](#), the license application and fee provisions pursuant to [section 135C.7](#), and the involuntary discharge provisions pursuant to [section 135C.14, subsection 8](#), shall not apply to respite care services provided in a health care facility. However, respite care services shall not be provided by a health care facility to persons requiring a level of care which is higher than the level of care the facility is licensed to provide.

c. The department shall adopt rules to implement [this subsection](#).

7. The rules adopted by the department regarding nursing facilities shall provide that a nursing facility may choose to be inspected either by the department or by the joint commission on accreditation of health care organizations. The rules regarding acceptance of inspection by the joint commission on accreditation of health care organizations shall include recognition, in lieu of inspection by the department, of comparable inspections and inspection findings of the joint commission on accreditation of health care organizations, if the department is provided with copies of all requested materials relating to the inspection process.

[C50, 54, §135C.5; C58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.2]

85 Acts, ch 114, §1; 87 Acts, ch 234, §426; 88 Acts, ch 1249, §3; 89 Acts, ch 115, §1; 89 Acts, ch 269, §1; 90 Acts, ch 1039, §6; 90 Acts, ch 1267, §27; 91 Acts, ch 267, §139; 92 Acts, ch 1241, §48; 94 Acts, ch 1151, §2, 3; 94 Acts, ch 1170, §7, 22; 95 Acts, ch 67, §11; 96 Acts, ch 1053, §1; 96 Acts, ch 1129, §25, 26, 113; 98 Acts, ch 1119, §12; 99 Acts, ch 141, §11; 2001 Acts, ch 64, §3; 2002 Acts, ch 1050, §17; 2003 Acts, ch 44, §114; 2003 Acts, ch 101, §1, 4; 2012 Acts, ch 1019, §12 – 14; 2013 Acts, ch 30, §32; 2014 Acts, ch 1026, §143; 2022 Acts, ch 1021, §43; 2023 Acts, ch 19, §1610, 1611

Referred to in [§135B.9, 135C.37, 135C.38, 155.1, 235A.15, 235B.6, 235F.6](#)

Rules requiring special license classification for facility or unit designated and dedicated to caring for persons with chronic confusion or a dementing illness; applicability; existing facilities; [90 Acts, ch 1016, §1](#)

Subsection 7 is effective contingent upon passage of federal legislation; see [96 Acts, ch 1053, §3](#)
Subsection 3, paragraph c amended
Subsection 5, paragraph b amended

135C.3 Nature of care.

1. A licensed nursing facility shall provide an organized twenty-four-hour program of services commensurate with the needs of its residents and under the immediate direction of a licensed nurse. Medical and nursing services must be provided under the direction of either a house physician or an individually selected physician. Surgery or obstetrical care shall not be provided within the facility. An admission to the nursing facility must be based on a physician's written order certifying that the individual being admitted requires no greater degree of nursing care than the facility to which the admission is made is licensed to provide and is capable of providing. The nursing facility is not required to admit an individual through court order, referral, or other means without the express prior approval of the administrator of the nursing facility.

2. A licensed intermediate care facility for persons with mental illness shall provide an organized twenty-four-hour program of services commensurate with the needs of its residents and under the immediate direction of a licensed registered nurse, who has had at least two years of recent experience in a chronic or acute psychiatric setting. Medical and nursing services must be provided under the direction of either a house physician or an individually selected physician. Surgery or obstetrical care shall not be provided within the facility. An admission to the intermediate care facility for persons with mental illness must be based on a physician's written order certifying that the individual being admitted requires no greater degree of nursing care than the facility to which the admission is made is licensed to provide and is capable of providing.

[C58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.3]

[90 Acts, ch 1039, §7](#); [96 Acts, ch 1129, §113](#); [2012 Acts, ch 1079, §3](#); [2022 Acts, ch 1032, §36](#)
Referred to in [§135C.2, 347B.6](#)

135C.4 Residential care facilities.

1. Each facility licensed as a residential care facility shall provide an organized continuous twenty-four-hour program of care commensurate with the needs of the residents of the home and under the immediate direction of a person approved and certified by the department whose combined training and supervised experience is such as to ensure adequate and competent care.

2. All admissions to residential care facilities shall be based on an order written by a physician certifying that the individual being admitted does not require nursing services or that the individual's need for nursing services can be avoided if home and community-based services, other than nursing care, as defined by [this chapter](#) and departmental rule, are provided.

3. For the purposes of [this section](#), the home and community-based services to be provided shall be limited to the type included under the medical assistance program provided pursuant to [chapter 249A](#), shall be subject to cost limitations established by the department of health and human services under the medical assistance program, and except as otherwise provided by the department of inspections, appeals, and licensing with the concurrence of the department of health and human services, shall be 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.

4. A residential care facility is not required to admit an individual through court order, referral, or other means without the express prior approval of the administrator of the residential care facility.

[C50, 54, §135C.9; C58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.4]

[2004 Acts, ch 1085, §2, 11](#); [2012 Acts, ch 1079, §4](#); [2023 Acts, ch 19, §169, 1885](#)

Referred to in [§135C.2, 347B.6](#)

See Code editor's note on simple harmonization at the beginning of this Code volume

Subsection 3 amended

135C.5 Limitations on use.

Another business or activity serving persons other than the residents of a health care facility may be operated or provided in a designated part of the physical structure of the health care facility if the other business or activity meets the requirements of applicable state and federal laws, administrative rules, and federal regulations. The department shall not limit the ability of a health care facility to operate or provide another business or activity in the designated part of the facility if the business or activity does not interfere with the use of the facility by the residents or with the services provided to the residents, and is not disturbing to the residents. In denying the ability of a health care facility to operate or provide another business or activity under [this section](#), the burden of proof shall be on the department to demonstrate that the other business or activity substantially interferes with the use of the facility by the residents or the services provided to the residents, or is disturbing to the residents. The director, in accordance with [chapter 17A](#), shall adopt rules which establish criteria for approval of a business or activity to be operated or provided in a designated part of the physical structure of a health care facility. For the purposes of [this section](#), “another business or activity” shall not include laboratory services with the exception of laboratory services for which a waiver from regulatory oversight has been obtained under the federal Clinical Laboratory Improvement Amendments of 1988, Pub. L. No. 100-578, as amended, radiological services, anesthesiology services, obstetrical services, surgical services, or emergency room services provided by hospitals licensed under [chapter 135B](#).

[C58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.5]

[91 Acts, ch 241, §1](#); [2005 Acts, ch 126, §1](#); [2023 Acts, ch 19, §1612](#)

Section amended

135C.6 License required — exemptions.

1. A person or governmental unit acting severally or jointly with any other person or governmental unit shall not establish or operate a health care facility in this state without a license for the facility. A supported community living service, as defined in [section 225C.21](#), is not required to be licensed under [this chapter](#), but is subject to approval under [section 225C.21](#) in order to receive public funding.

2. A health care facility suitable for separation and operation with distinct parts may, where otherwise qualified in all respects, be issued multiple licenses authorizing various parts of such facilities to be operated as health care facilities of different license categories.

3. No change in a health care facility, its operation, program, or services, of a degree or character affecting continuing licensure shall be made without prior approval thereof by the department. The department may by rule specify the types of changes which shall not be made without its prior approval.

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

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

6. A health care facility operated by and for the exclusive use of members of a religious order, which does not admit more than two individuals to the facility from the general public,

may be operated without obtaining a license under [this chapter](#) and shall not be deemed to be licensed by the state.

7. A freestanding hospice facility which operates a hospice program in accordance with [42 C.F.R. §418](#) may be operated without obtaining a license under [this chapter](#) and shall not be deemed to be licensed by the state.

8. The following residential programs to which the department of health and human services applies accreditation, certification, or standards of review shall not be required to be licensed as a health care facility under [this chapter](#):

a. Residential programs providing care to not more than four individuals and receiving moneys appropriated to the department of health and human services under provisions of a federally approved home and community-based services waiver for persons with an intellectual disability or other medical assistance program under [chapter 249A](#). In approving a residential program under this paragraph, the department of health and human services shall consider the geographic location of the program so as to avoid an overconcentration of such programs in an area. In order to be approved under this paragraph, a residential program shall not be required to involve the conversion of a licensed residential care facility for persons with an intellectual disability.

b. Not more than forty residential care facilities for persons with an intellectual disability that are licensed to serve not more than five individuals may be authorized by the department of health and human services to convert to operation as a residential program under the provisions of a medical assistance home and community-based services waiver for persons with an intellectual disability. A converted residential program operating under this paragraph is subject to the conditions stated in paragraph “a” except that the program shall not serve more than five individuals.

c. A residential program approved by the department of health and human services pursuant to this paragraph “c” to receive moneys appropriated to the department of health and human services under provisions of a federally approved home and community-based services habilitation or waiver program may provide care to not more than five individuals. The department shall approve a residential program under this paragraph that complies with all of the following conditions:

(1) Approval of the program will not result in an overconcentration of such programs in an area.

(2) The county in which the residential program is located submits to the department of health and human services a letter of support for approval of the program.

(3) The county in which the residential program is located provides to the department of health and human services verification in writing that the program is needed to address one or more of the following:

(a) The quantity of services currently available in the county is insufficient to meet the need.

(b) The quantity of affordable rental housing in the county is insufficient.

(c) Implementation of the program will cause a reduction in the size or quantity of larger congregate programs.

9. Contingent upon the department of health and human services receiving federal approval, a residential program which serves not more than eight individuals and is licensed as an intermediate care facility for persons with an intellectual disability may surrender the facility license and continue to operate under a federally approved medical assistance home and community-based services waiver for persons with an intellectual disability, if the department of health and human services has approved a plan submitted by the residential program.

10. Notwithstanding [section 135C.9](#), nursing facilities which are accredited by the joint commission on accreditation of health care organizations shall be licensed without inspection by the department, if the nursing facility has chosen to be inspected by the joint commission on accreditation of health care organizations in lieu of inspection by the department.

[C50, 54, §135C.2; C58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.6]

[85 Acts, ch 141, §2](#); [86 Acts, ch 1245, §1113](#); [90 Acts, ch 1107, §2](#); [92 Acts, ch 1043, §3](#); [96 Acts, ch 1053, §2](#); [97 Acts, ch 169, §18, 26](#); [98 Acts, ch 1181, §11, 14](#); [99 Acts, ch 160, §17](#); [2002](#)

Acts, ch 1120, §1; 2003 Acts, ch 101, §2, 4; 2010 Acts, ch 1031, §390; 2012 Acts, ch 1019, §15, 16; 2012 Acts, ch 1138, §49; 2013 Acts, ch 23, §1; 2013 Acts, ch 30, §33; 2023 Acts, ch 19, §170

Referred to in §10A.713, 135C.9

Subsection 10 is effective contingent upon passage of federal legislation; see 96 Acts, ch 1053, §3

Subsections 8 and 9 amended

135C.7 Application — fees.

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

- a. Ten beds or less, twenty dollars.
- b. More than ten and not more than twenty-five beds, forty dollars.
- c. More than twenty-five and not more than seventy-five beds, sixty dollars.
- d. More than seventy-five and not more than one hundred fifty beds, eighty dollars.
- e. More than one hundred fifty beds, one hundred dollars.

2. In addition to the license fees listed in [this section](#), there shall be an annual assessment assessed to each licensee in an amount to cover the cost of independent reviewers provided pursuant to [section 135C.42](#). The department shall, in consultation with licensees, establish the assessment amount by rule based on the award of a request for proposals. The assessment shall be retained by the department as a repayment receipt as defined in [section 8.2](#) and used for the purpose of paying the cost of the independent reviewers.

[C50, 54, §135C.3, 135C.4; C58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.7]

[2013 Acts, ch 140, §16](#)

Referred to in §135C.2, 135C.7A, 135C.8

135C.7A Nursing facility license application for change of ownership — required information.

1. In addition to the requirements of [section 135C.7](#), the change of ownership of a previously licensed nursing facility shall be subject to approval by the department through application for a license. An applicant for a nursing facility license under [this section](#) shall submit all of the following information to the department with the license application:

a. Information about the applicant's organizational and ownership structures. The applicant shall provide information regarding all related parties with a five percent or greater controlling interest in the applicant organization, including the related party's relationship to the applicant organization. The information provided shall be updated at least thirty days prior to issuance of the license if any changes in the information occur.

b. Information regarding any related party transactions and associated reimbursement structures.

c. Information related to the applicant's financial suitability to operate a nursing facility as verified by the applicant, which shall include but is not limited to all of the following:

(1) Financial projections for operational expenses and revenues, including realistic occupancy and reimbursement rates and the disclosure of any related party transactions, projected for the first three years of operation.

(2) Projected initial cash and liquid assets relative to the acquisition or start-up of the applicant's organization.

(3) If the applicant is a component of a corporate chain organization, no less than three years of historical financial and operating information.

d. Information related to the applicant's regulatory history with any other state or licensing jurisdiction as verified by the applicant, which shall include but is not limited to all of the following:

(1) Information related to any complaint, allegation, or investigation concerning the applicant in any other state or licensing jurisdiction.

(2) Affirmation that the applicant has not voluntarily surrendered a license while under investigation in any other state or licensing jurisdiction.

(3) Supporting documentation regarding the resolution of any disciplinary action or complaint, allegation, or investigation against the applicant in any other state or licensing jurisdiction.

(4) Affirmation that no other nursing facility owned or operated by the applicant has been subject to operation by a court-appointed receiver or temporary manager.

2. Information required under [subsection 1](#) shall not be limited to information relating to nursing facility operations but shall also include information relative to any other health care operations under the control and management of the applicant or related parties which may include but is not limited to assisted living programs, hospice services, home health agencies, or other long-term care related health services.

3. The department may request that an applicant provide additional or supplemental information with the application which may include verification of cash or liquid resources to maintain nursing facility operations for a period of not less than two months.

4. The department may require an applicant to create an escrow account sufficient to sustain financial operations of the applicant's nursing facility for a period of not less than two months upon consideration of the timing of projected deposits and disbursements during the nursing facility's initial operating period.

a. The escrow account shall be sufficiently funded by the applicant prior to the issuance of the nursing facility license under [this section](#).

b. The department, in consultation with the applicant, may reduce or return the amounts held in escrow two years from the date of initial commencement of operation of the nursing facility.

c. The escrow requirement shall be terminated no later than five years from the date of initial commencement of operation of the nursing facility.

d. The department may utilize funds held in escrow if the applicant's nursing facility is subject to operation under receivership pursuant to [section 135C.30](#).

5. The department shall verify the accuracy and completeness of the information provided under [this section](#).

6. The information or documents provided to the department under [this section](#) detailing the applicant's financial condition or the terms of the applicant's contractual business relationships shall be confidential and not considered a public record under [chapter 22](#).

7. For the purposes of [this section](#):

a. "Applicant" means a person required to obtain a nursing facility license under [this section](#) due to change of ownership of a previously licensed nursing facility.

b. "Related party" means a related party or organization described by rule of the department of health and human services relating to nursing facility financial and statistical reporting and determination of payment rates pursuant to [441 IAC 81.6\(11\)\(1\)](#).

[2023 Acts, ch 158, §6](#)

NEW section

135C.8 Scope of license.

Licenses for health care facilities shall be issued only for the premises and persons or governmental units named in the application and shall not be transferable or assignable except with the written approval of the department, obtained prior to the purchase of the facility involved. Licenses shall be posted in a conspicuous place on the licensed premises as prescribed by regulation of the department. Such licenses, unless sooner suspended or revoked, shall expire one year after the date of issuance and shall be renewed annually upon an application by the licensee. Applications for such renewal shall be made in writing to the department, accompanied by the required fee, at least thirty days prior to the expiration of such license in accordance with regulations promulgated by the department. Health care facilities which have allowed their licenses to lapse through failure to make timely

application for renewal of their licenses shall pay an additional fee of twenty-five percent of the annual license fee prescribed in [section 135C.7](#).

[C50, 54, §135C.5; C58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.8]
Referred to in [§135C.30](#)

135C.9 Inspection before issuance — notice of deficiencies.

1. The department shall not issue a health care facility license to any applicant until:

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

b. The facility has been inspected by the director, who may be a member of a municipal fire department, and the department has received either a certificate of compliance or a provisional certificate of compliance by the facility with the fire hazard and fire safety rules and standards of the department as promulgated by the director and, where applicable, the fire safety standards required for participation in programs authorized by either Tit. XVIII or Tit. XIX of the United States Social Security Act, codified at 42 U.S.C. §1395 – 1395ll and 1396 – 1396g. The certificate or provisional certificate shall be signed by the director or the director's designee who made the inspection. If the director finds a deficiency upon inspection, the notice to the facility shall be provided in a timely manner and shall specifically describe the nature of the deficiency, identifying the Code section or subsection or the rule or standard violated. The notice shall also specify the time allowed for correction of the deficiency, at the end of which time the director shall perform a follow-up inspection.

2. The rules and standards promulgated by the director pursuant to [subsection 1](#), paragraph "b" of [this section](#) shall be substantially in keeping with the latest generally recognized safety criteria for the facilities covered, of which the applicable criteria recommended and published from time to time by the national fire protection association shall be prima facie evidence. The rules and standards promulgated by the director shall be promulgated in consultation with the department and shall, to the greatest extent possible, be consistent with rules adopted by the department under [this chapter](#).

3. The director may issue successive provisional certificates of compliance for periods of one year each to a facility which is in substantial compliance with the applicable fire hazard and fire safety rules and standards, upon satisfactory evidence of an intent, in good faith, by the owner or operator of the facility to correct the deficiencies noted upon inspection within a reasonable period of time as determined by the director. Renewal of a provisional certificate shall be based on a showing of substantial progress in eliminating deficiencies noted upon the last previous inspection of the facility without the appearance of additional deficiencies other than those arising from changes in the fire hazard and fire safety rules, regulations and standards which have occurred since the last previous inspection, except that substantial progress toward achievement of a good faith intent by the owner or operator to replace the entire facility within a reasonable period of time, as determined by the director, may be accepted as a showing of substantial progress in eliminating deficiencies, for the purposes of [this section](#).

4. If a facility subject to licensure under [this chapter](#), a facility exempt from licensure under [this chapter](#) pursuant to [section 135C.6](#), or a family home under [section 335.25](#) or [414.22](#), has been issued a certificate of compliance or a provisional certificate of compliance under [subsection 1](#) or [3](#), or has otherwise been approved as complying with a rule or standard by the state or the director or a local building department as defined in [section 103A.3](#), the director or local building department which issued the certificate, provisional certificate, or

approval shall not apply additional requirements for compliance with the rule or standard unless the rule or standard is revised in accordance with [chapter 17A](#) or with local regulatory procedure following issuance of the certificate, provisional certificate, or approval.

[C50, 54, §135C.6; C58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.9]

[97 Acts, ch 169, §19](#); [2001 Acts, ch 30, §1, 2](#); [2010 Acts, ch 1061, §180](#); [2015 Acts, ch 29, §24](#); [2023 Acts, ch 19, §1613](#)

Referred to in [§135C.6](#), [135C.16](#)

Section amended

135C.10 Denial, suspension, or revocation.

The department shall have the authority to deny, suspend, or revoke a license in any case where the department finds that there has been repeated failure on the part of the facility to comply with the provisions of [this chapter](#) or the rules or minimum standards promulgated hereunder, or for any of the following reasons:

1. Cruelty or indifference to health care facility residents.
2. Appropriation or conversion of the property of a health care facility resident without the resident's written consent or the written consent of the resident's legal guardian.
3. Permitting, aiding, or abetting the commission of any illegal act in the health care facility.
4. Inability or failure to operate and conduct the health care facility in accordance with the requirements of [this chapter](#) and the minimum standards and rules issued pursuant thereto.
5. Obtaining or attempting to obtain or retain a license by fraudulent means, misrepresentation, or by submitting false information.
6. Habitual intoxication or addiction to the use of drugs by the applicant, manager or supervisor of the health care facility.
7. Securing the devise or bequest of the property of a resident of a health care facility by undue influence.
8. Willful failure or neglect to maintain a continuing in-service education and training program for all personnel employed in the facility.
9. In the case of an application for a new or newly acquired facility, continuing or repeated failure of the licensee to operate any previously licensed facility or facilities in compliance with the provisions of [this chapter](#), the rules adopted pursuant to [this chapter](#), or equivalent provisions that the facility is subject to in this state or any other state.
10. In the case of a license applicant or existing licensee which is an entity other than an individual, the department may deny, suspend, or revoke a license if any individual, who is in a position of control or is an officer of the entity, engages in any act or omission proscribed by [this section](#).
11. Intentionally preventing or interfering with or attempting to prevent or interfere in any way with the performance by any duly authorized representative of the department of the lawful enforcement of [this chapter](#) or of the rules adopted pursuant to [this chapter](#). As used in [this subsection](#), "lawful enforcement" includes but is not limited to the following:
 - a. Contacting or interviewing any resident of a health care facility in private at any reasonable hour and without advance notice.
 - b. Examining any relevant books or records of a health care facility unless otherwise protected from disclosure by operation of law.
 - c. Preserving evidence of any violation of [this chapter](#) or of the rules adopted pursuant to [this chapter](#).

[C50, 54, §135C.6; C58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.10]

[90 Acts, ch 1204, §13](#); [2014 Acts, ch 1040, §3, 4](#); [2015 Acts, ch 80, §1](#)

Referred to in [§135C.12](#)

135C.11 Notice — hearings.

1. The denial, suspension, or revocation of a license shall be effected by delivering to the applicant or licensee by certified mail or by personal service of a notice setting forth the particular reasons for such action. Such denial, suspension, or revocation shall become effective thirty days after the mailing or service of the notice, unless the applicant or licensee, within such thirty-day period, shall give written notice to the department requesting a hearing,

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

2. The procedure governing hearings authorized by [this section](#) shall be in accordance with the rules promulgated by the department. A full and complete record shall be kept of all proceedings, and all testimony shall be reported but need not be transcribed unless judicial review is sought pursuant to [section 135C.13](#). Copies of the transcript may be obtained by an interested party upon payment of the cost of preparing the copies. Witnesses may be subpoenaed by either party and shall be allowed fees at a rate prescribed by the department's rules. The director may, after advising a representative of the office of long-term care ombudsman, either proceed in accordance with [section 135C.30](#), or remove all residents and suspend the license or licenses of any health care facility, prior to a hearing, when the director finds that the health or safety of residents of the health care facility requires such action on an emergency basis.

[C50, 54, §135C.6; C58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.11]

[99 Acts, ch 129, §1](#); [2013 Acts, ch 18, §6](#); [2014 Acts, ch 1040, §5](#)

Referred to in [§135C.30](#)

135C.12 Conditional operation.

If the department has the authority under [section 135C.10](#) to deny, suspend or revoke a license, the department or director may, as an alternative to those actions:

1. Apply to the district court of the county in which the licensee's health care facility is located for appointment by the court of a receiver for the facility pursuant to [section 135C.30](#).

2. Conditionally issue or continue a license dependent upon the performance by the licensee of reasonable conditions within a reasonable period of time as set by the department so as to permit the licensee to commence or continue the operation of the health care facility pending full compliance with [this chapter](#) or the regulations or minimum standards promulgated under [this chapter](#). If the licensee does not make diligent efforts to comply with the conditions prescribed, the department may, under the proceedings prescribed by [this chapter](#), suspend or revoke the license. No health care facility shall be operated on a conditional license for more than one year.

3. The department, in evaluating corrections of deficiencies in a facility in receivership or operating on a conditional license, may determine what is satisfactory compliance, provided that in so doing it shall employ established criteria which shall be uniformly applied to all facilities of the same license category.

[C58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.12]

Referred to in [§135C.30](#)

For legislative intent regarding imposition of a conditional license if failure of full compliance will result in single class I citation that is not an immediate jeopardy; see [99 Acts, ch 199, §10](#)

135C.13 Judicial review.

Judicial review of any action of the director may be sought in accordance with the terms of the Iowa administrative procedure Act, [chapter 17A](#). Notwithstanding the terms of [chapter 17A](#), petitions for judicial review may be filed in the district court of the county where the facility or proposed facility is located, and pending final disposition of the matter the status quo of the applicant or licensee shall be preserved except when the director, after advising a representative of the office of long-term care ombudsman, determines that the health, safety,

or welfare of the residents of the facility is in immediate danger, in which case the director may order the immediate removal of such residents.

[C58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.13]

[99 Acts, ch 129, §2](#); [2003 Acts, ch 44, §114](#); [2013 Acts, ch 18, §7](#); [2014 Acts, ch 1040, §6](#)

Referred to in [§135C.11](#)

135C.14 Rules.

The department shall, in accordance with [chapter 17A](#) and with the approval of the council on health and human services, adopt and enforce rules setting minimum standards for health care facilities. In so doing, the department, with the approval of the council on health and human services, 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 health and human services or the director of health and human services' designee, with the director, 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 director 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 director 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 recoupage 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](#); [2023 Acts, ch 19, §171, 1614, 1615](#)

Referred to in [§35D.15, 135C.2, 135C.36](#)

See Code editor's note on simple harmonization at the beginning of this Code volume

Unnumbered paragraph 1 amended

Subsection 1 amended

135C.15 Time to comply.

1. Any health care facility which is in operation at the time of adoption or promulgation of any applicable rules or minimum standards under [this chapter](#) shall be given reasonable

time from the date of such promulgation to comply with such rules and minimum standards as provided for by the department. The director may grant successive thirty-day extensions of the time for compliance where evidence of a good faith attempt to achieve compliance is furnished, if the extensions will not place in undue jeopardy the residents of the facility to which the extensions are granted.

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

[C58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.15]

135C.16 Inspections.

1. In addition to the inspections required by [sections 135C.9 and 135C.38](#), the department shall make or cause to be made such further unannounced inspections as it deems necessary to adequately enforce [this chapter](#). At least one general unannounced inspection shall be conducted for each health care facility within a thirty-month period. The inspector shall show identification to the person in charge of the facility and state that an inspection is to be made before beginning the inspection. An employee of the department who gives unauthorized advance notice of an inspection made or planned to be made under [this subsection](#) or [section 135C.38](#) shall be disciplined as determined by the director, except that if the employee is employed pursuant to the merit system provisions of [chapter 8A, subchapter IV](#), the discipline shall not exceed the discipline authorized pursuant to that subchapter.

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

b. When the plans and specifications have been properly approved by the department or other appropriate state agency, for a period of at least five years from completion of the construction or alteration, the facility or the portion of the facility constructed or altered in accord with the plans and specifications shall not be considered deficient or ineligible for licensing by reason of failure to meet any rule or standard established subsequent to approval of the plans and specifications.

c. When construction or alteration of a facility or portion of a facility has been completed in accord with plans and specifications submitted as required by [this subsection](#) and properly approved by the department or other appropriate state agency, and it is discovered that the facility or portion of a facility is not in compliance with a requirement of [this chapter](#) or of the rules or standards adopted pursuant to it and in effect at the time the plans and specifications were submitted, and the deficiency was apparent from the plans and specifications submitted but was not noted or objected to by the department or other appropriate state agency, the department or agency responsible for the oversight shall either waive the requirement or reimburse the licensee or applicant for any costs which are necessary to bring the new or reconstructed facility or portion of a facility into compliance with the requirement and which the licensee or applicant would not have incurred if the facility or portion of the facility had been constructed in compliance with the requirements of [this chapter](#) or of the rules or standards adopted pursuant to it and in effect at the time the plans and specifications were submitted.

d. If within two years from the completion of the construction or alteration of the facility or portion thereof, a department or agency of the state orders that the new or reconstructed facility or portion thereof be brought into compliance with the requirements of [this chapter](#) or the rules or standards adopted pursuant to it and in effect at the time the plans and specifications were submitted, the state shall have a claim for damages to the extent of any

reimbursement paid to the licensee or applicant against any person who designed the facility or portion thereof for negligence in the preparation of the plans and specifications therefor, subject to all defenses based upon the negligence of the state in reviewing and approving those plans and specifications, but not thereafter.

e. The provisions of [this subsection](#) shall not apply where the deficiency presents a clear and present danger to the safety of the residents of the facility.

3. An authorized representative of the department may enter any licensed health care facility without a warrant, and may examine all records pertaining to the care provided residents of the facility. An authorized representative of the department may contact or interview any resident, employee, or any other person who might have knowledge about the operation of a health care facility. An authorized representative of the department of health and human services shall have the same right with respect to any facility where one or more residents are cared for entirely or partially at public expense, and an authorized representative of the designated protection and advocacy agency shall have the same right with respect to any facility where one or more residents have developmental disabilities or mental illnesses, and the director shall have the same right of entry into any facility and the right to inspect any records pertinent to fire safety practices and conditions within that facility, and an authorized representative of the office of long-term care ombudsman shall have the same right with respect to any nursing facility or residential care facility. If any such authorized representative has probable cause to believe that any institution, building, or agency not licensed as a health care facility is in fact a health care facility as defined by [this chapter](#), and upon producing identification that the individual is an authorized representative is denied entry to the facility for the purpose of making an inspection, the authorized representative may, with the assistance of the county attorney of the county in which the purported health care facility is located, apply to the district court for an order requiring the owner or occupant to permit entry and inspection of the premises to determine whether there have been any violations of [this chapter](#).

[C58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.16; 82 Acts, ch 1065, §1]

83 Acts, ch 96, §157, 159; 84 Acts, ch 1227, §1; 87 Acts, ch 234, §427; 90 Acts, ch 1204, §15; 92 Acts, ch 1242, §26; 2000 Acts, ch 1180, §1; 2003 Acts, ch 145, §187; 2009 Acts, ch 41, §47; 2014 Acts, ch 1040, §8; 2023 Acts, ch 19, §172, 1616

See Code editor's note on simple harmonization at the beginning of this Code volume
Subsection 3 amended

135C.16A Inspectors — conflicts of interest.

1. Any of the following circumstances disqualifies an inspector from inspecting a particular health care facility under [this chapter](#):

a. The inspector currently works or, within the past two years, has worked as an employee or employment agency staff at the health care facility, or as an officer, consultant, or agent for the health care facility to be inspected.

b. The inspector has any financial interest or any ownership interest in the facility. For purposes of this paragraph, indirect ownership, such as through a broad-based mutual fund, does not constitute financial or ownership interest.

c. The inspector has an immediate family member who has a relationship with the facility as described in paragraph “a” or “b”.

d. The inspector has an immediate family member who currently resides in the facility.

2. For purposes of [this section](#), “*immediate family member*” means the same as set forth in [42 C.F.R. §488.301](#), and includes a husband or wife; natural or adoptive parent, child, or sibling; stepparent, stepchild, or stepsibling; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; or grandparent or grandchild.

2009 Acts, ch 156, §1

135C.17 Duties of other departments.

It shall be the duty of the department of health and human services, office of long-term care ombudsman, and the officers and agents of other state and local governmental units, and the designated protection and advocacy agency to assist the department in carrying out the

provisions of [this chapter](#), insofar as the functions of these respective offices and departments are concerned with the health, welfare, and safety of any resident of any health care facility. It shall be the duty of the department to cooperate with the protection and advocacy agency and the office of long-term care ombudsman by responding to all reasonable requests for assistance and information as required by federal law and [this chapter](#).

[C58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.17]

[83 Acts, ch 96, §157, 159; 87 Acts, ch 234, §428; 2014 Acts, ch 1040, §9; 2023 Acts, ch 19, §173, 1617](#)

Referred to in [§135C.21](#)

See Code editor's note on simple harmonization at the beginning of this Code volume
Section amended

135C.18 Employees.

The department may employ, pursuant to [chapter 8A, subchapter IV](#), such assistants and inspectors as may be necessary to administer and enforce the provisions of [this chapter](#).

[C58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.18]

[2003 Acts, ch 145, §188](#)

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

1. Following an inspection of a health care facility by the department pursuant to [this chapter](#), the department's final findings with respect to compliance by the facility with requirements for licensing shall be made available to the public in a readily available form and place. Other information relating to a health care facility obtained by the department which does not constitute the department's findings from an inspection of the facility shall not be made available to the public except in proceedings involving the citation of a facility for a violation under [section 135C.40](#), or the denial, suspension, or revocation of a license under [this chapter](#). The name of a person who files a complaint with the department shall be confidential.

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

b. A copy of each citation required to be posted by [this subsection](#) shall be sent by the department to the department of health and human services, to the designated protection and advocacy agency if the facility has one or more residents with developmental disabilities or mental illness, and to the office of long-term care ombudsman if the facility is a nursing facility or residential care facility.

3. If the facility cited subsequently advises the department of health and human services that the violation has been corrected to the satisfaction of the department of inspections, appeals, and licensing, the department of health and human services shall maintain this advisory in the same file with the copy of the citation. The department of health and human services shall not disseminate to the public any information regarding citations issued by the department of inspections, appeals, and licensing, but shall forward or refer inquiries to the department of inspections, appeals, and licensing.

[C58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.19]

[83 Acts, ch 96, §157, 159; 84 Acts, ch 1227, §2; 87 Acts, ch 234, §429; 90 Acts, ch 1039, §8; 90 Acts, ch 1204, §16, 17; 2009 Acts, ch 41, §263; 2014 Acts, ch 1040, §10; 2023 Acts, ch 19, §174, 175, 1886](#)

Referred to in [§135C.40](#)

See Code editor's note on simple harmonization at the beginning of this Code volume
Subsection 2, paragraph b amended
Subsection 3 amended

135C.20 Information distributed.

The department shall prepare, publish and send to licensed health care facilities an annual report of its activities and operations under [this chapter](#) and such other bulletins containing fundamental health principles and data as may be deemed essential to assure

proper operation of health care facilities, and publish for public distribution copies of the laws, standards and rules pertaining to their operation.

[C58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.20]

135C.20A Report cards — facility inspections — complaint procedures — availability to public — electronic access.

1. The department shall develop and utilize a report card system for the recording of the findings of any inspection of a health care facility. The report card shall include but is not limited to a summary of the findings of the inspection, any violation found, any enforcement action taken including any citations issued and penalties assessed, any actions taken to correct violations or deficiencies, and the nature and status of any action taken with respect to any uncorrected violation for which a citation was issued.

2. The report card form shall be developed by the department in cooperation with representatives of the department of health and human services, the state long-term care ombudsman, representatives of certified volunteer long-term care ombudsmen, representatives of protection and advocacy entities, consumers, and other interested persons.

3. The department shall make any completed report cards electronically accessible to the public, on a monthly basis, and shall compile the report cards on an annual basis and make the compilation electronically accessible to the public. The annual compilation shall also be available at the office of the department at the seat of government and shall be available to the public by mail, upon request and at the department's expense.

4. In addition to the monthly and annual compilations, the department shall provide compilations of the report cards on a cumulative basis. The cumulative compilation shall reflect the report cards of health care facilities during the four-year period prior to the production of the cumulative compilation. The cumulative compilation shall be applicable to a particular health care facility as a four-year report card history of that facility becomes available. The cumulative compilation shall be available to the public in the same manner as the annual compilation.

[98 Acts, ch 1141, §1](#); [99 Acts, ch 129, §4](#); [2009 Acts, ch 23, §9](#); [2013 Acts, ch 18, §9](#); [2023 Acts, ch 19, §176](#)

Referred to in [§135C.20B](#)
Subsection 2 amended

135C.20B Governor's award — quality care.

1. A governor's award for quality care is established, to be awarded annually by the governor to a health care facility in the state which demonstrates provision of the highest quality care to residents.

2. The department shall adopt rules establishing the criteria to determine quality care. In developing the criteria, the department shall consult with the members of Iowa partners for resident care and shall also consider all of the following:

a. The report cards completed pursuant to [section 135C.20A](#).

b. Any unique services provided by a facility to its residents to improve the quality of care in the facility.

c. Any information submitted by residents with regard to the quality of care of the facility.

d. Whether the facility accepts residents for whom costs of care are paid under [chapter 249A](#).

[99 Acts, ch 132, §1](#); [2013 Acts, ch 18, §10](#)

135C.21 Penalties.

1. Any person establishing, conducting, managing, or operating any health care facility without a license shall be guilty of a serious misdemeanor. Each day of continuing violation after conviction or notice from the department by certified mail of a violation shall be considered a separate offense or chargeable offense. Any such person establishing, conducting, managing or operating any health care facility without a license may be by any court of competent jurisdiction temporarily or permanently restrained therefrom in any action brought by the state.

2. Any person who prevents or interferes with or attempts to impede in any way any duly

authorized representative of the department or of any of the agencies referred to in [section 135C.17](#) in the lawful enforcement of [this chapter](#) or of the rules adopted pursuant to it is guilty of a simple misdemeanor. As used in [this subsection](#), lawful enforcement includes but is not limited to:

- a. Contacting or interviewing any resident of a health care facility in private at any reasonable hour and without advance notice.
- b. Examining any relevant books or records of a health care facility.
- c. Preserving evidence of any violation of [this chapter](#) or of the rules adopted pursuant to it.

[C50, 54, §135C.7; C58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.21]

135C.22 Applicable to governmental units.

The provisions of [this chapter](#) shall be applicable to institutions operated by or under the control of the department of health and human services, the state board of regents, or any other governmental unit.

[C50, 54, §135C.8; C58, 62, 66, 71, 73, 75, 77, 79, 81, §135C.22]

[83 Acts, ch 96, §157, 159; 2023 Acts, ch 19, §177](#)

Section amended

135C.23 Express requirements for admission or residence.

No individual shall be admitted to or permitted to remain in a health care facility as a resident, except in accordance with the requirements of [this section](#).

1. Each resident shall be covered by a contract executed at the time of admission or prior thereto by the resident, or the resident's legal representative, and the health care facility, except as otherwise provided by [subsection 5](#) with respect to residents admitted at public expense to a county care facility operated under [chapter 347B](#). Each party to the contract shall be entitled to a duplicate original thereof, and the health care facility shall keep on file all contracts which it has with residents and shall not destroy or otherwise dispose of any such contract for at least one year after its expiration. Each such contract shall expressly set forth:

- a. The terms of the contract.
- b. The services and accommodations to be provided by the health care facility and the rates or charges therefor.
- c. Specific descriptions of any duties and obligations of the parties in addition to those required by operation of law.

d. Any other matters deemed appropriate by the parties to the contract. No contract or any provision thereof shall be drawn or construed so as to relieve any health care facility of any requirement or obligation imposed upon it by [this chapter](#) or any standards or rules in force pursuant to [this chapter](#), nor contain any disclaimer of responsibility for injury to the resident, or to relatives or other persons visiting the resident, which occurs on the premises of the facility or, with respect to injury to the resident, which occurs while the resident is under the supervision of any employee of the facility whether on or off the premises of the facility.

2. a. A health care facility shall not knowingly admit or retain a resident:
 - (1) Who is dangerous to the resident or other residents.
 - (2) Who is in an acute stage of alcoholism, drug addiction, or mental illness.
 - (3) Whose condition or conduct is such that the resident would be unduly disturbing to other residents.
 - (4) Who is in need of medical procedures, as determined by a physician, or services which cannot be or are not being carried out in the facility.

b. [This section](#) does not prohibit the admission of a patient with a history of dangerous or disturbing behavior to an intermediate care facility for persons with mental illness, intermediate care facility for persons with an intellectual disability, nursing facility, or county care facility when the intermediate care facility for persons with mental illness, intermediate care facility for persons with an intellectual disability, nursing facility, or county care facility has a program which has received prior approval from the department to properly care for and manage the patient. An intermediate care facility for persons with mental illness, intermediate care facility for persons with an intellectual disability, nursing

facility, or county care facility is required to transfer or discharge a resident with dangerous or disturbing behavior when the intermediate care facility for persons with mental illness, intermediate care facility for persons with an intellectual disability, nursing facility, or county care facility cannot control the resident's dangerous or disturbing behavior. The department, in coordination with the state mental health and disability services commission created in [section 225C.5](#), shall adopt rules pursuant to [chapter 17A](#) for programs to be required in intermediate care facilities for persons with mental illness, intermediate care facilities for persons with an intellectual disability, nursing facilities, and county care facilities that admit patients or have residents with histories of dangerous or disturbing behavior.

c. The denial of admission of a person to a health care facility shall not be based upon the patient's condition, which is the existence of a specific disease in the patient, but the decision to accept or deny admission of a patient with a specific disease shall be based solely upon the ability of the health care facility to provide the level of care required by the patient.

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

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

5. Each county which maintains a county care facility under [chapter 347B](#) shall develop a statement in lieu of, and setting forth substantially the same items as, the contracts required of other health care facilities by [subsection 1](#). The statement must be approved by the county board of supervisors and by the department. When so approved, the statement shall be considered in force with respect to each resident of the county care facility.

[C71, 73, 75, 77, 79, 81, §135C.23]

[83 Acts, ch 76, §1](#); [87 Acts, ch 190, §1](#); [88 Acts, ch 1234, §9](#); [90 Acts, ch 1039, §9](#); [94 Acts, ch 1170, §23](#); [96 Acts, ch 1129, §113](#); [2004 Acts, ch 1090, §1](#); [2009 Acts, ch 41, §263](#); [2010 Acts, ch 1031, §389](#); [2012 Acts, ch 1019, §17](#)

Referred to in [§135C.1, 229.21, 331.382, 335.25, 347B.9, 414.22](#)

135C.24 Personal property or affairs of patients or residents.

The admission of a resident to a health care facility and the resident's presence therein shall not in and of itself confer on such facility, its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident, nor any authority or responsibility for the personal affairs of the resident, except as may be necessary for the safety and orderly management of the facility and as required by [this section](#).

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

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

3. A health care facility shall keep complete and accurate records of all funds and other effects and property of its residents received by it for safekeeping.

4. Any funds or other property belonging to or due a resident, or expendable for the resident's account, which are received by a health care facility shall be trust funds, shall

be kept separate from the funds and property of the facility and of its other residents, or specifically credited to such resident, and shall be used or otherwise expended only for the account of the resident. Upon request the facility shall furnish the resident, the guardian, trustee or conservator, if any, for any resident, or any governmental unit or private charitable agency contributing funds or other property on account of any resident, a complete and certified statement of all funds or other property to which [this subsection](#) applies detailing the amounts and items received, together with their sources and disposition.

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

[C71, 73, 75, 77, 79, 81, §135C.24]

Referred to in [§331.382](#), [331.756\(25\)](#)

135C.25 Resident advocate committee appointments — duties — disclosure — liability. Repealed by 2013 Acts, ch 18, §34.

135C.26 Director notified of casualties.

The director shall be notified within twenty-four hours, by the most expeditious means available, of any accident causing major injury or death, and any fire or natural or other disaster occurring in a health care facility.

[C71, 73, 75, 77, 79, 81, §135C.26]

135C.27 Federal funds to implement program.

If the department's services are necessary in order to assist another governmental unit to implement a federal program, the department may accept in compensation for such services federal funds initially available from the federal government to such other governmental unit for such purpose. Any governmental unit is authorized to transfer to the department for such services any federal funds available to such governmental unit, in accordance with applicable federal laws and regulations.

[C71, 73, 75, 77, 79, 81, §135C.27]

135C.28 Conflicting statutes.

Provisions of [this chapter](#) in conflict with the state building code, as adopted pursuant to [section 103A.7](#), shall not apply where the state building code has been adopted or when the state building code applies throughout the state.

[C73, 75, 77, 79, 81, §135C.28]

[2004 Acts, ch 1086, §37](#)

135C.29 License list to county commissioner of elections.

To facilitate the implementation of [section 53.8, subsection 3](#) and [section 53.22](#), the director shall provide to each county commissioner of elections at least annually a list of each licensed health care facility in that county. The list shall include the street address or location, and the mailing address if it is other than the street address or location, of each facility.

[C77, 79, 81, §135C.29]

Referred to in [§53.8](#)

135C.30 Operation of facility under receivership.

When so authorized by [section 135C.11, subsection 2](#), or [section 135C.12, subsection 1](#), the director may file a verified application in the district court of the county where a health care facility licensed under [this chapter](#) is located, requesting that an individual nominated by the director be appointed as receiver for the facility with responsibility to bring the operation and condition of the facility into conformity with [this chapter](#) and the rules or minimum standards promulgated under [this chapter](#).

1. The court shall expeditiously hold a hearing on the application, at which the director shall present evidence in support of the application. The licensee against whose facility the petition is filed may also present evidence, and both parties may subpoena witnesses. The court may appoint a receiver for the health care facility in advance of the hearing if the director's verified application states that an emergency exists which presents an imminent danger of resultant death or physical harm to the residents of the facility. If the licensee against whose facility the receivership petition is filed informs the court at or before the time set for the hearing that the licensee does not object to the application, the court shall waive the hearing and at once appoint a receiver for the facility.

2. The court, on the basis of the verified application and evidence presented at the hearing, may order the facility placed under receivership, and if so ordered, the court shall direct either that the receiver assume the duties of administrator of the health care facility or that the receiver supervise the facility's administrator in conducting the day-to-day business of the facility. The receiver shall be empowered to control the facility's financial resources and to apply its revenues as the receiver deems necessary to the operation of the facility in compliance with [this chapter](#) and the rules or minimum standards promulgated under [this chapter](#), but shall be accountable to the court for management of the facility's financial resources.

3. A receivership established under [this section](#) may be terminated by the district court which established it, after a hearing upon an application for termination. The application may be filed:

a. Jointly by the receiver and the current licensee of the health care facility which is in receivership, stating that the deficiencies in the operation, maintenance or other circumstances which were the grounds for establishment of the receivership have been corrected and that there are reasonable grounds to believe that the facility will be operated in compliance with [this chapter](#) and the rules or minimum standards promulgated under [this chapter](#).

b. By the current licensee of the facility, alleging that termination of the receivership is merited for the reasons set forth in paragraph "a" of [this subsection](#), but that the receiver has declined to join in the petition for termination of the receivership.

c. By the receiver, stating that all residents of the facility have been relocated elsewhere and that there are reasonable grounds to believe it will not be feasible to again operate the facility on a sound financial basis and in compliance with [this chapter](#) and the rules or minimum standards promulgated under [this chapter](#), and asking that the court approve surrender of the facility's license to the department and subsequent return of control of the facility's premises to the owners of the premises.

4. a. Payment of the expenses of a receivership established under [this section](#) is the responsibility of the facility for which the receiver is appointed, unless the court directs otherwise. The expenses include but are not limited to:

(1) Salary of the receiver.

(2) Expenses incurred by the facility for the continuing care of the residents of the facility.

(3) Expenses incurred by the facility for the maintenance of buildings and grounds of the facility.

(4) Expenses incurred by the facility in the ordinary course of business, such as employees' salaries and accounts payable.

b. The receiver is not personally liable for the expenses of the facility during the receivership. The receiver is an employee of the state as defined in [section 669.2, subsection 4](#), only for the purpose of defending a claim filed against the receiver. [Chapter 669](#) applies to all suits filed against the receiver.

5. [This section](#) does not:

a. Preclude the sale or lease of a health care facility, and the transfer or assignment of the facility's license in the manner prescribed by [section 135C.8](#), while the facility is in receivership, provided these actions are not taken without approval of the receiver.

b. Affect the civil or criminal liability of the licensee of the facility placed in receivership, for any acts or omissions of the licensee which occurred before the receiver was appointed.

[C81, §135C.30]

84 Acts, ch 1136, §1; 91 Acts, ch 107, §3; 2009 Acts, ch 41, §263

Referred to in §135C.7A, 135C.11, 135C.12

135C.31 Discharge of Medicaid patients.

A resident of a health care facility shall not be discharged solely because the cost of the resident's care is being paid under [chapter 249A](#) or because the resident's source of payment is changing from private support to payment under [chapter 249A](#).

[81 Acts, ch 60, §2]

Referred to in §135C.36

135C.31A Assessment of residents — program eligibility — prescription drug coverage.

1. A health care facility shall assist the Iowa department of veterans affairs in identifying, upon admission of a resident, the resident's eligibility for benefits through the United States department of veterans affairs. The department of inspections, appeals, and licensing, in cooperation with the department of health and human services, shall adopt rules to administer [this section](#), including a provision that ensures that if a resident is eligible for benefits through the United States department of veterans affairs or other third-party payor, the payor of last resort for reimbursement to the health care facility is the medical assistance program. The rules shall also require the health care facility to request information from a resident or resident's personal representative regarding the resident's veteran status and to report to the Iowa department of veterans affairs only the names of residents identified as potential veterans along with the names of their spouses and any dependents. Information reported by the health care facility shall be verified by the Iowa department of veterans affairs. [This section](#) shall not apply to the admission of an individual to a state mental health institute for acute psychiatric care or to the admission of an individual to the Iowa veterans home.

2. a. If a resident is identified, upon admission to a health care facility, as eligible for benefits through the United States department of veterans affairs pursuant to [subsection 1](#) or through other means, the health care facility shall allow the resident to access any prescription drug benefit included in such benefits for which the resident is also eligible. The health care facility shall also assist the Iowa department of veterans affairs in identifying individuals residing in such health care facilities on July 1, 2009, who are eligible for the prescription drug benefit.

b. The department of inspections, appeals, and licensing, the department of veterans affairs, and the department of health and human services shall identify any barriers to residents in accessing such prescription drug benefits and shall assist health care facilities in adjusting their procedures for medication administration to comply with [this subsection](#).

2003 Acts, ch 112, §2; 2003 Acts, ch 179, §160; 2004 Acts, ch 1175, §226; 2005 Acts, ch 115, §28, 40; 2006 Acts, ch 1109, §1; 2009 Acts, ch 63, §1; 2023 Acts, ch 19, §178, 1887, 1888

See Code editor's note on simple harmonization at the beginning of this Code volume

Section amended

135C.32 Hospice services covered by Medicare.

The requirement that the care of a resident of a health care facility must be provided under the immediate direction of either the facility or the resident's personal physician does not apply if all of the following conditions are met:

1. The resident is terminally ill.
2. The resident has elected to receive hospice services under the federal Medicare program from a Medicare certified hospice program.
3. The health care facility and the Medicare certified hospice program have entered into a written agreement under which the hospice program takes full responsibility for the professional management of the resident's hospice care and the facility agrees to provide room and board to the resident.

88 Acts, ch 1037, §1

135C.33 Employees and certified nurse aide trainees — child or dependent adult abuse information and criminal record check options — evaluations — application to other providers — penalty.

1. *a.* For the purposes of [this section](#), the term “*crime*” does not include offenses under [chapter 321](#) classified as a simple misdemeanor or equivalent simple misdemeanor offenses from another jurisdiction.

b. Prior to employment of a person in a facility or with a provider as specified in [subsection 5](#), the facility or provider shall do one of the following:

(1) Request that the department of public safety perform a criminal history check and the record check evaluation system of the department of health and human services perform child and dependent adult abuse record checks of the person in this state.

(2) Access the single contact repository to perform the required record checks.

c. (1) If a facility or a provider as specified in [subsection 5](#) accesses the single contact repository to perform the required record checks pursuant to paragraph “*b*”, the facility or provider may utilize a third-party vendor to perform a comprehensive preliminary background check and provisionally employ a person being considered for employment pending completion of the required record checks through the single contact repository and the evaluation by the record check evaluation system, as applicable, subject to all of the following:

(a) If the comprehensive preliminary background check determines that the person being considered for employment has been convicted of a crime, but the crime does not constitute a felony as defined in [section 701.7](#) and is not a crime specified pursuant to [chapter 708](#), [708A](#), [709](#), [709A](#), [710](#), [710A](#), [711](#), or [712](#), or pursuant to [section 726.3](#), [726.27](#), or [726.28](#).

(b) If the comprehensive preliminary background check determines the person being considered for employment does not have a record of founded child abuse or dependent adult abuse or if an exception pursuant to [subsection 4](#) is applicable to the person.

(c) If the facility or provider has requested an evaluation in accordance with [subsection 2](#), paragraph “*a*”, to determine whether the crime warrants prohibition of the person’s employment in the facility or with the provider.

(2) The provisional employment under this paragraph “*c*” may continue until such time as the required record checks through the single contact repository and the evaluation by the record check evaluation system, as applicable, are completed.

d. A facility or provider shall inform all persons prior to employment regarding the performance of the record checks and shall obtain, from the persons, a signed acknowledgment of the receipt of the information. A facility or provider shall include the following inquiry in an application for employment:

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime other than a simple misdemeanor offense relating to motor vehicles and laws of the road under [chapter 321](#) or equivalent provisions, in this state or any other state?

2. *a.* If it is determined that a person being considered for employment in a facility or with a provider has been convicted of a crime under a law of any state, the department of public safety shall notify the facility or provider that upon the request of the facility or provider the record check evaluation system will perform an evaluation to determine whether the crime warrants prohibition of the person’s employment in the facility or with the provider.

b. (1) If a person being considered for employment, other than employment involving the operation of a motor vehicle, has been convicted of a crime listed in subparagraph (2) but does not have a record of founded child or dependent adult abuse and the facility or provider has requested an evaluation in accordance with paragraph “*a*” to determine whether the crime warrants prohibition of the person’s employment, the facility or provider may employ the person for not more than sixty calendar days pending completion of the evaluation.

(2) Subparagraph (1) applies to a crime that is a simple misdemeanor offense under [section 123.47](#), and to a crime that is a first offense of operating a motor vehicle while intoxicated under [section 321J.2](#), [subsection 1](#).

c. If a record check evaluation system child or dependent adult abuse record check shows that such person has a record of founded child or dependent adult abuse, the record check evaluation system shall notify the facility or provider that upon the request of the facility or provider the record check evaluation system will perform an evaluation to determine whether the founded child or dependent adult abuse warrants prohibition of employment in the facility or with the provider.

d. An evaluation performed under [this subsection](#) shall be performed in accordance with procedures adopted for this purpose by the department of health and human services.

e. (1) If a person owns or operates more than one facility or a provider owns or operates more than one location, and an employee of one of such facilities or provider locations is transferred to another such facility or provider location without a lapse in employment, the facility or provider is not required to request additional criminal and child and dependent adult abuse record checks of that employee.

(2) If the ownership of a facility or provider is transferred, at the time of transfer the record checks required by [this section](#) shall be performed for each employee for whom there is no documentation that such record checks have been performed. The facility or provider may continue to employ such employee pending the performance of the record checks and any related evaluation.

3. In an evaluation, the record check evaluation system shall consider the nature and seriousness of the crime or founded child or dependent adult abuse in relation to the position sought or held, the time elapsed since the commission of the crime or founded child or dependent adult abuse, the circumstances under which the crime or founded child or dependent adult abuse was committed, the degree of rehabilitation, the likelihood that the person will commit the crime or founded child or dependent adult abuse again, and the number of crimes or founded child or dependent adult abuses committed by the person involved. If the record check evaluation system performs an evaluation for the purposes of [this section](#), the record check evaluation system has final authority in determining whether prohibition of the person's employment is warranted.

4. a. Except as provided in [subsection 1](#), paragraph "c", [subsection 2](#), and paragraph "b" of [this subsection](#), a person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a facility or with a provider unless an evaluation has been performed by the record check evaluation system.

b. A person with a criminal or abuse record who is or was employed by a facility or provider and is hired by another facility or provider shall be subject to the criminal history and abuse record checks required pursuant to [subsection 1](#). However, if an evaluation was previously performed by the record check evaluation system concerning the person's criminal or abuse record and it was determined that the record did not warrant prohibition of the person's employment and the latest record checks do not indicate a crime was committed or founded abuse record was entered subsequent to that evaluation, the person may commence employment with the other facility or provider in accordance with the record check evaluation system's evaluation and an exemption from the requirements in paragraph "a" for reevaluation of the latest record checks is authorized. Otherwise, the requirements of paragraph "a" remain applicable to the person's employment. Authorization of an exemption under this paragraph "b" from requirements for reevaluation of the latest record checks by the record check evaluation system is subject to all of the following provisions:

(1) The position with the subsequent employer is substantially the same or has the same job responsibilities as the position for which the previous evaluation was performed.

(2) Any restrictions placed on the person's employment in the previous evaluation by the record check evaluation system shall remain applicable in the person's subsequent employment.

(3) The person subject to the record checks has maintained a copy of the previous evaluation and provides the evaluation to the subsequent employer or the previous employer provides the previous evaluation from the person's personnel file pursuant to the person's authorization. If a physical copy of the previous evaluation is not provided to the subsequent employer, the record checks shall be reevaluated.

(4) Although an exemption under this paragraph "b" may be authorized, the subsequent

employer may instead request a reevaluation of the record checks and may employ the person while the reevaluation is being performed.

5. a. **This section** shall also apply to prospective employees of all of the following, if the provider is regulated by the state or receives any state or federal funding:

(1) An employee of a homemaker-home health aide, home care aide, adult day services, or other provider of in-home services if the employee provides direct services to consumers.

(2) An employee of a hospice, if the employee provides direct services to consumers.

(3) An employee who provides direct services to consumers under a federal home and community-based services waiver.

(4) An employee of an elder group home certified under **chapter 231B**, if the employee provides direct services to consumers.

(5) An employee of an assisted living program certified under **chapter 231C**, if the employee provides direct services to consumers.

b. In substantial conformance with the provisions of **this section**, including the provision authorizing provisional employment following completion of a comprehensive preliminary background check, prior to the employment of such an employee, the provider shall request the performance of the criminal and child and dependent adult abuse record checks. The provider shall inform the prospective employee and obtain the prospective employee's signed acknowledgment. The record check evaluation system shall perform the evaluation of any criminal record or founded child or dependent adult abuse record and shall make the determination of whether a prospective employee of a provider shall not be employed by the provider.

6. a. **This section** shall also apply to an employee of a temporary staffing agency that provides staffing for a facility, service, program, or other provider regulated by **this section** if the employee provides direct services to consumers.

b. In substantial conformance with the provisions of **this section**, including the provision authorizing provisional employment following completion of a comprehensive preliminary background check, prior to the employment of such an employee, the temporary staffing agency shall request the performance of the criminal and child and dependent adult abuse record checks. The temporary staffing agency shall inform the prospective employee and obtain the prospective employee's signed acknowledgment. The record check evaluation system shall perform the evaluation of any criminal record or founded child or dependent adult abuse record and shall make the determination of whether a prospective employee of a temporary staffing agency shall not be employed by the assisted living program as defined in **section 231C.2**, the Medicare certified home health agency, or the facility, service, program, or other provider regulated by **this section**.

c. If a person employed by a temporary staffing agency that is subject to **this section** is convicted of a crime or has a record of founded child or dependent adult abuse entered in the abuse registry after the person's employment application date, the person shall inform the temporary staffing agency within forty-eight hours and the temporary staffing agency shall inform the facility, service, program, or other provider within two hours.

d. If a temporary staffing agency fails to comply with the requirements of **this section**, the temporary staffing agency shall be liable to the facility, service, program, or other provider for any actual damages, including civil penalties, and reasonable attorney fees.

e. **This section** shall not apply to employees employed by a temporary staffing agency for a position that does not provide direct services to consumers.

7. a. The department of inspections, appeals, and licensing, in conjunction with other departments and agencies of state government involved with criminal history and abuse registry information, shall establish a single contact repository for facilities and other providers to have electronic access to data to perform background checks for purposes of employment, as required of the facilities and other providers under **this section**.

b. The department may access the single contact repository for any of the following purposes:

(1) To verify data transferred from the department's nurse aide registry to the repository.

(2) To conduct record checks of applicants for employment with the department.

8. a. If a person employed by a facility, service, or program employer that is subject to

[this section](#) is convicted of a crime or has a record of founded child or dependent adult abuse entered in the abuse registry after the person's employment application date, the person shall inform the employer of such information within forty-eight hours of the criminal conviction or entry of the record of founded child or dependent adult abuse. The employer shall act to verify the information within seven calendar days of notification. If the information is verified, the requirements of [subsections 2, 3, and 4](#) regarding employability and evaluations shall be applied by the employer to determine whether or not the person's employment is continued. The employer may continue to employ the person pending the performance of an evaluation by the record check evaluation system to determine whether prohibition of the person's employment is warranted. A person who is required by [this subsection](#) to inform the person's employer of a conviction or entry of an abuse record and fails to do so within the required period commits a serious misdemeanor.

b. If a facility, service, or program employer receives credible information, as determined by the employer, that a person employed by the employer has been convicted of a crime or a record of founded child or dependent adult abuse has been entered in the abuse registry after employment from a person other than the employee and the employee has not informed the employer of such information within the period required under paragraph "a", the employer shall act to verify the credible information within seven calendar days of receipt of the credible information. If the information is verified, the requirements of [subsections 2, 3, and 4](#) regarding employability and evaluations shall be applied to determine whether or not the person's employment is continued.

c. The employer may notify the county attorney for the county where the employer is located of any violation or failure by an employee to notify the employer of a criminal conviction or entry of an abuse record within the period required under paragraph "a".

9. a. For the purposes of [this subsection](#), unless the context otherwise requires:

(1) "*Certified nurse aide training program*" means a program approved in accordance with the rules for such programs adopted by the department of health and human services for the training of persons seeking to be a certified nurse aide for employment in any of the facilities or programs [this section](#) applies to or in a hospital, as defined in [section 135B.1](#).

(2) "*Student*" means a person applying for, enrolled in, or returning to a certified nurse aide training program.

b. (1) Prior to a student beginning or returning to a certified nurse aide training program, the program shall do one of the following:

(a) Request that the department of public safety perform a criminal history check and the record check evaluation system perform child and dependent adult abuse record checks, in this state, of the student.

(b) Access the single contact repository to perform the required record checks.

(2) If a program accesses the single contact repository to perform the required record checks pursuant to subparagraph (1), the program may utilize a third-party vendor to perform a comprehensive preliminary background check to allow a person to provisionally participate in the clinical component of the certified nurse aide training program pending completion of the required record checks through the single contact repository and the evaluation by the record check evaluation system, as applicable, subject to all of the following:

(a) If the comprehensive preliminary background check determines that the person being considered for provisional participation has been convicted of a crime but the crime does not constitute a felony as defined in [section 701.7](#) and is not a crime specified pursuant to [chapter 708, 708A, 709, 709A, 710, 710A, 711, or 712](#), or pursuant to [section 726.3, 726.27, or 726.28](#).

(b) If the comprehensive preliminary background check determines the person being considered for provisional participation does not have a record of founded child abuse or dependent adult abuse or if an exception pursuant to [subsection 4](#) is applicable to the person.

(c) If the program has requested an evaluation in accordance with [subsection 2](#), paragraph "a", to determine whether the crime warrants prohibition of the person's provisional participation.

(d) The provisional participation under this subparagraph (2) may continue until such time as the required record checks through the single contact repository and the evaluation by the record check evaluation system, as applicable, are completed.

c. If a student has a criminal record or a record of founded child or dependent adult abuse, the student shall not be involved in a clinical education component of the certified nurse aide training program involving children or dependent adults unless an evaluation has been performed by the record check evaluation system. Upon request of the certified nurse aide training program, the record check evaluation system shall perform an evaluation to determine whether the record warrants prohibition of the student's involvement in a clinical education component of the certified nurse aide training program involving children or dependent adults. The evaluation shall be performed in accordance with the criteria specified in [subsection 3](#), and the record check evaluation system shall report the results of the evaluation to the certified nurse aide training program. The record check evaluation system has final authority in determining whether prohibition of the student's involvement in the clinical education component is warranted.

d. (1) If a student's clinical education component of the training program involves children or dependent adults but does not involve operation of a motor vehicle, and the student has been convicted of a crime listed in subparagraph (2), but does not have a record of founded child or dependent adult abuse, and the training program has requested an evaluation in accordance with paragraph "c" to determine whether the crime warrants prohibition of the student's involvement in such clinical education component, the training program may allow the student's participation in the component for not more than sixty days pending completion of the evaluation.

(2) Subparagraph (1) applies to a crime that is a simple misdemeanor offense under [section 123.47](#), and to a crime that is a first offense of operating a motor vehicle while intoxicated under [section 321J.2, subsection 1](#).

e. (1) If a student is convicted of a crime or has a record of founded child or dependent adult abuse entered in the abuse registry after the record checks and any evaluation have been performed, the student shall inform the certified nurse aide training program of such information within forty-eight hours of the criminal conviction or entry of the record of founded child or dependent adult abuse. The program shall act to verify the information within seven calendar days of notification. If the information is verified, the requirements of paragraph "c" shall be applied by the program to determine whether or not the student's involvement in a clinical education component may continue. The program may allow the student involvement to continue pending the performance of an evaluation by the record check evaluation system. A student who is required by this subparagraph to inform the program of a conviction or entry of an abuse record and fails to do so within the required period commits a serious misdemeanor.

(2) If a program receives credible information, as determined by the program, that a student has been convicted of a crime or a record of founded child or dependent adult abuse has been entered in the abuse registry after the record checks and any evaluation have been performed, from a person other than the student and the student has not informed the program of such information within the period required under subparagraph (1), the program shall act to verify the credible information within seven calendar days of receipt of the credible information. If the information is verified, the requirements of paragraph "c" shall be applied to determine whether or not the student's involvement in a clinical education component may continue.

(3) The program may notify the county attorney for the county where the program is located of any violation or failure by a student to notify the program of a criminal conviction or entry of an abuse record within the period required under subparagraph (1).

f. If a certified nurse aide training program is conducted by a health care facility and a student of that program subsequently accepts and begins employment with the facility within thirty days of completing the program, the criminal history and abuse registry checks of the student performed pursuant to [this subsection](#) shall be deemed to fulfill the requirements for such checks prior to employment pursuant to [subsection 1](#).

[94 Acts, ch 1130, §12; 97 Acts, ch 42, §1; 98 Acts, ch 1141, §2; 98 Acts, ch 1223, §20, 21; 99 Acts, ch 96, §11; 99 Acts, ch 114, §5; 2001 Acts, ch 8, §1; 2001 Acts, ch 20, §2, 3; 2001 Acts, ch 64, §4; 2002 Acts, ch 1050, §18; 2003 Acts, ch 166, §2; 2006 Acts, ch 1069, §1; 2008 Acts, ch 1187, §112; 2009 Acts, ch 133, §36; 2010 Acts, ch 1012, §1, 2; 2012 Acts, ch 1074, §1; 2013](#)

Acts, ch 21, §3, 4, 6, 7; 2014 Acts, ch 1040, §11 – 14; 2015 Acts, ch 30, §58; 2017 Acts, ch 58, §1; 2020 Acts, ch 1029, §5; 2023 Acts, ch 19, §179, 1889

Referred to in §135B.34, 135C.36, 152.5A, 231B.2, 231C.3, 231D.14, 235A.15, 235A.16, 235B.6, 235B.7, 237A.5, 633.564

Legislative intent; 98 Acts, ch 1217, §36

Department of inspections, appeals, and licensing to post list of third-party vendors eligible to conduct comprehensive preliminary background checks; 2020 Acts, ch 1029, §7

See Code editor's note on simple harmonization at the beginning of this Code volume

Section amended

135C.34 Medication aide — certification.

The department of inspections, appeals, and licensing, in cooperation with other appropriate agencies, shall establish a procedure to allow a person who is certified as a medication aide in another state to become certified in this state upon completion and passage of both the certified nurse aide and certified medication aide challenge examinations, without additional requirements for certification, including but not limited to, required employment in this state prior to certification. The department shall adopt rules pursuant to [chapter 17A](#) to administer [this section](#).

94 Acts, ch 1036, §1; 2023 Acts, ch 19, §1890

Section amended

135C.35 Training of inspectors.

1. Subject to the availability of funding, all nursing facility inspectors shall receive twelve hours of annual continuing education in gerontology, wound care, dementia, falls, or a combination of these subjects.

2. An inspector shall not be personally liable for financing the training required under [subsection 1](#).

3. The department shall consult with the collective bargaining representative of the inspector in regard to the training required under [this section](#).

2009 Acts, ch 156, §2

135C.35A Moratorium — new construction or increase in bed capacity — nursing facilities.

1. Beginning July 1, 2023, and ending no later than June 30, 2026, the department shall impose for an initial period of twelve months a temporary moratorium on submission of applications for new construction of a nursing facility or a permanent change in bed capacity of a nursing facility that increases the bed capacity of the nursing facility. The department, in consultation with the department of health and human services, may extend the moratorium in six-month increments following the conclusion of the initial twelve-month period, but for no longer than a total of thirty-six months.

2. The department, in consultation with the department of health and human services, may waive the moratorium as specified in [this section](#) if any of the following applies:

a. The departments jointly determine there is a specialized need for the nursing facility beds requested.

b. The average occupancy of all licensed nursing facility beds located within the county and contiguous counties of the location of the proposed increase in nursing facility bed capacity exceeded eighty-five percent during the three most recent calendar quarters as published by the centers for Medicare and Medicaid services of the United States department of health and human services at the time of the filing of the application.

3. The department shall publish any request for a waiver of the moratorium as well as an explanation for the decision to either grant or deny the waiver request.

4. For the purposes of [this section](#), “occupancy” means the average number of residents of the nursing facility during the applicable time period divided by the licensed bed capacity of the nursing facility.

2023 Acts, ch 158, §7

NEW section

135C.35B Availability of nursing facility bed data.

No later than January 1, 2024, the department of health and human services shall develop a publicly available dashboard detailing the number of nursing facility beds available in the

state, the overall quality rating of the available nursing facility beds as specified by the centers for Medicare and Medicaid services of the United States department of health and human services star ratings, any increase in the number of available nursing facility beds in each county during the state fiscal year, any decrease in the number of available nursing facility beds in each county during the state fiscal year, and an explanation of the causes of such increase or decrease in available nursing facility beds.

2023 Acts, ch 158, §8

NEW section

SUBCHAPTER II VIOLATIONS

135C.36 Violations classified — penalties.

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

1. A class I violation is one which presents an imminent danger or a substantial probability of resultant death or physical harm to the residents of the facility in which the violation occurs. A physical condition or one or more practices in a facility may constitute a class I violation. A class I violation shall be abated or eliminated immediately unless the department determines that a stated period of time, specified in the citation issued under [section 135C.40](#), is required to correct the violation. A licensee is subject to a penalty of not less than two thousand nor more than ten thousand dollars for each class I violation for which the licensee's facility is cited.

2. A class II violation is one which has a direct or immediate relationship to the health, safety, or security of residents of a health care facility, but which presents no imminent danger nor substantial probability of death or physical harm to them. A physical condition or one or more practices within a facility, including either physical abuse of any resident or failure to treat any resident with consideration, respect, and full recognition of the resident's dignity and individuality, in violation of a specific rule adopted by the department, may constitute a class II violation. A violation of [section 135C.14, subsection 8](#), or [section 135C.31](#) and rules adopted under those sections shall be at least a class II violation and may be a class I violation. A class II violation shall be corrected within a stated period of time determined by the department and specified in the citation issued under [section 135C.40](#). The stated period of time specified in the citation may subsequently be modified by the department for good cause shown. A licensee is subject to a penalty of not less than one hundred nor more than five hundred dollars for each class II violation for which the licensee's facility is cited; however the director may, upon written request of the facility, waive the penalty if the violation is corrected within the time specified in the citation. The department shall adopt rules in accordance with [chapter 17A](#) establishing criteria for the granting or denial of a waiver request.

3. A class III violation is any violation of [this chapter](#) or of the rules adopted pursuant to it which violation is not classified in the department's rules nor classifiable under the criteria stated in those rules as a class I or a class II violation. A licensee shall not be subject to a penalty for a class III violation, except as provided by [section 135C.40, subsection 1](#), for failure to correct the violation within a reasonable time specified by the department in the notice of the violation.

4. Any state penalty, including a fine or citation, issued following a state licensure and federal certification survey or investigation shall be dismissed if the corresponding federal deficiency is dismissed or removed. Any state penalty, including a fine or citation, shall be retained or reinstated if the federal deficiency is retained or reinstated.

5. If a facility self-identifies a deficient practice prior to an on-site visit inspection, there has been no complaint filed with the department related to that specific deficient practice,

and the facility corrects such practice prior to an inspection, no citation shall be issued or fine assessed pursuant to [subsection 2 or 3](#) except for those penalties arising pursuant to [section 135C.33](#); [481 IAC 57.11\(3\)](#) and [\(7\)](#), [481 IAC 57.16\(3\)](#), [481 IAC 57.32](#), [481 IAC 57.34\(1\)](#), [481 IAC 58.11\(3\)](#), [481 IAC 58.14\(5\)](#), [481 IAC 58.19\(2\)\(a\)](#), [481 IAC 58.19\(2\)\(h\)](#), [481 IAC 58.28\(1\)\(a\)](#), [481 IAC 58.43](#), [481 IAC 63.8\(3\)](#), [481 IAC 63.27](#), [481 IAC 63.29\(1\)](#), [481 IAC 64.4\(9\)](#), [481 IAC 64.33\(2\)](#), [481 IAC 64.34](#), [481 IAC 65.9\(5\)](#), [481 IAC 65.15](#), or [481 IAC 65.25\(3\)](#) and [\(4\)](#), or the successor to any of such rules; or [42 C.F.R. §483.420\(d\)](#), [42 C.F.R. §483.460\(c\)\(4\)](#), or [42 C.F.R. §483.470\(j\)](#), or the successor to any of such federal regulations.

[C77, 79, 81, §135C.36; 81 Acts, ch 60, §3]

[86 Acts, ch 1168, §1](#); [2009 Acts, ch 156, §3, 4](#); [2015 Acts, ch 29, §25](#); [2015 Acts, ch 80, §2](#); [2022 Acts, ch 1048, §1](#)

Referred to in [§135C.40](#), [135C.41](#), [135C.44](#), [135C.44A](#), [249A.57](#)

135C.37 Complaints alleging violations — confidentiality.

A person may request an inspection of a health care facility by filing with the department, certified volunteer long-term care ombudsman, or the office of long-term care ombudsman, a complaint of an alleged violation of applicable requirements of [this chapter](#) or the rules adopted pursuant to [this chapter](#). A person alleging abuse or neglect of a resident with a developmental disability or with mental illness may also file a complaint with the protection and advocacy agency designated pursuant to [section 135B.9](#) or [section 135C.2](#). A copy of a complaint filed with a certified volunteer long-term care ombudsman or the office of long-term care ombudsman shall be forwarded to the department. The complaint shall state in a reasonably specific manner the basis of the complaint, and a statement of the nature of the complaint shall be delivered to the facility involved at the time of the inspection. The name of the person who files a complaint with the department, certified volunteer long-term care ombudsman, or the office of long-term care ombudsman shall be kept confidential and shall not be subject to discovery, subpoena, or other means of legal compulsion for its release to a person other than department employees involved in the investigation of the complaint.

[C77, 79, 81, §135C.37]

[84 Acts, ch 1227, §3](#); [85 Acts, ch 186, §2](#); [89 Acts, ch 241, §3](#); [89 Acts, ch 321, §28](#); [91 Acts, ch 107, §4](#); [99 Acts, ch 129, §6](#); [2005 Acts, ch 45, §1](#); [2010 Acts, ch 1062, §1](#); [2013 Acts, ch 18, §11](#)

Referred to in [§135C.38](#), [135C.40](#), [135C.46](#), [135C.48](#)

135C.38 Inspections upon complaints.

1. a. Upon receipt of a complaint made in accordance with [section 135C.37](#), the department shall make a preliminary review of the complaint. Unless the department concludes that the complaint is intended to harass a facility or a licensee or is without reasonable basis, the department shall make or cause to be made an on-site inspection of the health care facility which is the subject of the complaint within the time period determined pursuant to the following guidelines, which period shall commence on the date of receipt of the complaint:

(1) For nursing facilities, an on-site inspection shall be initiated as follows:

(a) Within two working days for a complaint determined by the department to be an alleged immediate jeopardy situation.

(b) Within ten working days for a complaint determined by the department to be an alleged high-level, nonimmediate jeopardy situation.

(c) Within forty-five calendar days for a complaint determined by the department to be an alleged nonimmediate jeopardy situation, other than a high-level situation.

(2) For all other types of health care facilities, an on-site inspection shall be initiated as follows:

(a) Within two working days for a complaint determined by the department to be an alleged immediate jeopardy situation.

(b) Within twenty working days for a complaint determined by the department to be an alleged high-level, nonimmediate jeopardy situation.

(c) Within forty-five calendar days for a complaint determined by the department to be an alleged nonimmediate jeopardy situation, other than a high-level situation.

b. The complaint investigation shall include, at a minimum, an interview with the complainant, the alleged perpetrator, and the victim of the alleged violation, if the victim is able to communicate, if the complainant, alleged perpetrator, or victim is identifiable, and if the complainant, alleged perpetrator, or victim is available. Additionally, witnesses who have knowledge of facts related to the complaint shall be interviewed, if identifiable and available. The names of witnesses may be obtained from the complainant or the victim. The files of the facility may be reviewed to ascertain the names of staff persons on duty at the time relevant to the complaint. The department shall apply a preponderance of the evidence standard in determining whether or not a complaint is substantiated. For the purposes of [this subsection](#), “a preponderance of the evidence standard” means that the evidence, considered and compared with the evidence opposed to it, produces the belief in a reasonable mind that the allegations are more likely true than not true. “A preponderance of the evidence standard” does not require that the investigator personally witnessed the alleged violation.

c. The department may refer to a representative of the office of long-term care ombudsman any complaint received by the department regarding a facility, for initial evaluation and appropriate action by the office of long-term care ombudsman.

2. a. The complainant shall be promptly informed of the result of any action taken by the department or the office of long-term care ombudsman in the matter. The complainant shall also be notified of the name, address, and telephone number of the designated protection and advocacy agency if the alleged violation involves a facility with one or more residents with developmental disabilities or mental illness.

b. Upon conclusion of the investigation, the department shall notify the complainant of the results. The notification shall include a statement of the factual findings as determined by the investigator, the statutory or regulatory provisions alleged to have been violated, and a summary of the reasons for which the complaint was or was not substantiated.

c. The department shall mail the notification to the complainant without charge. Upon the request of the complainant, the department shall mail to the complainant, without charge, a copy of the most recent final findings regarding compliance with licensing requirements by the facility against which the complaint was filed.

d. A person who is dissatisfied with any aspect of the department’s handling of the complaint may contact the office of long-term care ombudsman, or may contact the protection and advocacy agency designated pursuant to [section 135C.2](#) if the complaint relates to a resident with a developmental disability or a mental illness.

3. An inspection made pursuant to a complaint filed under [section 135C.37](#) need not be limited to the matter or matters included in the complaint. However, the inspection shall not be a general inspection unless the complaint inspection coincides with a scheduled general inspection or unless in the course of the complaint investigation a violation is evident to the inspector. Upon arrival at the facility to be inspected, the inspector shall show identification to the person in charge of the facility and state that an inspection is to be made, before beginning the inspection. Upon request of either the complainant or the department or a representative of the office of long-term care ombudsman, the complainant or the complainant’s representative or both may be allowed the privilege of accompanying the inspector during any on-site inspection made pursuant to [this section](#). The inspector may cancel the privilege at any time if the inspector determines that the privacy of any resident of the facility to be inspected would otherwise be violated. The protection and dignity of the resident shall be given first priority by the inspector and others.

[C77, 79, 81, §135C.38]

[87 Acts, ch 234, §430; 89 Acts, ch 241, §4; 91 Acts, ch 107, §5, 6; 99 Acts, ch 129, §7, 8; 2000 Acts, ch 1180, §2; 2007 Acts, ch 93, §2; 2010 Acts, ch 1062, §2; 2013 Acts, ch 18, §12 – 14; 2014 Acts, ch 1040, §15 – 18](#)

Referred to in [§135C.16, 135C.39](#)

135C.39 No advance notice of inspection — exception.

No advance notice of an on-site inspection made pursuant to [section 135C.38](#) shall be given the health care facility or the licensee thereof unless previously and specifically authorized in

writing by the director or required by federal law. The person in charge of the facility shall be informed of the substance of the complaint at the commencement of the on-site inspection.

[C77, 79, 81, §135C.39]

89 Acts, ch 241, §5; 90 Acts, ch 1039, §10

Administrative penalty; see §135C.45A

135C.40 Citations when violations found — penalties — exception.

1. If the director determines, based on the findings of an inspection or investigation of a health care facility, that the facility is in violation of [this chapter](#) or rules adopted under [this chapter](#), the director within five working days after making the determination, may issue a written citation to the facility. The citation shall be served upon the facility personally, by electronic mail, or by certified mail, except that a citation for a class III violation may be sent by ordinary mail. Each citation shall specifically describe the nature of the violation, identifying the Code section or subsection or the rule or standard violated, and the classification of the violation under [section 135C.36](#). Where appropriate, the citation shall also state the period of time allowed for correction of the violation, which shall in each case be the shortest period of time the department deems feasible. Failure to correct a violation within the time specified, unless the licensee shows that the failure was due to circumstances beyond the licensee's control, shall subject the facility to a further penalty of fifty dollars for each day that the violation continues after the time specified for correction.

a. If a facility licensed under [this chapter](#) is subject to or will be subject to denial of payment including payment for Medicare or medical assistance under [chapter 249A](#), or denial of payment for all new admissions pursuant to [42 C.F.R. §488.417](#), and submits a plan of correction relating to a statement of deficiencies or a response to a citation issued under rules adopted by the department and the department elects to conduct an on-site revisit inspection, the department shall commence the revisit inspection within the shortest time feasible of the date that the plan of correction is received, or the date specified within the plan of correction alleging compliance, whichever is later.

b. If the department recommends the issuance of federal remedies pursuant to [42 C.F.R. §488.406\(a\)\(2\)](#) or [\(a\)\(3\)](#), relating to an inspection conducted by the department, the department shall issue the statement of deficiencies within twenty-four hours of the date that the centers for Medicare and Medicaid services of the United States department of health and human services was notified of the recommendation for the imposition of remedies.

c. The facility shall be provided an exit interview at the conclusion of an inspection and the facility representative shall be informed of all issues and areas of concern related to the deficient practices. The department may conduct the exit interview either in person or by telephone, and a second exit interview shall be provided if any additional issues or areas of concern are identified. The facility shall be provided two working days from the date of the exit interview to submit additional or rebuttal information to the department.

2. When a citation is served upon or mailed to a health care facility under [subsection 1](#) and the licensee of the facility is not actually involved in the daily operation of the facility, a copy of the citation shall be mailed to the licensee. If the licensee is a corporation, a copy of the citation shall be sent to the corporation's office of record. If the citation was issued pursuant to an inspection resulting from a complaint filed under [section 135C.37](#), a copy of the citation shall be sent to the complainant at the earliest time permitted by [section 135C.19, subsection 1](#).

3. No health care facility shall be cited for any violation caused by any practitioner licensed pursuant to [chapter 148](#) if that practitioner is not the licensee of and is not otherwise financially interested in the facility and the licensee or the facility presents evidence that reasonable care and diligence have been exercised in notifying the practitioner of the practitioner's duty to the patients in the facility.

[C77, 79, 81, §135C.40; 81 Acts, ch 61, §1]

84 Acts, ch 1227, §4; 2008 Acts, ch 1088, §89; 2009 Acts, ch 156, §5

Referred to in [§135C.19](#), [135C.36](#), [135C.41](#), [135C.46](#)

135C.40A Issuance of final findings.

The department shall issue the final findings of an inspection or investigation of a health care facility within ten working days after completion of the on-site inspection or investigation. The final findings shall be served upon the facility personally, by electronic mail, or by certified mail.

2009 Acts, ch 156, §6

Referred to in §135C.46

135C.41 Licensee's response to citation.

Within twenty business days after service of a citation under [section 135C.40](#), a facility shall do one of the following:

1. If the facility does not desire to contest the citation, take one of the following actions:

a. Remit to the department the amount specified by the department pursuant to [section 135C.36](#) as a penalty for each class I violation cited, and for each class II violation unless the citation specifically waives the penalty, which funds shall be paid by the department into the state treasury and credited to the general fund.

b. In the case of a class II violation for which the penalty has been waived in accordance with the standards prescribed in [section 135C.36, subsection 2](#), or a class III violation, send to the department a written response acknowledging that the citation has been received and stating that the violation will be corrected within the specific period of time allowed by the citation.

2. If the facility desires to contest the citation, notify the director that the facility desires to contest the citation and do either of the following:

a. Request an informal conference with an independent reviewer pursuant to [section 135C.42](#). Upon the conclusion of an informal conference, in the case of an affirmed or modified citation, the facility may request a contested case hearing in writing within five days after receipt of the written explanation of the independent reviewer.

b. Request a contested case hearing in the manner provided by [chapter 17A](#) for contested cases. The formal hearing shall be conducted in accordance with [chapter 17A](#) and rules adopted by the department.

[C77, 79, 81, §135C.41]

2009 Acts, ch 156, §7; 2010 Acts, ch 1069, §16; 2013 Acts, ch 26, §1, 7; 2014 Acts, ch 1092, §31; 2015 Acts, ch 80, §3

Referred to in §135C.42, 135C.43A, 135C.46

135C.42 Informal conference on contested citation.

1. The director shall provide an independent reviewer to hold an informal conference with the facility within ten working days after receipt of a request made under [section 135C.41, subsection 2](#), paragraph "a". At the conclusion of the conference the independent reviewer may affirm or may modify or dismiss the citation. The independent reviewer shall state in writing the specific reasons for the affirmation, modification, or dismissal and immediately transmit copies of the statement to the director, and to the facility. If the facility does not desire to further contest an affirmed or modified citation, it shall comply with [section 135C.41, subsection 1](#), within five working days after receipt of the written explanation of the independent reviewer.

2. An independent reviewer shall be licensed as an attorney in the state of Iowa and shall not be employed or have been employed by the department in the past eight years or have appeared in front of the department on behalf of a health care facility in the past eight years. Preference shall be given to an attorney with background knowledge, experience, or training in long-term care. The department may issue a request for proposals to enter into a contract for the purpose of providing one or more independent reviewers for informal conferences.

3. An informal conference, as required in [this section](#), shall be held concurrently with any informal dispute resolution held pursuant to [42 C.F.R. §488.331](#) for those health care facilities certified under Medicare or the medical assistance program.

[C77, 79, 81, §135C.42]

2013 Acts, ch 26, §2, 7; 2015 Acts, ch 80, §4; 2016 Acts, ch 1073, §59

Referred to in §135C.7, 135C.41, 135C.46

135C.43 Judicial review.

1. A facility which has exhausted all adequate administrative remedies and is aggrieved by the final action of the department may petition for judicial review in the manner provided by [chapter 17A](#).

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

[C77, 79, 81, §135C.43]

[2009 Acts, ch 156, §8](#); [2010 Acts, ch 1069, §17](#); [2013 Acts, ch 26, §3, 7](#); [2015 Acts, ch 80, §5](#)

135C.43A Reduction of penalty amount.

If a facility has been assessed a penalty, does not request a formal hearing pursuant to [section 135C.41, subsection 2](#), paragraph “b”, or withdraws its request for a formal hearing within thirty days of the date that the penalty was assessed, and the penalty is paid within thirty days of the receipt of notice or service, the amount of the penalty shall be reduced by thirty-five percent. The citation which includes the civil penalty shall include a statement to this effect.

[2009 Acts, ch 156, §9](#); [2015 Acts, ch 80, §6](#)

135C.44 Treble fines for repeated violations.

The penalties authorized by [section 135C.36](#) shall be trebled for a second or subsequent class I or class II violation occurring within any twelve-month period if a citation was issued for the same class I or class II violation occurring within that period and a penalty was assessed therefor.

[C77, 79, 81, §135C.44]

135C.44A Double fines for intentional violations.

The penalties authorized by [section 135C.36](#) shall be doubled for each class I violation when the violation is due to an intentional act by the facility in violation of a provision of [this chapter](#) or a rule of the department.

[2009 Acts, ch 156, §10](#)

135C.45 Refund of penalty.

If at any time a contest or appeal of any citation issued a health care facility under [this chapter](#) results in an order or determination that a penalty previously paid to or collected by the department must be refunded to the facility, the refund shall be made from any money in the state general fund not otherwise appropriated.

[C77, 79, 81, §135C.45]

135C.45A Notification penalty.

A person who notifies, or causes to be notified, a health care facility, of the time and date on which a survey or on-site inspection of the facility is scheduled, is subject to an administrative penalty of not less than one thousand dollars and not more than two thousand dollars.

[90 Acts, ch 1039, §11](#)

135C.46 Retaliation by facility prohibited.

1. A facility shall not discriminate or retaliate in any way against a resident or an employee of the facility who has initiated or participated in any proceeding authorized by [this chapter](#). A facility which violates [this section](#) is subject to a penalty of not less than two hundred fifty nor more than five thousand dollars, to be assessed and collected by the director in substantially the manner prescribed by [sections 135C.40 through 135C.42](#) and paid into the state treasury to be credited to the general fund, or to immediate revocation of the facility’s license.

2. Any attempt to expel from a health care facility a resident by whom or upon whose behalf a complaint has been submitted to the department under [section 135C.37](#), within ninety

days after the filing of the complaint or the conclusion of any proceeding resulting from the complaint, shall raise a rebuttable presumption that the action was taken by the licensee in retaliation for the filing of the complaint.

[C77, 79, 81, §135C.46]

[2021 Acts, ch 80, §69](#)

135C.47 Report listing licensees and citations. Repealed by 98 Acts, ch 1141, §3.

135C.48 Information about complaint procedure.

The department shall make a continuing effort to inform the general public of the appropriate procedure to be followed by any person who believes that a complaint against a health care facility is justified and should be made under [section 135C.37](#).

[C77, 79, 81, §135C.48]