Iowa Department of
INSPECTIONS & APPEALS

KIM REYNOLDS, GOVERNOR
ADAM GREGG, LT. GOVERNOR

LARRY JOHNSON, JR., DIRECTOR

May 20, 2021

Dave Shields
Community Neurorehab - Ashworth
5008 Ashworth
West Des Moines, IA 50266

Re: Survey and onsite infection control survey

Dear Mr. Shields:

A survey was conducted at your facility by Stephanie Dodge on 3/25/21 to determine if the facility remains in substantial compliance with licensure requirements for a Residential Care Facility - 3 to 5 Bed Specialized License.

Your facility is in substantial compliance. You and your staff are commended for your efforts.

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

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.

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

Sincerely,
Linda Kellen, Bureau Chief
Adult/Special Services Bureau

Deb Dixon

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

Attachment: Statement of Deficiencies

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	770049	A. BUILDING: _____ B. WING _____	03/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY NEUROREHAB - ASHWORTH	**5008 ASHWORTH ROAD WEST DES MOINES, IA 50266**

(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	Initial Comments No deficiencies were cited during the survey conducted to determine compliance with licensing rules for a Residential Care Facility - 3 to 5 Bed Specialized License. There were no deficiencies cited during the onsite infection control survey completed on 3/24/21.	T 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE