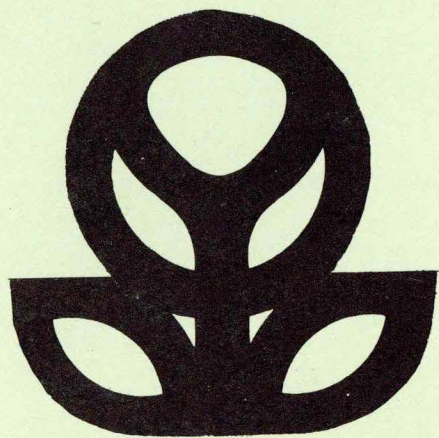


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# CARE REVIEW COMMITTEE MANUAL



IOWA COMMISSION ON THE AGING

415 10th Street - Des Moines, Iowa 50319  
515/281-5187

CARE REVIEW COMMITTEE MANUAL

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September, 1979

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**IOWA CITIZENS AIDE OFFICE**

## CHAPTER I

### HISTORY AND PHILOSOPHY OF CARE REVIEW COMMITTEES

As society grows more complex, the good neighbor that could be counted on to assist older people in time of need, and the younger relative that could be counted on to help with housing or aid, have, in many cases, been displaced by the institution that can provide these services. The concerned friend or relative now is often great distance away when health problems develop for the older person and responsibility for care and assistance must be assigned to professional providers. Because of no caring friend or relative to speak for residents of institutions, Care Review Committees (CRC) were legislated to provide community advocacy.

Care Review Committee came into existence in July, 1971, (135C.25 of the Iowa Code). Their defined purpose was to act as consumer advocates and to speak on behalf of the consumer for the improvement of care and services, and be a liaison between the residents of health care facilities, the facility administrator and the community.

Initially the lead role was designated to the Area Health Planning Councils. Changes in structures and organization led to the responsibility being assigned in 1975 to the Iowa Commission on the Aging for Care Review Committee appointment, training and coordination.

The volunteer has committed his time and energy to contribute to the quality of life of institutionalized people. The facility is trying to provide the best health care possible in the least restrictive and most pleasant setting. These goals are both directed to the important person - the patient.

The volunteer brings special and unique talents to his task, besides the caring and concern for vulnerable human beings.

The simple act of giving his/her undivided attention to a patient for a period of time is a bonus in itself. When this time is devoted to helping a patient express his thoughts and feelings, the benefit is magnified.

When that time is also used to observe the conditions in which the patients live, the atmosphere of the facility, and attitude of the workers, then that time becomes productive in developing an understanding of the complexities involved in providing long-term health care. In addition, when looking at patients as unique individuals with unique needs, the volunteer's role becomes more involved.

The volunteer Care Review Committee member is an advocate for the patient. An advocate, as defined by Webster, is "one who pleads the cause of another; one that argues for, defends, maintains, or recommends a cause or proposal ..." The volunteer, as an advocate, is placed in a position that requires common sense, objectivity, and understanding of people, and most of all, the ability to really understand what people are saying.

The Care Review Committee members do not necessarily have medical training and may have to learn some of the rules and regulations associated with long-term care. Care Review Committee members, as advocates, as they become more familiar with the facility and the patients, may be able to see areas of concern that they may be able to help in correcting.

They may be able to encourage other community volunteers to provide programs, lead singing, or teach courses or crafts in the facility. Sometimes a fourth player for a table of cards will be a highlight of the day for a resident. Invitations to residents to attend community social functions, to assist agencies in performing necessary chores, or to join clubs or organizations at their special events will bring the residents more nearly into the main stream of community life where their talents can once again be recognized and appreciated.

Care Review Committee members, with their developing familiarity with special needs and problems in long-term care may be able to apply that knowledge when policy makers are looking at the facets of regulations, funding or controls of long-term care. As advocates for the patient, they will make sure that the patient's welfare is not lost in bureaucracy.

Their concern may be translated into support of the growth of related programs, of interaction of nursing homes with local schools and churches, with city and county services, and one home with another.

With an orientation to the facility by the administrator, introduction to key staff members, and an overview of the kinds of patients they will be contacting, the volunteers will feel more comfortable in their assignment. Some facilities provide a more complete picture of the patients that each volunteer will talk with, in order that the volunteer knows what to expect, and is not surprised by forgetfulness, confusion or a number of conditions that might provide initial unnecessary adverse reactions.

The Administrator can provide the lists of patients that each volunteer should contact, or the Care Review Committee itself can decide how the division of patients' assignment will be made. The Administrator, during the quarterly meeting with the Care Review Committee, can supply information that may be necessary, such as regulations covering areas that may be of concern to the volunteers, history of particular recurring problems, and the philosophy and policies of the facility. If the volunteer has suggestions, however, it is recommended that they be discussed with the Administrator during their meeting. The quarterly meeting is also the time when information can be shared about concerns that have been voiced in past meetings, successes that have occurred, and plans for the future in which the volunteers might play a part.

The volunteer, during the course of his/her time in the facility, is encouraged to talk with the staff at times that do not keep them from their assigned work.

Perhaps some Care Review Committee members could be encouraged to assist residents in forming Patient Councils or in initiating meetings of the Administrator and Staff members with the families of patients to promote communication and understanding.

A possible mutual goal for the Care Review Committee and the facility, is the reversing of negative community attitudes concerning nursing homes as a whole. When volunteers can see that the best care possible is being provided for patients, that there is concern for the whole person, not just his medical needs, and that the community also has a role in and responsibility for the human beings in the care center, perhaps community's general attitude may be influenced for the better.

It is a growing question whether residents in long-term care facilities can ever feel good about themselves and their home, when the terms applied to such facilities are negative, regardless of the qualities of individual homes. The Care Review Committee is there to do its part in ensuring the highest quality of life for the residents.

## CHAPTER II

### LAWS (PERTAINING TO CARE REVIEW COMMITTEES)\*

#### 135C.25 - CARE REVIEW COMMITTEE - APPOINTMENT - DUTIES \*\*

1. Each health care facility shall have a Care Review Committee whose members shall be appointed as follows:
  - a) By the Areawide Health Planning Council recognized as such by this State acting through the Office for Comprehensive Health Planning in the Office for Planning and Programming; or
  - b) If the appropriate Areawide Health Planning Council has failed to make any appointment necessary under this subsection within thirty days after being notified of a vacancy by the Administrator of the facility involved, by the Commissioner; or
  - c) If the Commissioner has failed to act within thirty days after being notified by the Administrator of the facility involved of a vacancy which has not been filled by the appropriate Areawide Health Planning Council within the time prescribed by this subsection, the appointment may be made by the Administrator.
2. The Care Review Committee shall periodically review the needs of each individual resident of the facility, and shall perform the functions delegated to it by Section 135C.38. The responsibilities of the Care Review Committee shall be in accordance with rules of the Department, which shall in formulating such rules give consideration to the needs of residents of each license category of health care facility and the services facilities of each category are authorized to render.

#### 135C.37 - COMPLAINTS ALLEGING VIOLATIONS

Any person may request an inspection of any health care facility by filing with the Department or Care Review Committee of the facility a complaint of an alleged violation of applicable requirements of this chapter or the rules adopted pursuant to it. The complaint shall state in a reasonably specific manner the basis of the complaint, and a copy thereof shall be forwarded to the facility involved within twenty-four hours of receipt of the complaint by the Department or the Committee.

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\* Source: Code of Iowa - 1979

\*\* 135C.25.1(b) - In the absence of any action by a Health Planning Council, the Commissioner, pursuant to his authority under 135C.25.1(b), has delegated authority of appointment to the Nursing Home Specialist, Commission on the Aging.

135C.38 - INSPECTIONS UPON COMPLAINTS

1. Upon receipt of a complaint made in accordance with Section 135C.37, the Department or Care Review Committee shall make a preliminary review of the complaint. Unless the Department or Committee concludes that the complaint is intended to harass a facility or licensee or is without reasonable basis, it shall within twenty working days of receipt of the complaint make or cause to be made an on-site inspection of the health care facility which is the subject of the complaint. The Department may refer to the Care Review Committee of a facility any complaint received by the Department regarding that facility, for initial evaluation and appropriate action by the Committee. In any case, the complainant shall be promptly informed of the result of any action taken by Department or Committee in the matter.
2. An inspection made pursuant to a complaint filed under Section 135C.37 shall be limited to the matter or matters complained of, and shall not be a general inspection. Upon arrival at the facility to be inspected, the inspector shall identify himself or herself to an employee 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 Committee, the complainant or his or her 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 dignity of the resident shall be given first priority by the inspector and others.
3. If upon an inspection of a facility by its Care Review Committee, pursuant to this section, the Committee advises the Department of any circumstance believed to constitute a violation of this chapter or of any rule adopted pursuant to it, the Committee shall similarly advise the facility at the same time. If the facility's licensee or Administrator disagrees with the conclusion of the Committee regarding the supposed violation, an informal conference may be requested and if requested shall be arranged by the Department as provided in Section 135C.42 before a citation is issued. If the Department thereafter issues a citation pursuant to the Committee's finding, the facility shall not be entitled to a second informal conference on the same violation and the citation shall be considered affirmed. The facility cited may proceed under Section 135C.43 if it so desires.

## CHAPTER III

### CARE REVIEW COMMITTEE RULES AND REGULATIONS\*

#### 470-57.24 CARE REVIEW COMMITTEE

Each facility shall establish a Care Review Committee in accordance with Section 135C.25, Code of Iowa, which shall operate within the scope of these rules and regulations for health care facilities. (III)\*\*

#### 57.24(1) PURPOSE OF CARE REVIEW COMMITTEE

- a) The Committee shall represent the rights of the consumer in the facility for determination of appropriate care, of services available in the facility, and the determination of any discriminative practices. (III)\*
- b) The Committee shall consider the needs of the residents in respect to the services the facility is authorized to render. (III)
- c) The Committee shall consist of at least three members and no more than five. (III)
- d) The Areawide Health Planning Council shall appoint the members of the Committee from individuals who have an interest in the provision of health care services and protection of dependent persons. After failure of the Areawide Health Planning Council to appoint members to the Care Review Committee within the time unit specified in the Code, the Commissioner and facility Administrator shall act under the same guidelines concerning who shall be appointed and within the specified time limits in the Code. (III)
- e) Membership of the Care Review Committee shall be evaluated by the Department prior to renewal of license each year. The Department shall be notified in writing of all appointments to Care Review Committees including names and addresses, within thirty days of an appointment. (III)
- f) A Care Review Committee found to be functioning unsatisfactorily by the Department may be required to be replaced. (III)
- g) The members of the Care Review Committee shall not have an ownership interest in the facility, nor be employed by the facility, nor be related to an employee or licensee, nor be a public employee involved with the sponsoring or placement of residents, nor be one who inspects or otherwise evaluates the facility or residents. (III)

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\* Source: Iowa Administrative Code, 1977, amended January 3, 1979

Reference quoted is from Chapter 57, Residential Care Facilities. Identical Rules and Regulations are found in: Chapter 58, Intermediate Care Facilities; Chapter 59, Skilled Nursing Facilities; Chapter 63, Residential Care Facilities for Mentally Retarded; Chapter 64, Intermediate Care Facilities for Mentally Retarded.

\*\* The Roman numeral indicates the "Class of Violation," or the seriousness of the violation. A Class III violation is not life-threatening or a threat to the patient's safety, consequently is less serious, but never-the-less, a violation of regulations if there is noncompliance.

- h) The Committee shall elect a chairperson and secretary (at its first meeting) and shall meet at least quarterly and on such occasions as required to accomplish its purposes. (III)
- i. Information concerning the operation of the facility and residents residing therein is a privileged communication and shall not be disclosed publicly in such manner as to identify individuals or the facility except in accordance with Section 135C.19, Code of Iowa. (III)
- j. The Committee shall be made acquainted and knowledgeable by the Administrator of the rules and regulations of the Department governing the operation of the facility and the services it is licensed to provide. (III)

57.24(2) RESPONSIBILITIES OF THE COMMITTEE

- a) The Committee shall determine whether the facility and the contract for services and program of care are as agreed upon in the contract. (III)
- b) The Committee may function for more than one facility. (III)
- c) Each resident shall be reviewed on at least an annual basis. (III)
- d) The Committee shall determine through its observations, conference with the resident, and consultation with others that services are being provided in accordance with the resume of care. Determination shall be made regarding the following: Cleanliness of resident, whether types of tasks given residents are in accordance with the physician's orders and whether resident employees may receive remuneration, consideration of the residents and social needs, situations affecting resident's welfare and safety, absence of signs of malnutrition and dehydration, preserving of the highest level of independent functioning in relation to each individual's physical and mental capabilities, sanitation of the facility and grounds, that the physical structure of the facility contains no physical barriers which would prevent any resident from freely using the services of the facility or exiting to the outside. (Physical barriers preventing the exit from a facility shall not apply to remotely operated devices previously approved by the Department for the safety of the residents). (III)
- e) The Committee shall submit a report to the Administrator at the conclusion of each meeting. (III)
- f) The Committee shall report to the Department for counsel and guidance in situations where the Administrator fails to acknowledge the intent of their findings and recommendations. (III)
- g) The Committee shall be available to meet with the Department upon request. (III)
- h) Any official agency will have the privilege of meeting with the Committee to discuss problems in the facility pertinent to the agency's official capacity, providing that information exchanged is treated as privileged communication and is kept confidential in accordance with Section 135C.19, Code of Iowa. (III)



#### 57.24(3) LIMITATIONS OF THE COMMITTEE

- a) The medical treatment of the individual resident shall not be an area of concern for the Care Review Committee. (III)
- b) The Committee shall not have access to the medical or financial record of patient.(III)
- c) The Committee shall not have access to the confidential record of the resident prepared by the staff of the Social Services Department. The person responsible for the Social Services shall be available to the Committee to interpret the psychosocial needs of the individual. (III)

#### 57.24(4) COMPLAINTS ALLEGING VIOLATIONS

Before the Care Review Committee sends a statement of the basis of a complaint to the facility involved, the Committee shall immediately telephone the complaint to the Department and confirm it in writing. (III)

#### 57.24(5) INSPECTIONS UPON COMPLAINTS

To avoid duplication, before an investigation of any complaint received by the Committee is conducted, they shall contact the Department for consultation. The Department may refer complaints to the Care Review Committee of a facility for initial evaluation. Such referrals shall be in writing and shall state specifically what areas should be examined by the Care Review Committee. After such initial evaluation, the Committee shall report to the Department in writing the results of that evaluation. The Department may refer complaints to the Care Review Committee of a facility for appropriate action. Such referrals shall be in writing and shall state specifically what areas shall be acted on by the Committee. After such appropriate action, the Committee shall report to the Department in writing the results of that action. The Committee shall forward any pertinent information to the Department regarding the complaint so that the Department may inform the complainant of the result of any action taken by the Department or Committee. (III)

#### 57.24(6) ASSISTANCE TO THE COMMITTEE

- a) All physicians admitting residents to the facility shall have the responsibility of assisting the Committee when necessary. (III)
- b) The physician's certification of care shall be made available to the Committee by the Administrator. (III)
- c) The licensee of the facility shall meet with the Committee on a consultation basis and furnish information upon request to the Committee. (III)
- d) Committee members may seek advice and counsel from allied health professions, from specialists in the community, or from appropriate State Agencies. (III)

## CHAPTER IV

### STEPS IN ORGANIZING A CARE REVIEW COMMITTEE

#### 1. APPOINTMENT PROCEDURES

Each health care facility is required to have a Care Review Committee to periodically review the needs of each resident of the facility. Members of the Care Review Committees are appointed by the Commissioner of the State Department of Health, through his appointed designee at the Iowa Commission on the Aging. Potential members, recruited by nursing home administrators, the local Area Agencies on Aging, county committees, churches, or interested community groups, complete a questionnaire which is submitted to the:

Nursing Home Specialist  
Iowa Commission on the Aging  
415 Tenth Street  
Des Moines, Iowa 50319  
Tel: (515) 281-5187

A Care Review Committee found to be functioning unsatisfactorily by the State Department of Health, may be required to replace such membership by new appointments.

The Commissioner's designee at the Aging office will review the questionnaire and return a letter to the facility approving the appointment if no possible conflict of interest is apparent.

From information reported on the questionnaire, a Directory of Care Review Committee membership throughout Iowa is maintained at the Iowa Commission on the Aging office and at the Division of Health Facilities of the Department of Health. This Directory contains the name, address, and phone number of each appointed member. The Directory is updated by notice from administrators as resignations occur and as new questionnaires are approved.

THE FACILITY ADMINISTRATOR IS REQUIRED TO SEE THAT THE CARE REVIEW COMMITTEE CARRIES OUT THE STATUTORY STIPULATIONS

#### 2. THE ADMINISTRATOR CALLS THE FIRST MEETING:

- a) Gives preliminary tour of the facility
- b) Reviews procedure and forms used in the facility

#### 3. CARE REVIEW COMMITTEE ELECTS CHAIRPERSON AND SECRETARY AT THE FIRST MEETING:

- a) Chairperson: Calls meetings, chairs meetings, acts as spokesperson for the Care Review Committee
- b) Secretary: Records minutes of meetings which are kept with the patient evaluation forms in the facility and writes written reports for administrator at the conclusion of each meeting. A copy of these reports may be submitted to the Iowa Commission on the Aging office.

#### 4. MEET AS A COMMITTEE FOUR TIMES PER YEAR

It shall be the Committee's decision as to whether or not it wishes the administrator to be present. The Committee shall submit a written report to the administrator at the conclusion of each meeting containing problems, recommendations and a record of actions taken in the patient's behalf.

5. REVIEW ALL RESIDENTS AT LEAST ONE TIME PER YEAR AND FILE A REPORT IN THE FORM OF AN EVALUATION FORM FOR EACH RESIDENT

These forms are to be filed with the administrator in the facility. Every resident need not be reviewed by each Care Review Committee member but all residents must be reviewed annually. The Committee need not review as a body. Members can review individually at any time and the administrator need not be included in this review. The decision concerning assigning of patient reviews to Care Review Committee members is made by the Committee.

6. IF A CARE REVIEW COMMITTEE MEMBER RESIGNS, THE ADMINISTRATOR, AND THE IOWA COMMISSION ON THE AGING MUST BE NOTIFIED PROMPTLY AND RECRUITING OF A NEW MEMBER BEGUN SO THAT NEW APPOINTMENTS CAN BE MADE.

7. THE NAMES AND TELEPHONE NUMBERS OF THE CARE REVIEW COMMITTEE MEMBERS SHOULD BE READILY AVAILABLE TO EACH RESIDENT, RESIDENT'S FAMILY, AND VISITORS TO THE FACILITY.

This can easily be accomplished by a prominent posting of this information.

## CHAPTER V

### COMMUNICATING AND VISITING

#### VISITING RESIDENTS IN NURSING HOMES

Your first goal is to get to know people at your facility. Introduce yourself, explain who you are, how often you will be visiting and that you are there to help them with any questions or concerns they have. In making the visits, be friendly, listen actively, observe residents' belongings for clues to their interests. Your first goal is to open the channels of communication, then build trust.

#### Remember that:

- not everyone will respond favorably or respond at all
- sensory losses of the elderly including seeing, hearing, touch, and sometimes memory lapses, will require that you be sensitive to these special needs and respond accordingly when they appear.
- physical, emotional, or mental, or other special conditions of nursing home residents may hamper normal communication in some cases and require responding appropriately.
- not everyone will want to discuss their problems with you. Fear, dependency, doubt, and insecurity are some major reasons why some people may not discuss their concerns with you.
- all of us, including the elderly or institutionalized people, develop standard patterns of responding to stress or conflict which may make it difficult to directly respond to a concern or problem. Denying the problem or withdrawing from the problem is common to some institutionalized people.
- institutionalization can be another condition making it difficult for a person to become aware of or act on their problem.

One important goal of visiting is to motivate the person to speak and act for themselves by showing them that you will support and assist them where necessary.

#### SPEAKING TO COMMUNICATE

##### FACE THE PERSON DIRECTLY WHEN SPEAKING

Face-to-face contact helps to establish rapport between you and the resident and helps him recognize you. If he is hard of hearing, he will be able to watch your lips.

##### SPEAK SLOWLY AND DISTINCTLY BUT IN A NORMAL WAY

A slow pace of talking allows the resident time to absorb your meaning. Clearly pronouncing your words lessens the chance of being misunderstood.

##### USE A VOICE PITCH THAT WILL HOLD HIS ATTENTION

A lower-pitched voice is helpful since the resident often loses the ability to hear higher frequency sounds as he grows older. If you shout or whisper, you may not be able to communicate at all. It will be easier to gain his attention if you talk about something which you know interests him.

### CALL THE PERSON BY NAME AS OFTEN AS POSSIBLE

This will help him to preserve his sense of identity and dignity. It also helps if he is disoriented or confused.

### WHEN YOU ASK QUESTIONS WAIT FOR THE ANSWER

The resident may have more to say than "yes" or "no".

### DO NOT TALK TO THE PERSON AS IF HE WERE A CHILD OR RETARDED

The resident needs to retain his self-respect. You may get a reaction you encourage. For instance, 'babytalk' may provoke a childish response.

### REPEAT YOURSELF AS OFTEN AS NECESSARY

If the resident's mind wanders, he may need constant reminders of everyday facts to bring him back to reality.

### TRY TELLING A FUNNY STORY

Sharing a humorous story with the resident may cheer him. Laughter is always therapeutic and you may find he has a delightful sense of humor.

### WHEN WORDS FAIL -

### SPEECH IS ONLY ONE OF THE WAYS TO COMMUNICATE

There are many silent forms of expression. A pat on the back can restore self-respect or mean a job well done. An arm around someone's shoulder can provide needed encouragement. A wave conveys recognition; an outstretched hand invites participation. And listening is often as meaningful a way to communicate as speaking.

### USE EYE CONTACT AS OFTEN AS POSSIBLE

Looking the resident directly in the eye can provide a bond between you. It will help you to know if he is listening or if he is confused.

### USE FACIAL EXPRESSIONS

A smile can convey warmth, friendship and approval. A frown can show displeasure at misbehavior or an unfinished task.

### USE GESTURES

A shrug may tell the person that it doesn't make any difference. Pointing at a clock may remind him that it is time to get ready for dinner.

### TOUCH THE PERSON AND LET HIM TOUCH YOU

Holding his hand in a fearful moment may relieve his anxiety. Letting a patient touch you or the fabric of your clothing may stimulate his senses as well as bring closer contact with you.

### WATCH AND LISTEN

When he speaks, it is important to him to know that you are listening. Watching the

person to see if he grasped something that you said will tell you if he needs more time to understand and reply. If you see that he is confused, you can allow him extra time to think rather than interrupting his thoughts with further talk.

## CHAPTER VI

### OTHER AGENCY INVOLVEMENT

Care Review Committees perform a unique function. Their existence is tied to licensure. The Care Review Committee, however, does not inspect the home as an investigative arm of the State Department of Health. Various inspections take place within the health care facility including Department of Health, and fire marshall inspections, along with Iowa Foundation for Medical Care Reviews in facilities certified for participation in Title XVIII and Title XIX Intermediate Care Facility, or as a Skilled Nursing Facility. If the Care Review Committee understands that it provides an entirely unique and separate function from these agencies, overlap will not occur. Care Review Committee members are to view the facility as interested laypersons and not from the standpoint of the professional. They should look beyond quality of care to quality of life in the facility. Some variance in performance between Care Review Committees will occur from facility to facility depending on different factors (i.e. size, locale). Each committee must take the responsibility for adaption but the basic function remains the same. The Care Review Committee can and should be an advocate of individuals in health care facilities who cannot speak for themselves and as such, the Committees will perform a valuable service within Iowa communities. They can also be the knowledgeable link between the facility and the community, recruiting volunteers and services that might benefit patients and enhance their lives.

#### EVALUATION BY CARE REVIEW COMMITTEE

The Care Review Committee should function in the role of advocate. The Care Review Committee will examine the facility's performance of services by looking at the original contract and checking to see if all services are being rendered. Visual observations of the resident and his/her surroundings will also be utilized to determine if the resident's basic human needs are being met. The Care Review Committee is to give an overall evaluation of each resident with the aid of a form (see Appendix). These forms are provided to use as a reference. The Iowa Commission on the Aging suggests that the committee adopt a form with which they are comfortable, but covering the areas suggested in the sample form.

#### CERTIFICATION AND LICENSURE OF HEALTH CARE FACILITIES - DEPARTMENT OF HEALTH

Annual unannounced licensure inspections of health care facilities are to be carried out by the nurse consultants of the Consultation and Licensing Section of the Department of Health. During such inspections, all records (dietary, personnel, etc.) are open to the nurse consultants. Nurse Consultants interview residents to gain their input as to the facility's condition.

Upon inspection, if a nurse consultant finds a facility to be in violation of the State Law and/or regulations, a conditional license may be issued. A conditional license can be issued for any period up to one year. No health care facility can operate on a conditional license for more than one year. On-site follow-ups are then done to see if violations have been corrected.

While consultation and education are viable and important ways to help bring health care facilities into compliance with State rules and regulations, they are not always sufficient to enforce compliance. In 1975 the Iowa General Assembly passed legislation, effective January 1, 1976 implementing a fining and citation system for health care facilities. The system classifies violations of Department rules and regulations into three classes. In general, facilities may be cited and fined for violations of the rules and regulations for the magnitude of the deficiency, duration, number of deficiencies, or recurrence of the deficiency. Facilities are fined accordingly.

Facilities have the right to Departmental and judicial review of any citation and fine levied which they wish to contest for any reason. Correction dates on fining and citation are set by the Department and are the shortest period of time determined by the Health Dept. to be feasible. In some instances waivers may be issued to a home failing to meet particular standard provided that it does not hamper patient care or the delivery of services. Revocation of a license may be recommended upon an inspection if conditions in the home are so poor that the physical plant and/or patient care jeopardize the health and safety of the residents. The nurse consultant is in the position to recommend rather than act on the revocation of a license; the ultimate power to revoke a license lies with the Commissioner of Public Health. If this process is carried out, the Commissioner of the Iowa Department of Social Services become involved and must withdraw Medicaid-Title XIX funding from that home.

If the recommendation for revocation of a license is made, a notice of same is sent to the licensee, listing the deficiencies in the home. It notifies the licensee of the right to appeal the action and allows thirty days for a hearing at which time evidence may be presented on both sides, as to why the license should or should not be revoked. The hearing officer who presides over the appeal is appointed by the Commissioner of Health. If the hearing officer rules against the licensee, and the licensee chooses not to appeal the decision, the license is revoked, and all types of public assistance funds are withdrawn. However, if an appeal is requested, the facility remains open until the decision for revocation is upheld by the court. If an appeal is sought, all reasons for which revocation has been recommended are confidential until the hearing is completed. If the Commissioner believes that conditions in a home present a danger to its residents, he may ask that the local Care Review Committee go into the home and survey the situation, and if the Committee recommends, he may close the facility prior to the appeal process. He also has the power to close a home of his own accord if he is of the opinion that such expedient action must be taken to protect the residents.

In addition to the annual inspection, special investigations and inspections regarding specific complaints received by the Division of Health Facilities are carried out by the Consultation and Licensing Section. The division investigates all complaints received. The identity of the party issuing the complaint is not to be disclosed to the facility's administrator unless the complainant wishes to be acknowledged. The department prefers that complaints be submitted in written form with as much documentation as possible.

The Department of Health has a contract with the Department of Social Services to perform the latter's ICF (Intermediate Care Facility) surveys required for home to be certified to accept Title XIX-Medicaid patients. The ICF program is a service of the Medicaid (Title XIX) program. The program is funded jointly by the State and Federal Governments, with State rules written in accordance with Federal guidelines.

#### DEPARTMENT OF SOCIAL SERVICES

The State Department of Social Services is the agency responsible for Title XIX certification and administration of the Title XIX intermediate care facility program.

#### IOWA FOUNDATION FOR MEDICAL CARE (IFMC)

The Iowa Foundation for Medical Care (IFMC), which is the Professional Standards Review Organization (PSRO) for the State of Iowa, determines medical eligibility of Title XVIII and Title XIX residents. The IFMC, an independent Agency, also is responsible for continued stay reviews and concurrent quality assurance reviews in long-term care facilities.



Continued stay reviews are conducted frequently and have the purpose of determining if the ICF resident continues to need that level of care. Concurrent quality assurance reviews are performed to check the quality of care being delivered. If problems are identified, the IFMC is available to assist with appropriate follow-up or corrective action,

#### FIRE MARSHALL

The State Fire Marshall's Office along with the local fire marshalls in Iowa's larger cities, conduct annual inspections of health care facilities, including Federal inspections for Title XIX certification. These inspectors are also responsible for a variety of other fire-safety inspections, e.g. in public schools, hospitals, etc. Facilities that are found to be in violation of the State fire-safety rules and regulations are given provisional certificates and a written list of specified time periods to come into compliance. Facilities must come into compliance or obtain a waiver within a year in order to maintain their fire-safety certification and their State license. The State Fire Marshall's office has two methods of bringing a home into compliance with the laws and regulations.

The method of enforcement used in nearly all cases is that of denial of a fire-safety certificate to a home that refuses or is unable to come into compliance with the fire-safety laws and regulations. A home that does not have a current fire-safety certificate cannot be licensed by the State Department of Health.

The second method of enforcement available to the Fire Marshall is a fire misdemeanor law, under which homes can be fined if they violate the fire safety laws and regulations.

#### PUBLIC INFORMATION - DEPARTMENT OF HEALTH

The following information may be obtained by writing the State Department of Health, Health Facilities Division, Lucas State Office Building, Des Moines, Iowa 50319:

- 1) The annual inspection reports prepared by the nurse consultants in the Iowa Department of Health are public information. A forty-five day period is allowed before the inspection report of a particular facility is made public.
- 2) Information regarding citation status and citation record for the previous twelve months shall be made available annually in the form of a report by the Department of Health listing all licensees and facilities. This information shall include:
  - A.
    - a. number of citations
    - b. nature of citations
    - c. status of any action taken
    - d. penalties assessed
  - B. Nature and status of action taken with respect to each uncorrected violation for which a citation is outstanding.

Current information regarding citation status for a particular facility is available at the facility. Each citation for a Class I or II violation issued and final, shall be prominently posted until the violation is corrected to the Department's satisfaction. The citation or copy shall be posted in plain view of residents, visitors and persons inquiring about placement.

- 3) Rules and regulations for health care facilities are available from the Department of Health upon request.

## PATIENT'S RIGHTS

PATIENT'S RIGHTS

Every person has rights. The following unofficial Patient's Rights for patients were written by the Commission on the Aging with the institutionalized person in mind. While most nursing homes are excellent facilities where care is provided compassionately and well, a few facilities are sadly deficient and patient abuse does occur. A person who enters a nursing home is not stripped of civil and property rights guaranteed by the Constitution and state and federal laws just because of his or her residence there. The problem lies in protection of those rights and enforcement of laws which specifically forbid abuse of certain patient's rights. It is important to be aware of these rights.

BEFORE YOU GO INTO ANY NURSING HOME OR SIMILAR INSTITUTION, YOU MUST KNOW:

- a. What services will be provided and how much they cost.
- b. What other services are offered that you might need occasionally and how much they cost.
- c. What services are extra, not covered by Medicaid, Medicare or your daily rate.

READ THE STATEMENT CAREFULLY. SIGN IT. GET A COPY THAT YOU CAN KEEP. THE HOME KEEPS THE ORIGINAL.

Residents of a nursing home who do not have a legal guardian have :

- (1) THE RIGHT to exercise their civil and property rights such as voting, making a will, etc.
- (2) THE RIGHT to dignity, respect and courtesy to you as an individual.
- (3) THE RIGHT to a planned program of care and treatment attuned to your medical needs and in accordance with State and Federal Laws.
- (4) THE RIGHT to have complete and up-to-date information about your case from your own doctor or the attending physician. If able, you should take part with your doctor in planning your medical program; you should know what your medical future is. You have the right to refuse medical treatment provided you know the results of such refusal. Chemical and physical restraints can only be ordered by your physician.
- (5) THE RIGHT to have the name, address and telephone number of the doctor caring for you at your bedside.
- (6) YOU HAVE THE RIGHT TO PRIVACY  
In your medical care. Confidential records. In your room. People should knock before entering unless you're asleep. You may have a room with your spouse if you're both in the same facility.
- (7) THE RIGHT to have visitors, one person or a group as you wish, in accordance with visiting regulations.
- (8) THE RIGHT to use your own clothes and possessions. They should be safe and secure whether in use or in storage.
- (9) THE RIGHT to manage your own financial affairs. If you have a written agreement with the home to do it for you, you should ask for a monthly accounting and a quarterly statement of your account.

- (10) THE RIGHT to stay where you are. You may not be removed from the nursing home except for medical reasons, for your own good, for the welfare of other patients or for non-payment of bills. If there's a good reason for you to be moved you should have five days advance notice and you have the right to an impartial hearing in the matter. Only in a medical emergency may the five day notice be waived.
- (11) YOU HAVE THE RIGHT TO PRESENT GRIEVANCES AND TO MAKE COMPLAINTS or suggestions for changes without any FEAR. Such legitimate complaints should be made to the Director of the nursing home. If they are not acted upon, submit them in writing, or have someone do it for you, to the Consultation and Licensing section of the State Department of Health or to the Iowa Commission on the Aging. Such complaints are the business of the State offices and there is a Patient's Advocate to help you.

You may not be discriminated against, coerced, restrained, or hurt in any way because you make complaints or suggestions.

- (12) THE RIGHT to be free from mental and physical abuse.
- (13) THE RIGHT to not perform a job for the nursing home unless your doctor states in your record that it is therapeutic.
- (14) THE RIGHT to send or receive mail from persons of your choice, and to receive all mail unopened.
- (15) THE RIGHT to participate in any activities of a religious, social or recreational nature unless it is medically impossible to do so.
- (16) THE RIGHT to have access to a telephone in a place where it can be freely and privately used, so that you can easily contact relatives and friends.

APPENDIX

A. SAMPLE FORMS

B. ADDRESSES

RESIDENT INTERVIEW

THIS SAMPLE FORM IS FILED WITH THE ADMINISTRATOR IN THE FACILITY AND REVIEWED BY THE NURSE CONSULTANTS FROM THE STATE DEPARTMENT OF HEALTH. (A SEPARATE FORM FOR EACH RESIDENT NEEDS TO BE COMPLETED.)

NAME OF RESIDENT \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

FACILITY \_\_\_\_\_

CHECK YES OR NO IF APPROPRIATE; WHEN NEITHER IS ADEQUATE, WRITE A DESCRIPTIVE COMMENT OR ADD DETAILS TO EXPLAIN THE ANSWER. WRITTEN COMMENTS CAN ASSIST THE NURSE CONSULTANT IN HER EVALUATION AND CAN DIRECT HER ATTENTION TO SPECIFIC AREAS IF THERE IS A NEED.

CLEANLINESS:

YES                      NO

Is the resident clean?	_____	_____
Is his hair clean and combed?	_____	_____
Are his nails clean and trimmed?	_____	_____
Is his clothing clean and appropriate?	_____	_____
Are his surroundings clean and attractive?	_____	_____
Is the air free of odors?	_____	_____
Are eye glasses and dentures clean?	_____	_____
Are wheel chairs or walkers kept clean?	_____	_____

PHYSICAL CONDITION:

Is the resident physically independent?	_____	_____
Are there any particular problems regarding eating, sleeping or exercising?	_____	_____
Are special assistance devices (walkers, wheel chairs or special eating devices) provided as necessary?	_____	_____

COMMUNICATION:

Is the resident willing to communicate?	_____	_____
Can his speech be easily understood?	_____	_____
Does he welcome conversation?	_____	_____
Is his thinking rational most of the time?	_____	_____
Can he hear?	_____	_____
Does he read?	_____	_____
If a hearing aid is necessary, is it in working condition?	_____	_____

MENTAL AND SOCIAL ADJUSTMENTS:

On the whole, is the resident content at the facility?	_____	_____
Is he ordinarily cooperative with the staff?	_____	_____
Does he appear to be operating at his highest level of self-reliance?	_____	_____
Does he participate in planned activities?	_____	_____
What are his favorite activities, planned or otherwise?	_____	_____
Is he provided the opportunity to do what he likes best, in a group or individually?	_____	_____

WORK:

Is the resident assigned some routine tasks?	_____	_____
Do his tasks qualify as paid employment?	_____	_____
Does the work actually done conform with physician's orders?	_____	_____
Are earnings carefully recorded and paid?	_____	_____
Does the resident understand this arrangement?	_____	_____

RELATIONSHIP WITH FAMILY:

YES

NO

Does the resident have contact with his family?  
Concerning this, is there anything which should be noted?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROBLEMS:

Have there been any incidents or complaints which should be noted? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS THE FACILITY MEETING THE NEEDS OF THIS RESIDENT?

\_\_\_\_\_

\_\_\_\_\_

If not, in what way? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Committee Member

\_\_\_\_\_  
Date  
(21)

THIS FORM IS FILED WITH THE ADMINISTRATOR IN THE FACILITY AND REVIEWED BY THE NURSE CONSULTANTS FROM THE STATE DEPARTMENT OF HEALTH. (ONLY ONE FORM NEED BE COMPLETED BY THE COMMITTEE.)

PLEASE ADD COMMENTS THAT YOU FEEL ARE APPROPRIATE, AND CALL TO THE ATTENTION OF THE SURVEY NURSE ANY RECOMMENDATIONS THAT YOU FEEL ARE NECESSARY.

CARE REVIEW COMMITTEE REPORT  
FACILITY

FACILITY \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

REPORT SUBMITTED BY (CARE REVIEW COMMITTEE MEMBER NAMES): \_\_\_\_\_

DIETARY:

	<u>YES</u>	<u>NO</u>
Do meal service practices:		
Permit eating at a leisurely rate?	_____	_____
Encourage residents to eat at tables in dining room?	_____	_____
Encourage socialization and provide a pleasant mealtime experience?	_____	_____
Is food attractively served and at the proper temperature?	_____	_____
Provide mealtimes comparable to those normally obtained in the community?	_____	_____
Is fresh drinking water available to residents in their rooms?	_____	_____
Is eating assistance provided if necessary?	_____	_____

COMMENTS: \_\_\_\_\_

INDEPENDENCE ENCOURAGED IN ACTIVITIES OF DAILY LIVING:

Is self-help encouraged in:		
Eating?	_____	_____
Personal hygiene?	_____	_____
Exercise?	_____	_____
Recreation?	_____	_____
Are emergency call signals in working order and placed within reach of residents?	_____	_____
Are they answered within a reasonable period of time?	_____	_____

COMMENTS: \_\_\_\_\_

ACTIVITIES:

YES

NO

Are the following available:

- Current newspapers?
- Current magazines and books of interest to the majority of residents?
- Radio?
- Television?
- Clock?
- Calendar of planned activities?
- Activity program planned for groups and individuals?
- Telephone?
- Privacy for visiting when requested?
- Outdoor recreation as appropriate?
- Observance of special events such as holidays, birthdays, community events?
- Transportation?
- Spiritual guidance?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COMMENTS: \_\_\_\_\_

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WELFARE AND SAFETY

- Are all areas of the facility well lighted?
- Are halls and thoroughfares kept free of clutter and encumbrances?
- Is the physical structure of the facility free of physical barriers which would hinder access of any resident to services of the facility or to outside exits?
- Are furnishings of the facility in good repair?
- Are employees knowledgeable of their responsibilities in emergency situations?
- Is housekeeping carried out with regard to the safety of residents?
- Are there regular fire drills?
- Are smoking areas well defined?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COMMENTS: \_\_\_\_\_

---

STAFF

- Is there enough staff to get work done?
- Are they pleasant to the patient or resident?
- Are they neatly groomed?
- Are they responsive to visitors?
- Are they available to residents within a reasonable time?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COMMENTS: \_\_\_\_\_

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COMPLAINTS:

YES

NO

Is there a written procedure for the filing of complaints •  
regarding resident care and services?

\_\_\_\_\_

\_\_\_\_\_

Are written records kept of the resolution of the complaint?

\_\_\_\_\_

\_\_\_\_\_

COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STATE OF IOWA  
COMMISSION ON THE AGING

QUESTIONNAIRE FOR POTENTIAL MEMBERS OF  
NURSING HOME CARE REVIEW COMMITTEES

NAME OF FACILITY \_\_\_\_\_

ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_

ZIP CODE \_\_\_\_\_

ADMINISTRATOR \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN TO: NURSING HOME SPECIALIST  
COMMISSION ON THE AGING  
415 TENTH STREET  
DES MOINES, IOWA 50319  
TEL: (515) 281-5187

COA OFFICE USE: REC'D \_\_\_\_\_ PHONE \_\_\_\_\_ CONF. \_\_\_\_\_ RET. LETTER \_\_\_\_\_

DATE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

NAME \_\_\_\_\_ Area Code \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ IF RETIRED, FORMER OCCUPATION \_\_\_\_\_

1) DO YOU HAVE A FINANCIAL INTEREST IN ANY NURSING HOMES OR RESIDENTIAL CARE FACILITIES?  
NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, PLEASE LIST THE HOME (S). \_\_\_\_\_

2) \*DO YOU HAVE A RELATIVE WHO IS AN EMPLOYEE OR LICENSEE OF A NURSING HOME OR  
RESIDENTIAL CARE FACILITY?  
NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, PLEASE LIST THE HOME (S) AND RELATIONSHIP (S).

\*DEFINED AS HUSBAND, WIFE, BROTHER, SISTER, SON, DAUGHTER, PARENT OR IN-LAW

3) ARE YOU CURRENTLY EMPLOYED BY ANY NURSING OR RESIDENTIAL CARE FACILITY?  
NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, PLEASE LIST THE HOME (S), THEIR LOCATIONS, AND YOUR  
POSITION \_\_\_\_\_

4) DO YOU SERVE ON THE BOARD OF ANY NURSING HOMES OR RESIDENTIAL CARE FACILITIES?  
NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, PLEASE LIST THE HOME (S).

5) ARE YOU A PUBLIC EMPLOYEE INVOLVED WITH THE SPONSORING OR PLACEMENT OF RESIDENTS  
IN NURSING HOMES OR RESIDENTIAL CARE FACILITIES?  
NO \_\_\_\_\_ YES \_\_\_\_\_

6) ARE YOU A PUBLIC EMPLOYEE WHO INSPECTS OR OTHERWISE EVALUATES LONG TERM CARE FACILITIES?  
NO \_\_\_\_\_ YES \_\_\_\_\_



## ADDRESSES

### STATEWIDE ORGANIZATIONS:

IOWA COMMISSION ON THE AGING  
415 TENTH STREET  
DES MOINES, IOWA 50319  
(515) 281-5187

IOWA STATE DEPARTMENT OF HEALTH  
HEALTH FACILITIES DIVISION  
LUCAS STATE OFFICE BUILDING  
DES MOINES, IOWA 50319  
(515) 281-4130

### LOCAL ORGANIZATIONS:

AREA I AGENCY ON AGING  
808 RIVER STREET  
DECORAH, IOWA 52101  
(319) 382-2941 or 382-2942

AREA II-V-XII AGENCY ON AGING  
NORTH CENTRAL IOWA AGENCY ON AGING  
500 COLLEGE DRIVE  
MASON CITY, IOWA 50401  
(515) 421-4339 or 421-4281

AREA III  
IOWA LAKES AREA AGENCY ON AGING  
2328 HIGHWAY BLVD.  
SPENCER, IOWA 51301  
(712) 262-1775

SIMPCO AREA IV AGENCY ON AGING  
626 INSURANCE EXCHANGE BUILDING  
SIOUX CITY, IOWA 51102  
(712) 279-6220

AREA VI-VII  
HAWKEYE VALLEY AREA AGENCY ON AGING  
210 EAST FIFTH STREET  
P. O. BOX 2576  
WATERLOO, IOWA 50705  
(319) 233-5214

AREA VIII  
SCENIC VALLEY AREA AGENCY ON AGING  
469 EMMETT STREET  
DUBUQUE, IOWA 52001  
(319) 583-3547

AREA IX  
GREAT RIVER BEND AREA AGENCY ON AGING  
BI-STATE METRO.PLAN.COMM., 1504 3rd AVE.  
ROCK ISLAND, ILLINOIS 61201  
(309) 793-6329

AREA X  
HERITAGE AREA AGENCY ON AGING  
KIRKWOOD COMMUNITY COLLEGE  
6301 KIRKWOOD BLVD. S. W.  
CEDAR RAPIDS, IOWA 52406  
(319) 398-5559

AREA XI  
CENTRAL IOWA REGIONAL ASSOCIATION OF LOCAL  
GOVERNMENTS  
104½ EAST LOCUST STREET  
DES MOINES, IOWA 50309  
(515) 244-3257

AREA XIII  
IOWA WESTERN AREA AGENCY ON AGING  
IOWA WESTERN COMMUNITY COLLEGE  
2700 COLLEGE ROAD  
KANESVILLE CENTER - ROOM 203  
COUNCIL BLUFFS, IOWA 51501  
(712) 328-2540

AREA XIV AGENCY ON AGING  
228 NORTH PINE  
CRESTON, IOWA 50801  
(515) 782-4040

AREA XV  
SOUTHERN IOWA ECONOMIC DEVELOPMENT ASSOCIATION  
BUILDING #17  
OTTUMWA INDUSTRIAL AIRPORT  
OTTUMWA, IOWA 52501  
(515) 682-8741

AREA XVI  
SOUTHEAST IOWA AREA AGENCY ON AGING  
MEMORIAL AUDITORIUM - THIRD FLOOR  
FRONT AND JEFFERSON  
BURLINGTON, IOWA 52601  
(319) 753-2191

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STATE LIBRARY OF IOWA



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