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
	S0410	A. BUILDING: _____ B. WING _____	04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND HAVEN RETIREMENT COMMUNITY	201 EAST FRANKLIN STREET ELDRIDGE, IA 52748

(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
A 000	Initial Comments Assisted Living Programs are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 0 Number of tenants with cognitive impairment: 58 Total census: 58 No regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program	A 000	See attached POC 10/4/25	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

ok
9/11/25

September 10, 2025

Department of Inspections and Appeals
Attn: Catie Campbell
6200 Park Avenue, Suite 100
Des Moines, Iowa 50321

Dear Ms. Campbell:

On behalf of Grand Haven Retirement Community in Eldridge, I respectfully submit our Plan of Correction for your approval. This response is specific to the report completed on July 28, 2025. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the alleged facts or conclusion set forth in the statement of insufficiencies. The Plan of Correction is executed solely because it is required by the provisions of Iowa Law.

Medications

1. Medications shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications.
    - *Tenant #1 no longer resides at Grand Haven Retirement Community.*
    - *Medications will be securely stored. Only staff delegated by the nurse to administer medications will have access to keys and access to medications. Narcotic medications will be securely stored when delegated to the program.*

2. Measures taken to ensure the problem does not recur.
    - *Prior to the monitoring visit for this self report, corrective action had been made. Policies and procedures were reviewed by Administration and Nursing. Modifications were made to the new hire and training process. Medication Aides/Managers delegated by the RN were re-educated on policies and procedures for medication administration.*

3. How the Program plans to monitor performance to ensure compliance.
    - *The Administrator or Designee will monitor for compliance at least two times per year.*

4. The date by which the regulatory insufficiency will be corrected.
    - *This plan of correction will be completed on or before October 4, 2025.*

Contact me at 563-285-4900 with any questions. Thank you.

Sincerely,

Dan Collins
Manager