



November 2021

Hospital license renewals

All hospitals operated in Iowa must renew their license yearly through the Health Facilities Division of the Iowa Department of Inspections and Appeals (DIA) per [Iowa Code Chapter 135B.5](#), which includes the following hospital types: acute, long-term acute care, psychiatric, rehab, and critical access.

Every November, DIA emails a letter with an application to all hospital administrators. Below are some frequently-asked questions about the Iowa hospital licensing process annual renewal:

Q. What is the difference between total bed count, staffed bed count, and average daily census?

A. The total bed count should be reported as the hospital's total bed capacity, as authorized by the hospital's certificate of need (CON). This number may exceed the number of beds physically located at the hospital.

The staffed bed count is the number of beds currently available to treat patients, given the normal number of staff members on duty. The staffed bed count may not be the same number as the total bed count, as hospitals often only utilize a fraction of the beds authorized by their CON.

The staffed bed count should include beds with a staff member available to provide care to the patient, on an average day. The staffed bed

Deficiencies and citations

C-914 maintenance

This regulation requires the critical access hospital (CAH) to have housekeeping and preventive maintenance programs to ensure that all essential mechanical, electrical, and patient-care equipment is maintained in safe operating condition.

Example of deficiencies:

1. Outdated supplies were available for patient use in multiple departments.
2. CAH did not maintain water temperatures less than 120 degrees Fahrenheit for handwashing sinks that could be used by patients in multiple inpatient and outpatient areas.
3. CAH was unable to provide documentation that all equipment received a biomed check prior to being put into service. CAH was unable to provide documentation of ongoing required preventative maintenance for all patient care equipment. CAH allowed patient to use a walker with uneven legs that contributed to a fall.
4. CAHs were not following manufacturer's instructions for use related to: a) Quality control process for glucometers; b) Use of Cidex test strips – CAH did not mark the date when bottle was opened, and CAH used test strips past the recommended expiration date after opening; c) Testing of Cidex (CAH was doing daily testing instead of prior to each use); d) Chair alarms potentially used past their expiration date (Chair alarms could only be used for 30 days, CAH did not document the date the alarm was first used); e) Required daily testing of defibrillator.

count should only include the number of beds with a staff member available without resorting to bringing in additional staff members.

The average daily census is the total number of patients at the hospital, on an average day. The number does not include any patients who live in a hospital owned long-term care facility.

Q. Does the total bed count need to equal the number of beds in acute care, observation, etc.?

A. The total bed count does not need to equal the number of beds in acute care, observation, etc. The total bed count is the number of beds authorized by the CON. The breakdown of beds lists several types of common units, and is not an all-inclusive list. Beds may be used for several different types of patients.

Q: What is the difference between swing beds and a long-term care facility?

A. Swing beds are hospital patient rooms which can be used for patients in acute/observation status or in a skilled-care status. The patient can “swing” between being an acute patient and skilled status patient, without changing rooms. The patients in a swing bed often receive rehabilitative therapy following a major medical or surgical event. A long-term care (LTC) facility is a distinct and separately certified part of the hospital. The LTC facility will have a different CMS certification number (CCN) or provider transaction access number (PTAN) than the hospital, and will be surveyed separately from the hospital.

Q. How should I list services the hospital provides versus contracted services?

A. The services section is asking two separate questions. The first question is if the hospital provides the service to their patients. The second question is if the service is provided through a contracted service.

5. CAH did not securely store compressed air and nitrogen cylinders.

Tips to avoid deficiencies at C-914:

1. Organize supplies and identify expiration date through color coding system or other system that make outdates easily identifiable.
2. Assess all storage areas and evaluate need for supply storage in areas where supplies are used infrequently.
3. Review policy and procedures related to introducing new equipment, and ongoing monitoring of existing equipment. Utilize tracking software.
4. Ensure policies and procedures are updated at least annually and reflect the manufacturer’s instructions for use (IFU).
5. Provide ongoing education and competencies to ensure staff are following IFUs.
6. Ensure all cylinders containing compressed gasses are chained or supported by a cylinder cart.

October 2021 deficiencies cited

- Immediate jeopardy (IJ) deficiencies: 0
- Emergency Medical Treatment and Active Labor Act (EMTALA) deficiencies: 0

Employee Spotlight



Pam Jackson began working for the Health Facilities Division of the Iowa Department of Inspections and Appeals in October 2000.

Pam worked as a certified nursing assistant in high school and continued through nursing school. After finishing school, Pam

For example, one hospital may choose to provide acute, inpatient dialysis services to their patients. They accomplish this through the use of hospital employees. The hospital would check the “Yes” box on the application.

Another hospital may choose to provide acute, inpatient dialysis services to their patients, but also contract with an outside dialysis company to provide these services to the hospital’s patients. In the second example, the hospital would check “Yes” **AND** “Contracted Service.”

Generally, the use of physicians who are employed by an outside company or practice independently, does not qualify as a “contracted service.”

Q: What is an accrediting organization; and is DIA an accrediting organization?

A: An accrediting organization is an outside organization, such as The Joint Commission, which provides hospitals with the option to have the outside organization perform the hospital’s recertification surveys, instead of DIA. Hospitals pay the outside organization to perform the recertification surveys.

DIA is not an accrediting organization. DIA contracts with CMS to provide recertification surveys and enforces CMS’ Conditions of Participation. If your organization relies on DIA instead of an accrediting organization to perform recertification surveys, please check the “Not Accredited” box.

worked at a small rural hospital for 25 years as a nurse on the floor, assistant director of nursing, and director of nursing.

Pam announced that she will retire on Dec. 1. She said it was an incredibly hard decision, but plans to fill her time traveling, quilting, sewing, and gardening.

Pam stated the biggest change that she has seen in hospitals is that when she started training as a nurse 46 years ago, nurses took care of patients in all areas of the hospital, such as OB, ER, med/surg, etc., and today nurses in most hospitals are focused on one specialized area.

Also, she said, there have been a lot of advancements with medicine to diagnose patients more accurately and quickly; technology has definitely changed the world in many ways.

Pam’s “takeaway” is the resiliency of nurses that are passionate for their patients’ well-being. She says the ultimate goal everyone needs to strive for is high-quality patient care.

Thank you, Pam, for your dedication and service to Iowans for the past 21 years at DIA!

Contact us

If you have any questions or concerns, or if there are topics you would like to see covered in this newsletter or at a future lunch-and-learn, please contact **Megan**

Montalvo at megan.montalvo@dia.iowa.gov or **515.249.9648**.

Health Facilities Division website application

In May 2021, DIA's Health Facilities Division launched a new web application. The new application features a user-friendly interface not only for accessing records for health facilities, but also for the Iowa Direct Care Worker Registry for certified nursing assistants (CNAs).

Entity administrators will need to request access to the new application to access facility information, self-reports, CNA information, etc. Once the administrator's access is approved, the administrator will be able to approve any other authorized facility users (i.e., entity delegate, entity HR) who request access for their facility.

Health facility employees, CNAs, and community college users are able to manage their own accounts, including making changes to their contact information.

Please note:

- Each facility is allowed to have **one** assigned entity administrator.
- Each user should be assigned only **one** role. If a user is assigned to multiple roles, the system may not work properly.
- Users should use the email address associated with their place of employment to create their Google or Microsoft account (see PDF guide below).

The website for the new application is dia-hfd.iowa.gov.

Additional resources

- [DIA Health Facilities Database User Guide \(PDF\)](#)
- [DIA's Health Facilities Database: Entity Sign-In](#)
(YouTube video)
- [DIA's Health Facilities Database: Approving Entity Users](#)
(YouTube video for administrators)

Quarterly Lunch-and-Learn



Topic: Infection Control

Presenter: Andrew Hennenfent, Iowa
Department of Public Health

Date: Dec. 14, 2021

Time: 11:30 a.m.

You can join via [Google Meets](#) to view video.

Call-in number: 1.724.617.2893

PIN: 275 619 742#

If there are specific topics that you would like to see featured in the future, please contact megan.montalvo@dia.iowa.gov.