STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165452	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wapello Specialty Care	601 Highway 61 South Wapello, IA 52653

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. Based on observation, clinical record review, facility policy review and staff interview, the facility failed to use Enhanced Barrier Precautions (EBP) precautions during wound care in an effort to prevent the transfer of multidrug-resistant organisms (MDROs) for 1 of 1 residents (Resident #3) reviewed for EBP precautions. The facility reported a census of 41 residents. Findings include:The Minimum Data Set (MDS) for Resident #3, dated 10/15/25, documented a Brief Interview for Mental Status (BIMS) score of 14 of 15, indicating intact cognition. The resident diagnoses listed included medically complex conditions, hypertension, neurogenic bladder, obstructive uropathy. multidrug-resistant organism (MDRO), non-pressure chronic ulcer of buttock with fat layer exposed and a urinary tract infection (UTI, in the last 30 days). The MDS documented the resident had one or more unhealed pressure ulcers/injuries and had a indwelling catheter. The Care Plan, with a revision date 10/10/25, documented Resident #3 had a stage 3 pressure ulcer on her sacrum and further documented the resident was at risk for potential infection related to indwelling foley catheter and instructed staff to use Enhanced Barrier Precautions (EBP) when performing high-contact care activities. During an observation 11/19/25 at 9:25 AM, Staff A, Assistant Director of Nursing (ADON) and Staff B, Registered Nurse (RN), performed wound care for Resident #3. Both Staff A and Staff B washed their hands, sanitized the surface of the tray table, placed a barrier down on the table and then the supplies on top of the barrier. Both staff then put on gloves. Staff B assisted the resident to roll over onto her side while in bed and Staff A performed perineal care (washing and cleaning of the genitals and anal area) of bowel movement with cleaning wipes and then removed her gloves, sanitized hands and put on fresh gloves. After cleaning the resident of bowel movement, Staff A used a saline wash to clean the wound, removed gloves and sanitized hands, put on new gloves and then used a cotton tip to apply the medicated ointment to the wound and placed a bandage over the wound. Staff A then removed her gloves, sanitized her hands and placed new gloves and cleaned the resident's perineal area with a wipe. Staff B assisted with rolling the resident and holding the resident. Neither Staff A nor Staff B wore a gown during the wound care or perineal care. During an interview 11/19/2025 at 12:20 PM, Staff A (ADON) acknowledged she should have worn a gown to be in compliance with EBP and acknowledged Resident #3 required EBP due to her chronic wound and indwelling catheter. Staff A stated an expectation that EBP are utilized when a resident has a chronic or open wound and wound care is performed, and when a resident has a catheter and high contact care activities are performed. During an interview 11/19/2025 at 12:35 PM, the Administrator acknowledged EBP should have been used during the wound care and high care activity for Resident #3. Review of the facility policy Enhanced Barrier Precautions, with a revision date 3/28/24, documented it is the policy of this facility to implement Enhanced Barrier Precautions for the prevention of transmission of multidrug-resistant organisms. An order for EBP will be initiated for residents with wounds and/or indwelling medical devices. The facility will make gowns and gloves available immediately near or outside of the resident's room.

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