

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165155	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/08/2025
NAME OF PROVIDER OR SUPPLIER  Salem Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE  2027 College Avenue Elk Horn, IA 51531	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable.  (continued on next page)

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, family interview, resident interview, staff interview, and policy review the facility failed to assist residents with activities of daily living by not offering an opportunity to bathe for 2 of 3 residents reviewed (Resident #1, and #3). The facility reported a census of 56 residents. Finding include: 1. Review of Resident #1's Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS further revealed Resident #1 required moderate assistance with personal hygiene as well as needing total assistance with toileting hygiene. The MDS revealed diagnoses of arthritis, anxiety disorder, bipolar disorder, chronic obstructive pulmonary disease, and fibromyalgia. Interview 10/8/25 at 9:07 AM with Resident #1's family member revealed that Resident #1 has gone over a week without a bath. The family member further revealed that staff would ask when Resident #1 would like a bath, and then not return and mark Resident #1 down as a refusal. The family member then revealed that Resident #1 is at the facility for help with hygiene and respiratory issues. Interview 10/8/25 at 11:45 AM with Resident #1 revealed that she is not getting her baths at least twice a week. Resident #1 revealed that she would ask to have the bath later in the day, and staff just didn't come back, and then they will put her down as a refusal. Review of the Electronic Healthcare Record (EHR) page titled, Documentation Survey Report for the month of August 2025 revealed Resident #1 received a bath on the 5th, 7th, 11th, and 24th. The document further revealed that Resident #1 refused bathing on the 21st, and 28th. Review of the EHR page titled, Documentation Survey Report for the month of September 2025 revealed Resident #1 received a bath on 8th, 11th, 18th, 25th, and 29th. The document revealed Resident #1 did not refuse bathing this month. Review of the EHR page titled, Documentation Survey Report for the month of October 2025 revealed Resident #1 received a bath on the 2nd, and refused on the 7th. Review of the EHR page titled Progress Notes revealed an entry 9/4/25 at 10:57 AM that Resident #1 refused a shower. The Progress Notes further revealed an entry 8/25/25 at 9:09 AM the Resident #1 refused a shower/bath that morning. No further documentation of showers/baths were documented as being refused. 2. Review of Resident #3's MDS dated [DATE] revealed a BIMS score of 15 indicating intact cognition. The MDS further revealed Resident #3 required maximal assistance with bathing/showering. Further review of the MDS revealed diagnoses of heart failure, peripheral vascular disease, renal insufficiency, diabetes mellitus, hyperlipidemia, arthritis, and morbid obesity. Interview 10/8/25 at 9:35 AM with Resident #3 revealed that he gets his baths 2-3 times a week. Resident #3 then revealed that if he doesn't get his bath on one day he will usually get it the next day unless the staff forget. Review of the EHR page titled, Documentation Survey Report for the month of August 2025 revealed Resident #3 received baths/showers on the 13th, 15th, 18th, 20th, 25th, and 29th. The document further revealed that Resident #3 refused baths/showers on the 1st, and 11th. Review of the EHR page titled, Documentation Survey Report for the month of September 2025 revealed Resident #3 received baths/showers on the 10th, 12th, 17th, 19th, 22nd, 24th, 26th, and 29th. The document revealed that baths were not applicable on the 1st, 3rd, 5th, 8th, 10th, 15th, 19th, 22nd, 24th, and 26th. Review of the EHR page titled, Progress Notes revealed no documentation of showers/baths being refused. Interview 10/8/25 at 12:00 PM with Staff A Nursing Assistant revealed residents should be showered or bathed every 3-4 days. Staff A then revealed if residents miss their bath day then they are moved to the next day. Staff A further revealed that if a resident refuses it will be in the charting in the progress notes. Interview 10/8/25 at 12:12 PM with Staff B Licensed Practical Nurse (LPN) revealed residents are supposed to be bathed 2 times a week. Staff B then revealed that if a resident's bath or shower is missed they will try to move the resident to the next day. Staff B further revealed nurses and CNAs are to chart if there is a refusal in the progress notes. Interview 10/8/25 at 12:15 PM with Staff C CNA revealed residents are supposed to be bathed twice a week. Staff C then revealed that it depends on staffing levels. Staff C further revealed that the facility will pull a med aide to help. Staff C then revealed refusals are normally charted, and then reported to the nurse. Staff C revealed that CNAs will also report to the next shift if a bath is missed. Staff C further revealed residents will be moved to the next day if they are missed on their bath/shower days. Staff C revealed that it is not uncommon for residents to go several days in between baths or showers as staff will call in leaving the floor short. Interview 10/8/25 at 12:20 PM with Staff D CNA revealed residents are bathed twice a week. Staff D revealed that if baths/showers are missed or refused it should be charted, and CNAs will let the nurse know. Staff D revealed sometimes they are short staffed, with no bath aid and residents miss baths. Staff D then</p>		