STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165300	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laporte City Specialty Care	1100 Hwy 218 N LA Porte City, IA 50651

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and policy review, the facility failed to implement enhanced barrier precautions (EBP) while completing wound care for 1 of 1 resident reviewed for EBP (Resident #4). The facility reported a census of 45 residents. Findings include: The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #4 required maximal assistance to roll left to right and was dependent on staff for transfers. The MDS included diagnoses of malnutrition, pressure ulcer and bacteremia (bacteria in the bloodstream).Review of the Care Plan for Resident #4 initiated 1/20/26 revealed the resident had a pressure related injury to the skin and directed staff to provide EBP. Review of the Physician Orders for Resident #4 revealed an order initiated 2/21/26 to apply Mepilex to the wound on the resident's sacrum. Cleanse with soap and water and pat dry with each change. During an observation 2/25/26 at 2:10 PM observed Staff A, Registered Nurse (RN), complete wound care to Resident #4's sacrum. Staff A failed to implement EBP prior to and during the completion of the wound care. The Assistant Director of Nursing (ADON) was present and observing during the initial stages of the wound treatment. On 2/25/26 at 2:22 PM, the ADON acknowledged Staff A did not implement EBP as expected during Resident #4's wound treatment. During an interview 2/26/26 at 8:15 AM, Staff A acknowledged she did not apply (don) a gown as part of EBP as expected while completing Resident #4's wound care on 2/25/26. Staff A added they had the EBP supplies readily available in the resident's bathroom. Review of facility policy titled, Enhanced Barrier Precautions, implemented 3/28/24 revealed EBP will be initiated for residents with chronic wounds such as pressure ulcers.

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