

PRINTED: 12/11/2013  
FORM APPROVED

## DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  520023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  11/26/2013
NAME OF PROVIDER OR SUPPLIER  NEURORESTORATIVE-IOWA		STREET ADDRESS, CITY, STATE, ZIP CODE 4569 JENN LANE IOWA CITY, IA 52240		
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	01 Initial Comments  This facility received a conditional license and opened on 4/22/13. The first resident was admitted on 7/11/13.  The following deficiencies were cited during the initial survey conducted to determine compliance with licensing rules for a 3-5 Bed Specialized License Residential Care Facility.  Based on the results of this survey, the facility will remain on a conditional license until these deficiencies are corrected.	C 000		
C 205	50.9(3)b Background checks  481-50.9(135C) Criminal, dependent adult abuse, and child abuse record checks.  50.9(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a facility, the facility shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state.  b. Conducting a background check. The facility may access the single contact repository (SING) to perform the required background check. If the SING is used, the facility shall submit the person's maiden name, if applicable, with the background check request. If the SING is not used, the facility must obtain a criminal history check from the department of public safety and a check of the child and dependent adult abuse registries from the department of human services	C 205	Going forward we will comply with code 50.9 (3)b, ensuring all background checks and dependent adult abuse checks are completed prior to the hire of any new employees. The administrator will work closely with the human resources department to ensure that all background checks and dependent adult abuse checks are completed prior to the hiring any new employees. This will be monitored by the Administrator upon each new hire. This has been corrected as of 11/27/2013.  <i>Completed</i>	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

✓ *Do* 12/8/13

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C 205	Continued From page 1  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure dependent adult abuse record checks were completed on 5 of 5 staff hired after the opening date of 4/22/13 (Staff G, Staff H, Staff I, Staff J, Staff K and Staff L). Findings include: A review of personnel files completed on 11/26/13 revealed the following dates of hire: - Staff G hired 8/27/13. - Staff H hired 8/8/13. - Staff I hired 10/7/13. - Staff J hired 10/30/13. - Staff K hired 11/18/13. - Staff L hired 11/19/13  No dependent adult abuse record checks were located in any of the personnel files listed above. On 11/26/13 at 3:00 PM, the Administrator confirmed the above findings.	C 205		
M 253	63.11(3) Personnel  481-63.11(135C) Personnel.  63.11(3) Employee criminal record checks, child abuse checks and dependent adult abuse checks and employment of individuals who have committed a crime or have a founded abuse. The facility shall comply with the requirements found in Iowa Code section 135C.33 as amended by 2013 Iowa Acts, Senate File 347, and rule 481-50.9(135C) related to completion of criminal record checks, child abuse checks, and dependent adult abuse checks and to employment of individuals who have committed a crime or have a founded abuse.	M 253	Going forward we will comply with code 63.11(3) , ensuring all dependent adult abuse checks are completed prior to the hire of any new employees. The administrator will work closely with the human resources department to ensure that all dependent adult abuse checks are completed prior to the hiring any new employees. This will be monitored by the Administrator upon each new hire. This has been corrected as of 11/27/2013. <i>Completed</i> <i>DO</i>	

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M 253	Continued From page 2  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to comply with requirements related to employee background checks found in Iowa Administrative Code 481 - chapter 50. Findings include:  A review of employee files revealed the facility had not completed dependent adult abuse record checks on 5 of 5 employees hired after the opening date of 4/22/13 (Staff H through L) as required by Iowa Administrative Code rule 481-50.9(3)b.	M 253			
M 307	63.15(2) Physical examinations  481-63.15(135C) Physical examinations.  63.15(2) Each resident admitted to a residential care facility for the intellectually disabled shall have had a physical examination prior to admission.	M 307	Going forward we will comply with code 63.15 (2), ensuring that all clients have had a physical examination prior to being admitted into the program. Appointments have been scheduled with client physicians currently to secure a physical examination. This will be monitored by the Administrator upon each new admission to the program. We will be in compliance with this code by 12/26/2013.		

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M 307	Continued From page 3  This REQUIREMENT is not met as evidenced by: Based on staff interview and resident record review, the facility failed to ensure that 5 out of 5 residents that lived at the home received a physical examination prior to admission (Residents #1, #2, #3, #4 and #5). Findings include:  A review of resident files completed on 11/26/13 revealed the following admission dates:  Resident #1 admitted on 7/11/13. Resident #2 admitted on 7/24/13. Resident #3 admitted on 7/24/13. Resident #4 admitted on 9/3/13. Resident #5 admitted on 9/25/13.  None of the files contained a pre-admission physical.  On 11/26/13 at 3 PM, the administrator confirmed that the facility had not secured a pre-admission physical for any of the residents.	M 307			
M 314	63.15(7) Physical examinations  481--63.15(135C) Physical examinations.  63.15(7) Residents shall be admitted to a residential care facility for the intellectually disabled only on a written order signed by a physician certifying that the individual being admitted requires no more than personal care and supervision but does not require nursing care.  This rule is intended to implement Iowa Code	M 314	Going forward we will comply with code 63.15 (7), ensuring that all clients have a written order signed by a physician certifying that the client being admitted requires no more than personal care and supervision but does not require nursing care. Client physicians have been contacted to complete and sign this written order. This will be monitored by the Administrator upon each new potential admission to the program. We will be in compliance with this code by 12/26/2013.		

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M 314	Continued From page 4 sections 135C.23(2).  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to obtain written orders specifying level of care required for 5 of 5 residents of the home (Residents #1, #2, #3, #4, #5). Findings include:  A review of resident files completed on 11/26/13 revealed the following admission dates:  Resident #1 admitted on 7/11/13. Resident #2 admitted on 7/24/13. Resident #3 admitted on 7/24/13. Resident #4 admitted on 9/3/13. Resident #5 admitted on 9/25/13.  None of the files contained a level of care certification documenting that the individual required no more than personal care and supervision and did not require nursing care.  On 11/26/13 at 3 PM, the administrator confirmed that the facility had not secured level of care certifications for any of the residents of the home.	M 314			
M 372	63.18(1)b(11) Drugs  481--63.18(135C) Drugs.  63.18(1) Drug storage.  b Drug storage for residents who are unable to take their own medications and require	M 372	Going forward we will comply with code 63.18 (1) b, ensuring that our medication cart is inspected by a registered pharmacist not less than once every three months. The administrator will contact the Pharmacist every two months to schedule an inspection within the first week of the third month of the quarter. We will be in compliance with this by 12/18/2013.		

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M 372	Continued From page 5  supervision shall meet the following requirements:  (11) Inspection of drug storage condition shall be made by the administrator and a registered pharmacist not less than once every three months. The inspection shall be verified by a report signed by the administrator and the pharmacist and filed with the administrator. The report shall include, but not be limited to, certifying absence of the following: expired drugs, deteriorated drugs, improper labeling, drugs for which there is no current physician's order, and drugs improperly stored.  This REQUIREMENT is not met as evidenced by: Based on a review of facility records and staff interview, it was found that the facility had not had a pharmacy inspection as of 11/26/13. Findings include: The facility moved its first resident into the home on 7/11/13 (Resident #1). This resident was on medications that required storage by the facility. The facility should have had its first pharmacy inspection on or around 10/11/13. The administrator confirmed this finding on 11/26/13 at 3 PM stating a pharmacy inspection had not yet been completed/scheduled.	M 372		
M 667	63.33(6)d Residents' rights in general  481-63.33(135C) Residents' rights in general.  63.33(6) Policies and procedures shall include a provision that each resident shall be fully	M 667	Moving forward we will comply with code 63.33 (6)d, ensuring that the Resident Rights remain posted within the residence. This will be monitored by the Administrator on a monthly basis to ensure the Residential Rights remain posted. The administrator corrected this as of 11/26/2013. <i>Completed on</i>	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA  
STATE FORM

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If continuation sheet 6 of 9

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M 667	Continued From page 6  informed of the resident's rights and responsibilities as a resident and of all rules governing resident conduct and responsibilities. The information must be provided upon admission or in the case of residents already in the facility upon the facility's adoption or amendment of resident right policies.  d. In order to ensure that residents continue to be aware of these rights and responsibilities during their stay, a written copy shall be prominently posted in a location that is available to all residents.  This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to ensure a copy of the Resident Rights was posted in a prominent location readily available to residents/families. Findings include:  During the environmental tour on 11/26/13 at 8:45 AM, it was discovered that the facility had not posted a copy of the Resident Rights. The administrator confirmed this finding on 11/26/13 at 9:29 AM	M 667		
M 723	63.35(3) Resident rights  481-63.35(135C) Resident rights. Each resident shall be encouraged and assisted throughout his/her period of stay, to exercise his/her rights as a resident and as a citizen and may voice grievances and recommend changes in policies and services to administrative staff or to outside representatives of his/her choice, free from interference, coercion, discrimination, or reprisal.	M 723	Moving forward we will comply with code 63.35 (3), ensuring that the text of section 135 C.46 of the Iowa Code regarding retaliation is prominently posted within the facility. This will be monitored by the Administrator monthly to ensure this remains posted within the facility. The administrator <del>corrected</del> this as of 11/26/2013. <i>Completed</i>	

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M 723	Continued From page 7  63.35(3) The facility shall post in a prominent area the name, phone number, and address of the ombudsman, survey agency, local law enforcement agency, care review committee members, the text of section 135C.46, The Code, etc., to provide to residents a further course of redress.  This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the facility failed to prominently post the text of section 135C.46 of the Iowa Code regarding retaliation. Findings include:  During the environmental tour on 11/26/13 at 8:45 AM, it was discovered that the facility had not posted a copy of the statement of retaliation as outlined in Iowa Code Section 135C.46. The administrator confirmed this finding on 11/26/13 at 9:29 AM.	M 723		
M309A	481--83.15(2)c Physical Examinations  481--63.15(135C) Physical examinations.  63.15(2) Each resident admitted to a residential care facility for the Intellectually disabled shall have had a physical examination prior to admission.  c. Screening and testing for tuberculosis shall be conducted pursuant to 481--Chapter 59.  This REQUIREMENT is not met as evidenced by:	M309A	Moving forward we will comply with code 63.15(2)c, ensuring all new potential clients are assessed and tested either prior to admission or within 72 hours of their admission to the program. Appointments have been scheduled to conduct TB tests for all current clients. This will be monitored by the Administrator upon each new admission into the program. We will be in compliance with this as of 12/26/2013.	



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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NEURORESTORATIVE-IOWA

4569 JENN LANE  
IOWA CITY, IA 52240

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M3D9A	<p>Continued From page 8</p> <p>Based on interview and record review the facility failed to screen and test for tuberculosis (TB) as required by Iowa Administrative Code 481 - chapter 59 for 5 of 5 residents living in the home (Residents #1, #2, #3, #4 and #5). Findings include:</p> <p>Iowa Administrative Code rule 481-59.8(2) states that: "All residents shall be assessed for current symptoms of active TB disease upon admission. Within 72 hours of a resident's admission, baseline TB testing for infection shall be initiated unless baseline TB testing occurred within three months prior to the resident admission."</p> <p>A review of resident files completed on 11/26/13 revealed the following admission dates:</p> <p>Resident #1 admitted on 7/11/13. Resident #2 admitted on 7/24/13. Resident #3 admitted on 7/24/13. Resident #4 admitted on 9/3/13. Resident #5 admitted on 9/25/13.</p> <p>None of the resident files contained an assessment of TB status at admission or baseline TB testing within 72 hours of admission. There was no indication any of the residents had been tested for TB within 3 months prior to admission. On 11/26/13 at 3 PM, the administrator confirmed that the facility had not assessed any of the residents at admission, and had not completed TB testing within 72 hours of admission.</p>	M309A		