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
	S0260	A. BUILDING: _____ B. WING _____	C 07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND HAVEN RETIREMENT COMMUNITY MC	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 for People with Dementia 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: 15 Total census: 15 The following regulatory insufficiency was cited during the investigation into Incident #128524-M.	A 000		
A 275	481-67.5(2)f(2) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (2) 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to ensure only employees responsible for the administration of medication had access to narcotics affecting 1 of 1 discharged tenants reviewed (Tenant #1). Findings follow: Record review on 7/21/25 revealed a document created by the program titled "additional	A 275		

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

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
	S0260	A. BUILDING: _____ B. WING _____	C 07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND HAVEN RETIREMENT COMMUNITY MC	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 275	Continued From page 1	A 275		

information pertaining to self-report" in which they reported Staff A was in training and assigned to shadow Staff B and observe the medication administration routine on 4/23/24 from 2:00 PM to 10:00 PM. Staff B allowed the new employee, Staff A, access to medications. Staff A was observed on video using a medication cart key to open the cart and then opening a package of morphine to take the contents. When Staff C reported to work and followed the narcotic count procedures the drug diversion was immediately discovered. The management and nurses were called and an immediate investigation was launched.

The program's policy addressing Medication Management/Treatments noted any portion of the medication process would only be performed by individuals who the Registered Nurse (RN) had deemed competent and delegated to complete the task. Medications would be kept in a locked place that was not accessible to persons other than employees responsible for the administration or storage of such medication.

On 7/23/25 at 10:00 AM the Healthcare Coordinator stated there was no reason Staff A needed access to the medication cart. She was not fully trained and should not have been given access to the medication cart keys.