

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165606	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/08/2025
NAME OF PROVIDER OR SUPPLIER Perry Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2323 East Willis Avenue Perry, IA 50220	

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 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (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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F 0684 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, family interview, staff interviews, police dispatch interview and policy review, the facility failed to appropriately assess and provide intervention to 1 of 3 residents reviewed (Resident #2) for hospitalization and further failed to follow physician orders and provide adequate intervention for low blood sugars (Resident #2). The facility reported a census of 52 residents. Findings include: The Minimum Data Set (MDS) dated [DATE] documented Resident #2 had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS included diagnoses of medically complex conditions, heart failure, renal insufficiency, diabetes mellitus, hyperlipidemia and respiratory failure. The MDS revealed the resident was on high risk drug classes to include insulin and had received insulin injections 7 days of the 7 day look back period. The Care Plan for Resident #2, with an initiation date of [DATE], included a focus area: resident had a diagnosis of diabetes and was at risk for frequent infections, alteration of skin, visual impairment, hyper/hypoglycemia, renal failure and cognitive/physical impairment. The Care Plan interventions instructed staff as follows: Administer medications and obtain labs as ordered. Observe blood glucose levels as ordered. Administer meds as ordered. Report noted signs of hypoglycemia: blood sugar 50 mg/dl, shakiness, sweating, chills, clamminess, change in mentation, abdominal discomfort. Report noted signs of hyperglycemia: high blood sugar, increased thirst, blurred vision, headache, frequent urination. Give HS (hour of sleep) snack to prevent hypoglycemia overnight. Observe skin for changes- redness, circulatory problems, breakdown, etc. Report noted signs of hyperglycemia thirst, excessive appetite or voiding, change in level of consciousness or mood, report to physician as indicated. Review of the Electronic Health Record (EHR) for Resident #2 revealed the following orders: Lantus SoloStar Subcutaneous Solution Pen-Injector 100 unit/ml (insulin glargine), inject 24 unit subcutaneously one time a day related to Type 2 Diabetes Mellitus with other diabetic kidney complication; Type 2 Diabetes Mellitus with diabetic nephropathy. Start date of [DATE]. Scheduled to be given in the AM- 7:00 AM. Tirzepatide Subcutaneous Solution Auto-Injector 5 mg/0.5ml (Tirzepatide), inject 0.5 ml subcutaneously one time a day every Monday related to Type 2 Diabetes Mellitus with other diabetic kidney complication; Type 2 Diabetes Mellitus with diabetic nephropathy. Start date of [DATE]. Scheduled to be given in the PM- 4:00 PM. Insulin Lispro (1 unit dial) Subcutaneous Solution Pen-injector 100 unit/ml (Insulin Lispro) inject 6 unit subcutaneously three times a day related to Type 2 Diabetes Mellitus with diabetic nephropathy, hold if BS (blood sugar) is less than 120. Start date of [DATE]. Scheduled to be given in the AM- 7:00 AM, at noon and in the PM- 4:00 PM. Check Blood Sugar three times a day related to Type 2 Diabetes Mellitus with other diabetic kidney complication. Start date of [DATE]. Scheduled to be checked in the AM-7:00 AM, at noon and in the PM- 4:00 PM. Review of the EHR for Resident #2 lacked an order for Glucagon Emergency Injection Kit and lacked an order for Glucose Oral Tablet prior to [DATE]. Review of the Treatment Administration Record (TAR) for Resident #2 for the month of [DATE], revealed on [DATE] the scheduled medication Tirzepatide Subcutaneous Solution Auto-Injector 5 mg/0.5ml was not given at the scheduled time of 4:00 PM. The scheduled blood sugar check for 4:00 PM was not completed and the scheduled Insulin Lispro (1 unit dial) Subcutaneous Solution Pen-injector 100 unit/ml was not given to the resident at the scheduled time of 4:00 PM. The TAR documented a 9, which is a code for other/see nurse notes. Review of the EHR for Resident #2 revealed the following Progress Notes completed by Staff A, Registered Nurse (RN): Progress note dated [DATE] at 6:30 PM, titled EMAR-Administration Note, Note Text: Tirzepatide Subcutaneous Solution Auto-Injector 5 mg/0.5ml (Tirzepatide), inject 0.5 ml subcutaneously one time a day every Monday related to Type 2 Diabetes Mellitus with other diabetic kidney complication; Type 2 Diabetes Mellitus with diabetic nephropathy. Blood sugar 27 held. Progress note dated [DATE] at 6:30 PM, titled EMAR-Administration Note, Note Text: Insulin Lispro (1 unit dial) Subcutaneous Solution Pen-injector 100 unit/ml (Insulin Lispro) inject 6 unit subcutaneously three times a day related to Type 2 Diabetes Mellitus with diabetic nephropathy, hold if BS (blood sugar) is less than 120. Blood sugar 27 held. Progress note dated [DATE] at 6:50 PM, titled Nurses Note, Note Text: Called to resident room by family member, she stated the resident is unresponsive. Nurse went to the room to find resident to be responding to pain only. Blood sugar checked and results 27. Family asked nurse to call 911, nurse told her she had protocols to follow and that is not the first thing to do. Family requested that they lay resident on the floor, CNA (Certified Nursing Assistant) and family member laid her on the floor. Family member called 911 and the police department responded. Family member ordered the</p>		