STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165485	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lutheran Retirement Home	701 9th Street North Northwood, IA 50459

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, staff interviews, policy review, and the 2022 Food Code of the US Food and Drug Administration the facility failed to prevent the risk of cross contamination to potential bacterial accumulation and spread from jewelry worn while meal prepping and serving in the kitchen. The facility reported a census of 36 residents. Findings include: On initial walk through of the kitchen on 2/23/26 at 10:20 AM observed Staff D, Cook, with multiple rings on 8 of her fingers. On both wrists she wore bracelets while working in the kitchen prepping the meal. On 2/23/26 at 12:20 PM observed Staff D serving the noon meal. She continued to wear the rings on 8 of her fingers and bracelets on both wrists. On 2/24/26 at 11:00 AM observed Staff D pureed pork chops, sweet potatoes, and broccoli for the noon meal. The observation revealed Staff D still wore rings on 8 fingers, with some of her fingers having multiple rings on them. She wore a bracelet on both wrists. On 2/24/26 at 12:00 PM watched Staff D serve the noon meal wearing all the jewelry from the previous observations. On 2/24/26 at 12:30 PM Staff D reported she knew she wore more jewelry than she should based on the regulations and policy. On 2/24/26 at 1:00 PM the Dietary Manager reported the staff can't wear jewelry, except a plain wedding band when working in the kitchen. The facility policy titled Employee Sanitary Practices dated 2005 directed to keep jewelry to a minimum of wedding rings, plain watches, and no dangle earrings. The Food Code Manual January 18, 2023, Version documented jewelry is prohibited except for a plain ring such as a wedding band; while preparing food, food employees may not wear jewelry including medical information jewelry on their arms and hands.

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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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The requirement is not met as evidenced by: Based on clinical record review, staff interview and facility policy, the facility failed to properly assess and provide treatment as ordered to promote healing of, and prevent infection in, existing pressure ulcer for 1of 1 resident reviewed (Resident #12). Resident #12 area started on 9/16/25 and the facility failed to do the treatment as ordered 15 times from 1/27/25 to 2/24/26 in which the area deteriorated.The facility reported a census of 36 residents. Findings include: The Minimum Data Set (MDS) assessment identifies the definition of pressure ulcers:Stage I is an intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only, it may appear with persistent blue or purple hues.Stage II is partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough (dead tissue, usually cream or yellow in color). May also present as an intact or open/ruptured blister.Stage III Full thickness tissue loss. Subcutaneous fat may be visible, but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.Stage IV is full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar (dry, black, hard necrotic tissue). may be present on some parts of the wound bed. Often includes undermining and tunneling or eschar. Resident #12's Minimum Data Set (MDS) assessment dated [DATE], identified a Brief Interview for Mental Status (BIMS) score of 7 (severe cognition impairment). He required total assistance with toileting, dressing, transfers and repositioning. The MDS lacked documentation of unhealed pressure injuries.The Care Plan Focus revised 2/25/26 documented Resident #12 had actual impairment skin integrity of the right heel area related to a Stage 2 pressure ulcer to the right heel. The Interventions directed the following: a. Carry out skin treatments per orders. b. Weekly treatment documentation to include measurement of each area of skin breakdowns width, length, depth, type of tissue and exudate and any other notable changes or observations.The Physicians' Progress Note dated 1/7/26 instructed to continue the betadine daily to the right heel and start to apply a foam border dressing.Resident #12's February 2026 TAR (Treatment Administration Record) included the following orders:Mepilex to right heel. Change on shower days (Tuesdays and Fridays) on the day shift. Povidone-iodine solution 10% apply topically to affected area once daily.The documentation indicated Resident #12 received the Mepilex and iodine treatments on bath days.The Pressure Ulcer/Injury: Stage 3 Pressure Ulcer/Injury: Full-thickness Skin Loss documentation reviewed 2/25/26 at 10:35 AM reflected the following assessments of Resident #12's right lateral malleolus (heel) from 1/28/26 - 2/24/26:a. 1/28/26 i. Progress - Improving: overall wound characteristics improved ii. Measured - 0.52 centimeters (cm) length (L) by 1.51 cm width (W) by 0 (cm) depth (D) by 0.67 cm area (A)b. 2/2/26: i. Progress - Improving: overall wound characteristics improved ii. Measured - 1.54 cm L by 0.74 cm W by 0 cm D by 0.91 cm Ab. 2/11/26: i. Progress - Improving: overall wound characteristics improved ii. Measured - 1.65 cm L by 1.3 cm W by 0 cm D by 1.63 Ac. 2/24/26: i. Progress: Deteriorating: wound characteristics deteriorated. ii. Measure - 1.45 cm L by 1.62 cm W by 0 D by 2.03 A The chart lacked documentation of a wound measurement for the week of 2/18/26.On 2/25/26 at 8:20 AM Staff A, Registered Nurse (RN), described the treatment to Resident #12's right heel as to paint the area with Betadine on shower days and cover with a foam border dressing or Mepilex. He is to wear his Podus (brand name) boots (boots designed to eliminate pressure on the heel of the foot) at all times and treatment only done on bath days.On 2/25/26 at 10:40 AM Staff C, Certified Nurse Aide (CNA), verbalized Resident #12 has to have their boots on their feet at all times. They tried a foot board but Resident #12 likes to propel themselves in the facility and so they discontinued the board. He said the nurse did daily betadine but didn't know if that changed. They tried to lay him down during the day, but he is a farmer and needs to be up doing things so it never really worked for him to lay down as he tried to get up.On 2/25/26 at 1:22 PM Staff B, Licensed (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Practical Nurse (LPN), verbalized the process of Resident #12's heel treatment as to cleanse area to right heel with wound cleanser to area on shower days, paint with Betadine solution, and cover with a foam dressing. The Advanced Registered Nurse Practitioner (ARNP) is updated weekly regarding Resident #12's wound on visits.On 2/25/26 at 2:15 PM the Director of Nursing (DON) verbalized he expected the staff to follow the physician orders as written or notify the physician of the need to change treatment.The undated Policy Titled Skin Assessment/Ulcer Sore Prevention reflected the documentation for a pressure sore will be initially in the interdisciplinary notes as well as weekly pressure sore progress report sheet. The form needed completed weekly until the area is resolved. The facility would notify the physician sooner than weekly with any decline in the wound. The TAR will direct the treatments and initiated when completed.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interviews the facility failed to provide adequate supervision for a resident identified as a fall risk resulting in an unwitnessed fall in the shower room for 1 of 1 resident reviewed (Resident #13). The facility reported a census of 36 residents. Findings include:Resident #13's Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 6 out of 15 indicating severe cognitive impairment. The MDS indicated Resident #13 needed substantial/maximal assistance (Helper does more than half the effort. Helper lifts or holds the trunk or limbs and provides more than half the effort) for transfers and toileting. The MDS further documented the resident had diagnoses of Alzheimer Disease, anxiety, history of falling and unsteady on feet. Resident #13's undated Care Plan documented they had limited physical mobility, unsteadiness on their feet and had a risk for falls. The Care Plan included the following Interventions in place prior to the fall to have a pressure alarm at all times, is dependent on staff for transfers and toileting and documented he fell four times prior to the fall in the shower room. Review of the facility's Incident Report for Resident #13 on 1/24/26 documented they had an unwitnessed fall in the shower room. Prior to the fall the staff saw him in the sitting room in his wheelchair and somewhat anxious. It documented as Resident #13 was in the shower room, the Certified Nurses' Aide (CNA) left the resident unattended to retrieve the lift for assistance. On 2/24/26 at 3:05 PM Staff E, CNA, reported on the day Resident #13 fell in the shower room, he needed to use the bathroom, so she took him to the shower room to change him because the standing mechanical lift is usually in the shower room. She reported when she took him in the shower room there was no standing mechanical lift, so she left him in the shower room to go get the equipment. Staff E reported when she came back, she heard the alarm in his wheelchair going off with Resident #13 on the floor. In addition, she saw Staff F, Licensed Practical Nurse (LPN), and Staff G, CNA, in the room assessing Resident #13. Staff E reported she didn't know what she was thinking leaving him by himself in the shower room. Staff E reported she knew better but was in a hurry. On 2/24/26 at 3:18 PM Staff F, LPN, reported as she talked with Staff G in the hallway, they heard an alarm going off. Once they figured out the alarm was in the shower room, they went to go see what was going on. When they entered the shower room, they found Resident #13 on the floor in front of his wheelchair and yelling for help. Resident #13 had no injuries from the fall. Staff F reported Staff E didn't receive education following the fall. They added, it is just common knowledge to not leave a fall risk resident alone in the shower room. On 2/24/26 at 3:49 PM Staff G, reported she was working the day Resident #13 fell. Staff G reported she was not far from the shower room talking to the nurse after coming out of a room. Staff G heard an alarm going off and once she figured out it was the shower room she told Staff F, that she was going to check the alarm. When Staff F and Staff G entered the shower room, they found no staff present and Resident #13 on the floor in front of his wheelchair. Staff G reported the staff should know residents with alarms should not be left in the shower room unattended. Staff G reported they didn't receive education on leaving residents in the shower room she is aware of after the incident. On 2/25/26 at 1:40 PM the Director of Nursing (DON) reported staff are not to leave residents unattended in the shower room at any time.

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F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly Based on facility record review, staff interview and policy review, the facility failed to have the minimum required members necessary at the Quality Assessment and Assurance (QAA) meetings to identify issues with respect to which quality assessment and assurance activities. The facility reported a census of 36 residents. Findings include:Review of the facility QAA sign in sheets revealed the July and October 2025 quarterly meetings didn't have the Director of Nursing (DON) present.On 2/26/26 at 11:05 AM the Administrator reported the DON didn't attend the quarterly meetings for July and October because they were gone that day. She reported she didn't try to reschedule the meeting so the DON could attend. The undated facility policy titled Quality Assurance Program documented all staff members of the quality assurance team will meet quarterly with the Medical Director. The policy failed to define the quality assurance team members.