STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165606	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Perry Lutheran Home	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interviews and policy review the facility failed to prepare food in accordance with professional standards by not completing appropriate hand hygiene during meal service. The facility reported a census of 50 residents.Findings include:On 4/1/26 at 11:20 AM an observation revealed Staff C, CNA assisted a resident seated at a lunch room table. Staff C walked to another resident who attempted to stand up. Staff C explained politely to the resident that he would assist the resident in eating lunch. Staff C sat down next to the resident, did not complete hand hygiene, used a fork and assisted the resident in taking some bites of food. On 4/1/26 at 1:48 PM Staff C explained that Resident #2 required assistance today with lunch. Staff C explained he washes his hands in the big bathroom usually. Staff C acknowledged he did not complete hand hygiene prior to assisting Resident #2 with the lunch meal today. On 4/2/26 at 11:30 AM the Administrator explained she expected that staff assisting a resident with any meal would have completed hand hygiene prior to and after the staff assisted the resident. Review of a policy provided by the facility dated 2/5/22 titled, Hand Washing Technique documented handwashing before and after physical contact with each resident is the single most important means of preventing the spread of infection. Staff should always wash hands before and after physical contact with each resident, after handling a source that was likely to be contaminated (equipment, dressings and secretions from the resident), before eating, drinking, or handling food.

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 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, staff interviews, and policy review the facility failed to maintain infection control practices to ensure use of Enhanced Barrier Precautions (EBP) when required during catheter care for 1 (Resident #48) of 2 residents reviewed. The facility reported a census of 50 residents. Findings include:The Minimum Data Set (MDS) for Resident #48, dated 3/10/26, included diagnoses of cancer, urinary tract infection in the past 30 days, and retention of urine. The MDS revealed the resident had an indwelling urinary catheter (tube into the bladder to drain urine).The Care Plan with initiated date 3/10/26, revealed the resident required EBP related to indwelling catheter. Observation on 3/31/26 at 1:32 PM, Staff B, Certified Nurse Aide entered Resident #48's room, with an EBP sign on the door, washed her hands and applied gloves only. Staff B proceeded to cleanse the tip of the catheter bag drain tube, drain the urine from the catheter bag, and cleansed the catheter bag drain tube again. Staff B removed her gloves and washed hands. Interview on 3/31/26 at 1:40 PM - Staff B stated EBP is for residents with catheters and wounds and the personal protective equipment (PPE) required for any cares with residents on EBP was a gown, face mask, and gloves. Staff B stated she should have worn a gown to empty the resident's catheter bag. Facility Enhanced Barrier Precautions policy, dated 3/2026, revealed EBP is an approach of targeted gown and glove use during high contact resident care activities and EBP will be implemented for residents with urinary catheters. Interview on 4/01/26 at 1:50 PM, the Infection Preventionist stated expectation for staff to wear a gown and gloves when providing any high contact care for residents on EBP, which includes catheter care.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interview, and guidance from the Centers for Disease Control and Prevention (CDC), and policy review, the facility failed to offer and provide the recommended COVID-19 vaccine to eligible residents for 3 of 5 resident reviewed for vaccines (#2, #35, and #38). The facility reported a census of 50 residents.Findings include:1.Resident #2's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 00 out of 15 which indicated severely impaired cognition. It included diagnoses of diabetes mellitus, non-Alzheimer's dementia, and hypertension. It revealed the resident was not up to date with the COVID-19 vaccination.A physician's order dated 10/09/25 docoumented the resident may have annual flu vaccine unless contraindicated with resident or responsible party permission. It did not include a COVID-19 vaccination order.The Electronic Health Record (EHR) included a document titled Flu, RSV, Pneumonia Vaccines and Covid Booster Consents dated 7/25/25 indicated the resident's Power-of-Attorney (POA) consented to receive the COVID-19 booster yearly.The Clinical Immunizations tab lacked a documented COVID-19 vaccination after 10/07/24.The Progress Notes did not include any documentation the resident received a COVID-19 vaccination.The Care Plan did not include any documented vaccinations.2. Resident #35's MDS assessment dated [DATE] identified a BIMS score of 07 out of 15 which indicated severely impaired cognition. It included diagnoses of Alzheimer's disease, non-Alzheimer's dementia, and hypertension. It revealed the resident was not up to date with the COVID-19 vaccination.A physician's order dated 10/09/25 documented the resident may have annual flu vaccine unless contraindicated with resident or responsible party permission. It did not include a COVID-19 vaccination order.The EHR included a document titled Influenza, Pneumonia, and Covid Vaccine Consent dated 8/18/25 did not indicate a verbal response from the resident's POA.The Clinical Immunizations tab lacked a documented COVID-19 vaccination after 10/07/24.The Progress Notes did not include any documentation the resident received a COVID-19 vaccination.The Care Plan did not include any documented vaccinations.3. Resident #38's MDS assessment dated [DATE] revealed a BIMS score of 00 out of 15 which indicated severely impaired cognition. It included diagnoses of Alzheimer's disease, non-Alzheimer's dementia, and hypertension. It revealed the resident was not up to date with the COVID-19 vaccination.A physician's order dated 10/09/25 documented the resident may have annual flu vaccine unless contraindicated with resident or responsible party permission. It did not include a COVID-19 vaccination order.The EHR included a document titled Flu, RSV, Pneumonia Vaccines and Covid Booster Consents dated 11/05/24 indicated the resident's POA consented to receive the COVID-19 booster yearly.The Clinical Immunizations tab lacked a documented COVID-19 vaccination after 10/07/24.The Progress Notes did not include any documentation the resident received a COVID-19 booster after 11/07/24.The Care Plan did not include any documented vaccinations.A CDC document titled Recommended Adult Immunization Schedule 2025 for Ages 19 Years or Older indicated the COVID-19 vaccination is based on individual-based decision-making-with an emphasis that the risk-benefit of vaccination is most favorable for individuals who are at an increased risk for severe COVID-19 disease and lowest for individuals who are not at an increased risk according to the CDC list of COVID-19 risk factors.On 4/01/26 at 12:59 PM, the Administrator stated the facility always contacts the POA for all resident immunizations. She also stated Staff A, Medical Records clerk provided the information to the POAs based on the CDC information sheet and completed the consent forms.On 4/01/26 at 1:05 PM, Staff A stated a check mark is placed beside the resident's or resident representative's decision for each vaccination offered.A policy titled Infection Control COVID-19 revised 10/24/24 indicated All residents/tenants and staff will be screened upon admission/hire for COVID-19 vaccination status. If the (continued on next page)

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident/tenant or staff is not up to date (as defined by the CDC and referenced under the definition section of this policy), the resident/tenant, their representative (as appropriate) or staff member will be provided education on the benefits, risks and potential adverse effects of the COVID-19 vaccines. Upon review of the educational items provided to the resident or staff, they will be given an opportunity to consent or decline COVID-19 vaccination, in coordination with the attending physician or medical director. Anytime the FDA authorizes, and CDC approves use of additional COVID-19 vaccines and/or doses, education will be provided to all residents/tenants (or their representatives as appropriate) and staff members who are not up to date on the COVID-19 vaccine(s), and an updated consent/declination will be completed. If available and able, COVID-19 vaccines will be administered by the provider. If the COVID-19 vaccines are not available/able to be administered by the provider: Resident/tenant's will be assisted with setting up an appointment and transportation to/from a vaccine provider for receipt of the vaccine. Staff members will be provided information on locations that are able to administer the vaccine and assisted as much as possible to obtain vaccination. All resident/tenant and staff vaccination status' will be documented either in the resident/tenant's medical record or in the staff's medical file.