

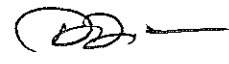
11/1/20

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>770354</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/18/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEURORESTORATIVE - ANKENY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4102 NW 2ND COURT ANKENY, IA 50023</b>
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V 000	Initial Comments  The following deficiencies were cited during the survey conducted to determine compliance with licensing rules for a 3 -5 bed Specialized license and the investigation of Complaint #86315-C.	V 000		
V 145	481-59.5(1) Baseline TB Screening Procedures for Faciliti  59.5(1) All HCWs shall receive baseline TB screening upon employment. Baseline TB screening consists of two components: (1) assessing for current symptoms of active TB disease and (2) testing using the two-step TST procedure or a single IGRA to screen for infection with M. tuberculosis. If the first-step TST result is negative, the second stage of the two-step TST is recommended one to three weeks after the first TST result was read. Administration of the second stage of the two-step TST shall not exceed 12 months after the first TST result was read. If initiation of the second stage of the two-step TST is greater than 12 months from when the first TST result was read, the two-step procedure must be restarted. If the first-step TST result is positive, it is not necessary to perform the second stage of the two-step TST.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to complete the two-step TST (tuberculin skin test) for 3 of 5 employees reviewed (Staff B, C and F). Findings include:  Record review on 11/14/19 of employee files revealed the following:	V 145	Plan of Correcti is attached 	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 145	Continued From page 1  a.) Staff B was hired on 7/02/18. The first half of the two-step TST was completed on 6/27/18. A second step TST could not be located. b.) Staff C was hired on 12/03/18. Record of Staff C's tuberculosis testing could not be located. c.) Staff F was hired on 12/10/18. Record of Staff F's tuberculosis testing could not be located.  On 11/14/19 at 10:30 a.m. the Program Director confirmed these findings.	V 145		
C 203	50.9(3) 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.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to complete background checks as required for 1 of 5 new employees reviewed	C 203		

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C 203	Continued From page 2 (Staff F). Findings include:  On 11/14/19 at 9:49 a.m. review of Staff F's personnel file revealed a start date of 12/10/18. Further review revealed a criminal history check was completed by the Iowa Division of Criminal Investigation on 10/12/18. No child or dependent adult abuse checks could be located.  On 11/14/19 p.m. at 3:52 p.m. the Program Director revealed Staff F had initially started working for the corporation in the state of New Jersey before transferring to Iowa. The Program Director was unsure what site Staff F worked at prior to working in the Ankeny facility beginning on 12/10/18. A record of Staff F's background checks prior to working in the Ankeny facility could not be located.	C 203		
T 360	481-63.7(2)b(1) Administrator  63.7(2) Duties of an administrator. The administrator shall:  b. Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants. (III) In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (I, II, III)  (1) Infection control.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure training regarding infection control was offered each calendar year. Findings include:	T 360		

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T 360	Continued From page 3  On 11/13/19 at 2:16 p.m. review of inservice records since 9/21/17 revealed no documented training regarding infection control.  The Program Director confirmed this finding on 11/13/19 at 2:26 p.m.	T 360		
T 365	481-63.7(2)b(2) Administrator  63.7(2) Duties of an administrator. The administrator shall:  b. Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants. (III) In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (I, II, III)  (2) Emergency preparedness (e.g., fire, tornado, flood, 911).  This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure training regarding emergency preparedness was offered each calendar year. Findings include:  On 11/13/19 at 2:16 p.m. review of inservice records since 9/21/17 revealed no documented training regarding emergency preparedness.  The Program Director confirmed this finding on 11/13/19 at 2:26 p.m.	T 365		
T 370	481-63.7(2)b(3) Administrator	T 370		

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T 370	Continued From page 4  63.7(2) Duties of an administrator. The administrator shall:  b. Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants. (III) In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (I, II, III)  (3) Meal time procedures/dietary.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure training regarding mealtime and dietary procedures was offered each calendar year. Findings include:  On 11/13/19 at 2:16 p.m. review of inservice records since 9/21/17 revealed no documented training regarding mealtime and dietary procedures.  The Program Director confirmed this finding on 11/13/19 at 2:26 p.m.	T 370		
T 375	481-63.7(2)b(4) Administrator  63.7(2) Duties of an administrator. The administrator shall:  b. Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants. (III) In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (I, II, III)	T 375		

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T 375	<p>Continued From page 5</p> <p>(4) Resident activities.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure training regarding resident activities was offered each calendar year. Findings include:</p> <p>On 11/13/19 at 2:16 p.m. review of inservice records since 9/21/17 revealed no documented training regarding resident activities.</p> <p>The Program Director confirmed this finding on 11/13/19 at 2:26 p.m.</p>	T 375		
T 385	<p>481-63.7(2)b(6) Administrator</p> <p>63.7(2) Duties of an administrator. The administrator shall:</p> <p>b. Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants. (III) In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (I, II, III)</p> <p>(6) Resident safety/supervision.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure training regarding resident safety and supervision was offered each calendar year. Findings include:</p> <p>On 11/13/19 at 2:16 p.m. review of inservice records since 9/21/17 revealed no documented</p>	T 385		

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T 385	Continued From page 6 training regarding resident safety and supervision.  The Program Director confirmed this finding on 11/13/19 at 2:26 p.m.	T 385		
T 395	481-63.7(2)b(8) Administrator  63.7(2) Duties of an administrator. The administrator shall:  b. Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants. (III) In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (I, II, III)  (8) Medication education, to include administration, storage and drug interactions.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure training regarding medication education was offered each calendar year. Findings include:  On 11/13/19 at 2:16 p.m. review of inservice records since 9/21/17 revealed no documented training regarding medication education including administration, storage and drug interactions.  The Program Director confirmed this finding on 11/13/19 at 2:26 p.m.	T 395		
T 535	481-63.8(3) Personnel  63.8(3) Employee criminal record, child abuse	T 535		

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T 535	Continued From page 7  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 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. (I, II, III)  This REQUIREMENT is not met as evidenced by: Based on interview and personnel record review, the facility failed to comply with requirements related to employee criminal record checks, child abuse checks and dependent adult abuse checks found in Iowa Administrative Code 481- chapter 50. Findings include:  A review of personnel records revealed the facility failed to complete background checks as required by Iowa Code Administrative rule 481-50.9(3) for 1of 5 staff reviewed. The Administrator confirmed this finding. See deficiency under 50.9(3).	T 535		
T 570	481-63.8(6) Personnel  63.8(6) Physical examination and screening. Employees shall have a physical examination within 12 months prior to beginning employment and every four years thereafter. Screening and testing for tuberculosis shall be conducted pursuant to 481-Chapter 59. (I, II, III)  This REQUIREMENT is not met as evidenced by:	T 570		

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T 570	Continued From page 8  Based on staff interview and personnel record review the facility failed to comply with requirements related to tuberculosis testing for personnel found in Iowa Administrative Code 481- chapter 59. Findings include:  A review of employee files revealed the facility failed to complete baseline TB screenings as required by Iowa Administrative Code rule 481-59.5(1) for 3 of 5 staff reviewed (Staff B, C and F.) The Program Director confirmed these findings. See deficiency under 59.5(1)	T 570		
T 815	481-63.10(2)a Admission, Transfer and Discharge  63.10(2) Discharge or transfer.  a. Notification shall be made to the legal representative, primary care provider, psychiatrist, if any, and sponsoring agency, if any, prior to the transfer or discharge of any resident. (III)  This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to document the notification of residents' primary care providers prior to the discharge for 3 of 3 former residents reviewed (Residents C-1, C-2 and C-3). Findings include:  On 11/14/19 at 10:18 a.m. record review revealed Resident C-1 discharged from the facility on 10/20/17. Documentation of notification to the primary care provider could not be located.  On 11/14/19 at 10:40 a.m record review revealed Resident C-2 discharged from the facility on	T 815		

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T 815	Continued From page 9  7/31/19. Documentation of notification to the primary care provider could not be located.  On 11/14/19 at 10:48 a.m. record review revealed Resident C-3 discharged from the facility on 9/18/17. Documentation of notification to the primary care provider could not be located.  The Program Director confirmed these findings on 11/14/19 at 2:12 p.m.	T 815		
T 835	481-63.10(2)e Admission, Transfer and Discharge  63.10(2) Discharge or transfer.  e. When a resident is transferred or discharged, the resident's unused prescriptions shall be sent with the resident or with a legal representative only upon the written order of a primary care provider.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to obtain a written order from the primary care provider prior to sending medications with 1 of 3 former residents reviewed (Resident C-1). Findings follow:  On 11/14/19 at 10:18 a.m. record review revealed Resident C-1 discharged from the facility on 10/20/17. It was documented the medications had been sent with the resident. An order authorizing release of the medications to the resident could not be located.  The Program Director confirmed these findings on 11/14/19 at 2:12 p.m.	T 835		

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T1125	<p>481-63.14(1)l Records</p> <p>63.14(1) Resident record. The licensee shall keep a permanent record on all residents admitted to a specialized residential care facility with all entries current, dated, and signed. (III) The record shall include:</p> <p>I. Primary care provider's orders for medication, treatment, and diet in writing and signed by the primary care provider; (III)</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure orders for medication, treatment and diet were in writing and signed by primary care providers for 2 of 2 residents reviewed (Resident #1, #2). Findings include:</p> <p>On 11/12/19 at 11:28 a.m. record review revealed Resident #1 was admitted to the facility on 10/05/19. Signed diet orders could not be located.</p> <p>On 11/12/19 at 12:10 p.m. record review revealed Resident #2 was admitted to the facility on 11/30/16. Current signed orders for medications, treatments and diet could not be located.</p> <p>On 11/13/19 at 10:33 a.m. the Program Director confirmed these findings and stated they were looking for a new primary care provider for the residents of the facility.</p>	T1125		
T1155	<p>481-63.14(1)r Records</p> <p>63.14(1) Resident record. The licensee shall keep a permanent record on all residents</p>	T1155		

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T1155	<p>Continued From page 11</p> <p>admitted to a specialized residential care facility with all entries current, dated, and signed. (III) The record shall include:</p> <p>r. A notation describing the resident's condition on admission, transfer, and discharge (III)</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure condition upon discharge was documented for 2 of 3 former residents reviewed (Residents C-2, C-3). Findings include:</p> <p>On 11/14/19 at 10:40 a.m. record review revealed Resident C-2 discharged from the facility on 7/31/19. Record of Resident C-2's condition on discharge could not be located.</p> <p>On 11/14/19 at 10:48 a.m. record review revealed Resident C-3 discharged from the facility on 9/18/17. Record of Resident C-3's condition on discharge could not be located.</p> <p>The Program Director confirmed these findings on 11/14/19 at 2:12 p.m.</p>	T1155		
T1170	<p>481-63.14(1)u Records</p> <p>63.14(1) Resident record. The licensee shall keep a permanent record on all residents admitted to a specialized residential care facility with all entries current, dated, and signed. (III) The record shall include:</p> <p>u. Disposition of valuables; (III)</p> <p>This REQUIREMENT is not met as evidenced by:</p>	T1170		

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T1170	Continued From page 12  Based on interview and record review the facility failed to ensure the disposition of belongings including medications was documented at discharge for 2 of 3 former residents reviewed (Residents C-2, C-3). Findings include:  On 11/14/19 at 10:40 a.m. record review revealed Resident C-2 discharged from the facility on 7/31/19. Record of the disposition of the residents belongings including medications could not be located.  On 11/14/19 at 10:48 a.m. record review revealed Resident C-3 discharged from the facility on 9/18/17. Record of the disposition of the residents belongings including medications could not be located.  The Program Director confirmed these findings on 11/14/19 at 2:12 p.m.	T1170		
T1355	481-63.16(1)b(9) Drugs  63.16(1) Drug storage.  b. Drug storage for residents who are unable to take their own medications and require supervision shall meet the following requirements:  (9) Inspection of drug storage shall be made by the administrator or designee 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, certification of the absence of the following: expired drugs, deteriorated drugs, improper	T1355		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>770354</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/18/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEURORESTORATIVE - ANKENY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4102 NW 2ND COURT ANKENY, IA 50023</b>
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(X4) ID 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
T1355	<p>Continued From page 13</p> <p>labeling, drugs for which there is no current primary care provider's order, and drugs improperly stored. (III)</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to maintain record of pharmacy inspection reports for review. Findings include:</p> <p>On 11/13/19 the pharmacy inspection reports were not able to be located.</p> <p>On 11/14/19 at 10:05a.m. the Program Director reported he had been told by the president of the pharmacy company that a Neurorestorative employee had stopped the pharmacy review process because they thought it was too expensive. The facility was working to establish a timeframe as to when the last pharmacy inspection would have been. There have been no pharmacy inspection reports available for review during this review.</p>	T1355		
T1495	<p>481-63.16(4)e Drugs</p> <p>63.16(4) Drug administration.</p> <p>e. An individual inventory record shall be maintained for each Schedule II drug prescribed for each resident, with an accurate count and authorized signatures at every shift. (II)</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to ensure individual inventory records were</p>	T1495		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>770354</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/18/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEURORESTORATIVE - ANKENY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4102 NW 2ND COURT ANKENY, IA 50023</b>		
(X4) ID 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
T1495	<p>Continued From page 14</p> <p>developed and maintained for Schedule II narcotics for 1 of 1 resident reviewed who was prescribed methadone (Resident #5). Findings include:</p> <p>On 11/13/19 at 12:15 p.m. observation of the schedule II narcotics lock box revealed a small bottle of methadone prescribed to Resident #5. Staff C was asked for the inventory sheet for the narcotic. She reported there was no inventory sheet.</p> <p>On 11/13/19 at 12:44 p.m. the Program Director confirmed an inventory sheet needed to be developed and maintained for this medication.</p>	T1495		



✓ 1/7/20

**Neurorestorative Ankeny 770354 Plan of Correction**

**Deficiency cited: V 145 481-59.5(1) Baseline TB Screening Procedures for Facilities**

59.5(1) All HCWs shall receive baseline TB screening upon employment. Baseline TB screening consists of two components: (1) assessing for current symptoms of active TB disease and (2) testing using the two-step TST procedure or a single IGRA to screen for infection with M. tuberculosis. If the first-step TST result is negative, the second stage of the two-step TST is recommended one to three weeks after the first TST result was read. Administration of the second stage of the two-step TST shall not exceed 12 months after the first TST result was read. If initiation of the second stage of the two-step TST is greater than 12 months from when the first TST result was read, the two-step procedure must be restarted. If the first-step TST result is positive, it is not necessary to perform the second stage of the two-step TST.

**Corrective action:**

Going forward we will comply with code 59.5(1). the RCF administrator will be trained and/or will review the hiring process, including communication with the Human resources department to make sure that we receive all TB test information and this staff is cleared by the standards of Code 59 to work in our licensed facility. When TB test results are received they will be printer in place in staff's personnel file.

**Deficiency cited: C 203 50.9(3) 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. This documentation will be printed and placed in staff personal file.

**Corrective Action:**

Going forward we will comply with code 50.9(3). We will train and/or review with the RCF Administrator the hiring process including communication with Human resources department to make sure that all background checks including criminal, adult and child abuse and any follow up documentation is successfully completed and that staff is qualified to work in our licensed facility. This documentation will be placed in staff personal file.

**Deficiency cited: T 360 481-63.7(2)b(1) Administrator 63.7(2) Duties of an administrator.**

The administrator shall: Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants. (III) In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (I, II, III)

- (1) Infection control.

✓ 1/5/20

**Corrective Action:**

Going forward we will comply with code 63.7(2)b1. We will train all staff in all of the nine listed topics listed in 63.7(2) throughout the year, with one topic taught each month. Within the next 30 days we will conduct training to get all staff up to date on the required trainings listed in the survey discrepancies: Infection control, Emergency preparedness, Meal time procedures/dietary, Resident activities, Resident safety/supervision, and Medication education.

**Deficiency cited: T 365 481-63.7(2)b(2) Administrator 63.7(2) Duties of an administrator.**

The administrator shall: Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants. (III) In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (I, II, III)  
(2) Emergency preparedness (e.g., fire, tornado, flood, 911).

**Corrective Action:**

Going forward we will comply with code 63.7(2)b2. We will train all staff in all of the nine listed topics listed in 63.7(2) throughout the year, with one topic taught each month. Within the next 30 days we will conduct training to get all staff up to date on the required trainings listed in the survey discrepancies: Infection control, Emergency preparedness, Meal time procedures/dietary, Resident activities, Resident safety/supervision, and Medication education.

**Deficiency cited: T 370 481-63.7(2)b(3) Administrator 63.7(2) Duties of an administrator.**

The administrator shall: Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants. (III) In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (I, II, III)  
(3) Meal time procedures/dietary

**Corrective Action:**

Going forward we will comply with code 63.7(2)b3. We will train all staff in all of the nine listed topics listed in 63.7(2) throughout the year, with one topic taught each month. Within the next 30 days we will conduct training to get all staff up to date on the required trainings listed in the survey discrepancies: Infection control, Emergency preparedness, Meal time procedures/dietary, Resident activities, Resident safety/supervision, and Medication education.

**Deficiency cited: T 375 481-63.7(2)b(4) Administrator 63.7(2) Duties of an administrator.**

The administrator shall: Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants. (III) In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (I, II, III)

The facility shall comply with the requirements found in Iowa Code section 135C.33 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. (I, II, III)

**Corrective Action:**

Going forward we will comply with code 63.8(3). The RCF administrator be trained and/or review the hiring process including communication with Human resources department to make sure that all criminal, adult and child abuse background checks are completed and any follow up documentation is successfully completed so staff is qualified to work in our licensed facility. This documentation will be placed in staff personal file.

**Deficiency Sited: T 570 481-63.8(6) Personnel 63.8(6) Physical examination and screening.**

Employees shall have a physical examination within 12 months prior to beginning employment and every four years thereafter. Screening and testing for tuberculosis shall be conducted pursuant to 481-Chapter 59. (I, II, III)

**Corrective Action:**

Going forward we will comply with code 63.8(6). We will review with the residential supervisor the hiring process including communication with Human resources department to make sure that physical and tuberculosis screening and testing is successfully completed so staff is qualified to work in our licensed facility. This documentation will be placed in staff personal file.

**Deficiency Sited T 815 481-63.10(2)a Admission, Transfer and Discharge**

63.10(2) Discharge or transfer. a. Notification shall be made to the legal representative, primary care provider, psychiatrist, if any, and sponsoring agency, if any, prior to the transfer or discharge of any resident. (III)

**Corrective Action:**

Going forward we will comply with code 63.10(2)a. The RCF administrator will be trained and/or will review the discharge process for a resident. Which will include sending written notice to resident's primary care Physician, legal representative, psychiatrist and sponsoring agency.

**Deficiency Sited T 835 481-63.10(2)e Admission, Transfer and Discharge**

63.10(2) Discharge or transfer. e. When a resident is transferred or discharged, the resident's unused prescriptions shall be sent with the resident or with a legal representative only upon the written order of a primary care provider.

**Corrective Action:**

(4) Resident activities.

**Corrective Action:**

Going forward we will comply with code 63.7(2)b4. We will train all staff in all of the nine listed topics listed in 63.7(2) throughout the year, with one topic taught each month. Within the next 30 days we will conduct training to get all staff up to date on the required trainings listed in the survey discrepancies: Infection control, Emergency preparedness, Meal time procedures/dietary, Resident activities, Resident safety/supervision, and Medication education.

**Deficiency cited: T 385 481-63.7(2)b(6) Administrator 63.7(2) Duties of an administrator.**

The administrator shall: Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants. (III) In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (I, II, III)

(6) Resident safety/supervision.

**Corrective Action:**

Going forward we will comply with code 63.7(2)b6. We will train all staff in all of the nine listed topics listed in 63.7(2) throughout the year, with one topic taught each month. Within the next 30 days we will conduct training to get all staff up to date on the required trainings listed in the survey discrepancies: Infection control, Emergency preparedness, Meal time procedures/dietary, Resident activities, Resident safety/supervision, and Medication education.

**Deficiency cited: T 395 481-63.7(2)b(8) Administrator 63.7(2) Duties of an administrator.**

The administrator shall: Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants. (III) In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (I, II, III)

(8) Medication education, to include administration, storage and drug interactions.

**Corrective Action:**

Going forward we will comply with code 63.7(2)b8. We will train all staff in all of the nine listed topics listed in 63.7(2) throughout the year, with one topic taught each month. Within the next 30 days we will conduct training to get all staff up to date on the required trainings listed in the survey discrepancies: Infection control, Emergency preparedness, Meal time procedures/dietary, Resident activities, Resident safety/supervision, and Medication education.

**Deficiency Sited: T 535 481-63.8(3) Personnel 63.8(3) Employee criminal record, child abuse and dependent adult abuse checks and employment of individuals who have committed a crime or have a founded abuse.**

Going forward we will comply with code 63.10(2)e. The RCF administrator will be trained and/or will review in discharge process for a resident. Which will include ensuring that Medication only leaves with the resident or legal representative upon receiving a written order from the primary care provider. If such order is not received all medications will returned to the pharmacy for disposition. The documentation will be recorded in Iowa Neurorestorative discharge note, and a copy of the doctor's order to be keep in the resident's permanent file

**Deficiency Sited: T1125 481-63.14(1)l Records 63.14(1) Resident record.**

The licensee shall keep a permanent record on all residents admitted to a specialized residential care facility with all entries current, dated, and signed. (III) The record shall include: l. Primary care provider's orders for medication, treatment, and diet in writing and signed by the primary care provider; (III)

**Corrective Action:**

Going forward we will comply with code 63.14(1). The RCF administrator obtain from initially from the Intake team and will maintain in residents permanent record orders for medication, treatment and diet signed by the primary care provider. The residential supervisor will update the permanent record when there are changes medication, treatment and/or diet.

**Deficiency Sited: T1155 481-63.14(1)r Records 63.14(1) Resident record.**

The licensee shall keep a permanent record on all residents admitted to a specialized residential care facility with all entries current, dated, and signed. (III) The record shall include: r. A notation describing the resident's condition on admission, transfer, and discharge (III)

**Corrective Action:**

Going forward we will comply with code 63.14(1). The RCF administrator will be trained and will review the discharge process for residents. The condition of a resident will be noted Iowa Neurorestorative discharge summary and keep in the permanent record.

**Discrepancy sited: T1170 481-63.14(1)u Records63.14(1) Resident record.**

The licensee shall keep a permanent record on all residents admitted to a specialized residential care facility with all entries current, dated, and signed. (III) The record shall include: u. Disposition of valuables; (III)

**Corrective Action:**

Going forward we will comply with code 63.14(1)u. A record we be kept of all items of value that a new resident bring with them upon intake to this licensed facility. The RCF administrator with assistance from staff will maintain this record, including updating it if a resident should acquire a new item or dispose of an item of value. This record will be review by the RCF administrator and the resident prior to discharge, to ensure its accuracy and that the resident is taking all personal items of value upon discharge.

**Discrepancy sited: T1355 481-63.16(1)b(9) Drugs 63.16(1) Drug storage.**

b. Drug storage for residents who are unable to take their own medications and require supervision shall meet the following requirements: (9) Inspection of drug storage shall be made by the administrator or designee 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, certification of the absence of the following: expired drugs, deteriorated drugs, improper labeling, drugs for which there is no current primary care provider's order, and drugs improperly stored. (III)

**Corrective Action:**

Going forward we will comply with code 63.16(1)b. We have already contact our pharmacy and inspection was completed on 11/18/19. We have our next inspection set for February 2020.

**Discrepancy sited: T1495 481-63.16(4)e Drugs 63.16(4) Drug administration.**

e. An individual inventory record shall be maintained for each Schedule II drug prescribed for each resident, with an accurate count and authorized signatures at every shift. (II)

**Corrective Action:**

Going forward we will comply with code 63.16(4)e On 11/18/19 we put into the Medication book a control drug count sheet for the resident's Methadone. Staff are completing that count each shift.

These corrective action plans will be in place 1/24/2020 and will be monitored by the Program Director and the State Director of Iowa to ensure future compliance.

Please feel free to contact me with any additional questions at 515-446-8611 or at [ed.biebel@neurorestorative.com](mailto:ed.biebel@neurorestorative.com)

Sincerely,

Ed Biebel , Program Director-West Iowa  
NeuroRestorative- Iowa