



Iowa Department of  
**INSPECTIONS & APPEALS**

KIM REYNOLDS, GOVERNOR  
ADAM GREGG, LT. GOVERNOR

LARRY JOHNSON, JR., DIRECTOR

December 3, 2021

Evyn Shroll – Tews, Administrator  
CNR Ashworth  
5008 Ashworth Road  
West Des Moines, IA 50266

Re: Investigation #99447

Dear Ms. Shroll-Tews;

Complaint #99447 was investigated at your facility by a representative of the Department on 10/18/21. A summary of our findings is as follows:

Building/ Maintenance/ Housekeeping - Not Substantiated

Comments: Based on observations and interviews no deficiencies were cited. Bathrooms and floors were observed to be clean and well maintained. No water damage was observed at the time of the investigation.

No deficiencies were cited during the onsite infection control survey completed at the time of the investigation.

State laws require public disclosure of survey findings. Documents pertaining to this survey will be available to the public for review at the Department of Inspections & Appeals and on the Internet at [www.dia-hfd.iowa.gov](http://www.dia-hfd.iowa.gov).

Our thanks to you and your staff for the cooperation and courtesies extended to our surveyor during this visit.

Sincerely,  
Linda Kellen, Assistant Division Administrator  
Health Facilities Division

A handwritten signature in cursive script that reads "Deb Dixon".

Deb Dixon, Program Coordinator  
Adult/Special Services Bureau  
Health Facilities Division  
515-281-4081  
Email: [deb.dixon@dia.iowa.gov](mailto:deb.dixon@dia.iowa.gov)

Attachment: Statement of Deficiencies



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### *Complaint Statement*

This is to serve notice that a complaint has been registered with the Department of Inspections & Appeals against Community Neurorehab - Ashworth in West Des Moines, Iowa.

The Complaint Concerns:

1. Building maintenance

DIA has the statutory authority to investigate complaints and allegations of abuse under Iowa Code Chapters 135B, 135C, 231C, 235B and 235E.

Todd Frank, LNHA  
Assistant Division Administrator  
Health Facilities Division  
Iowa Department Of Inspections & Appeals  
321 East 12th Street  
Des Moines, IA 50319  
(515) 281-4245  
Todd.Frank@dia.iowa.gov

August 31, 2021

Complaint #IA00099447

cc: File

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>770049</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/18/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY NEUROREHAB - ASHWORTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5008 ASHWORTH ROAD</b> <b>WEST DES MOINES, IA 50266</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
T 000	<p>Initial Comments</p> <p>No deficiencie were cited during the investigation of complaint #99447 or the onsite infection control survey.</p>	T 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_