



Iowa Department of  
**INSPECTIONS, APPEALS, & LICENSING**



September 2023

## Staff Vaccination Requirements Ended August 5

The Iowa Department of Inspections, Appeals, and Licensing (DIAL) Health and Safety Division, Medicare Services bureau is committed to providing education to hospitals.

On Aug. 5, 2023, the Centers for Medicare and Medicaid Services (CMS) published a final rule which ended the requirements related to staff vaccination. Review [QSO 23-02 ALL-Expired Aug. 5](#).

Additionally, this rule states that CMS will not be enforcing the staff vaccination provisions between June 5 and Aug. 4, 2023. Effective June 5, 2023, surveyors will no longer assess compliance with these requirements for any providers. Review [CMS revised guidance for staff vaccination requirements QSO-23-02-ALL - Expired-July 25, 2023](#)

DIAL encourages hospitals to ensure implementation efforts are successful with the end of the public health emergency. The goal of a hospital survey is to determine if the hospital is in compliance with the conditions of participation (CoP) set forth in the applicable State Operations Manual, Appendix A (acute hospitals) or Appendix W (critical access hospitals (CAH)).

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## Recent EMTALA Violation Cited (C2400/C2700)

A recent Emergency Medical Treatment and Labor Act (EMTALA) violation involved critical access hospital (CAH) administrative staff who failed to ensure a patient who presented to the hospital for emergency care received all appropriate stabilizing treatment. Failure to provide all appropriate stabilizing treatment at the emergency department (ED) resulted in the patient eloping from the ED, which may have resulted in the patient harming themselves or others.

The CAH's elopement policy identified methods by which patients at risk for elopement can be kept safe and also to maintain the safety of patients by preventing an unintentional departure from the facility. The interventions will be individualized and include placement in a room close to the nursing station, use of an alarm system to alert staff, and frequent rounding on patients. Also, documentation of a patient's elopement risk will be included in the patient's care/treatment plan.

The CAH's behavioral health-substance abuse policy in part was to ensure appropriate evaluation and treatment to patients presenting to the ED for a substance abuse evaluation via providing a safe environment. The policy listed the following interventions: patient will remain under close observation or one-on-one observation as ordered by the ED provider. If one-on-one observation is ordered, there will be every-15-minute safety checks documented on the patient by the staff member.

The CAH's standard of practice policy revealed in part that when a patient's leaving the hospital may present an imminent threat to the patient's health or safety because of legal status, nursing staff will participate collaboratively with ED providers to develop a plan of care for the patient. Nursing staff will anticipate the patient's clinical and emotional needs, and staff will be responsible for ensuring that the plan of care is implemented.

The medical record revealed the patient presented to the ED accompanied by their parents for evaluation of substance use. The patient reported they left a substance abuse treatment program a short time ago and the parents were concerned about relapsing/recurring. The nurse documented the patient hadn't been acting normally and the parents stated they wanted to go to the courthouse to obtain a court commitment.

The patient's urine drug screen showed positive for cannabinoids, amphetamines, and methamphetamine.

A magistrate signed a court order for immediate custody and for the patient to be detained in the custody of the CAH or other suitable facility. The magistrate's order was based on letters from the patient's family that made them believe the patient continued to suffer from substance abuse and remained at risk for harm due to continued substance use, as well as concern for the patient's safety.

The nursing staff documented the patient stated they were going to leave the facility and later the nursing staff called dispatch and requested the sheriff come watch the patient. Another nursing staff documented the night shift reported the patient had a spell where they wanted to leave and required redirection.

Later that evening, the RN documented the patient room was empty, a search was initiated, the sheriff's department was called, and the patient could not be located in the

CAH.

The patient's medical record lacked provider orders for frequency of monitoring or one-on-one care, a plan of care and interventions that addressed elopement risks, and lacked documentation that indicated that the patient was under constant surveillance to prevent elopement from the CAH.

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## Tentative Date Set for EMTALA Lunch and Learn



The next lunch and learn has tentatively been set for Nov. 8 from 11:30 a.m. to 12:30 p.m.

Topic: Emergency Medical Treatment and Labor Act (EMTALA) training for hospitals in Iowa presented by Centers for Medicare and Medicaid Services (CMS)

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### Iowa Department of Inspections, Appeals, & Licensing

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