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
	S0117	A. BUILDING: _____ B. WING _____	12/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOHN'S HARBOR MEMORY LOSS CENTER	3520 GRAND AVE DES MOINES, IA 50312

(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 for People with Dementia are defined by the population served. The census numbers were provided by the Number of tenants without cognitive disorder: 4 Number of tenants with cognitive disorder: 10 Total Census: 14 There were no regulatory insufficiencies cited during the onsite infection control survey completed on 12/14/20.	A 000	DD4 1/11/21	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

KIM REYNOLDS
GOVERNOR
ADAM GREGG
LT. GOVERNOR

LARRY JOHNSON, JR., DIRECTOR

January 11, 2021

Mr. Brandon Kranovich
John's Harbor Memory Loss Center
3520 Grand Ave.
Des Moines, IA 50312

Dear Mr. Kranovich:

An onsite infection control survey was conducted at your facility by Stephanie Dodge between 12-9-20 and 12-14-20. There were no deficiencies cited.

We wish to thank you and your staff for the courtesies and cooperation extended to our survey staff during this visit. If you have any questions, please contact us.

Sincerely,
Linda Kellen, Bureau Chief
Special Services Bureau

Deb Dixon

Deb Dixon, Program Coordinator
Health Facilities Division
(515) 281-4081
Email deb.dixon@dia.iowa.gov

Enclosure: Statement of Deficiencies