STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165795	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Perry Lutheran Homes Eden Acres Campus	1300 28th Street 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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165795	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Perry Lutheran Homes Eden Acres Campus	1300 28th Street 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 0689 Level of Harm - Actual harm Residents Affected - Few	Based on electronic health record review, staff interviews, and policy review the facility failed to ensure safe transfer techniques used by not using a gait for assisted transfers and the resident fell and received a fractured hip for 1 of 3 residents (Resident #1) reviewed. The facility reported a census of 47 residents. Findings include: The Minimum Data Set (MDS) assessment for Resident #1, dated 9/13/25, included diagnoses of stroke, hemiplegia (paralysis of 1 side of the body), and repeated falls. The MDS identified the resident required partial/moderate assistance of staff for toileting and transfers and weighed 97 pounds. The MDS identified the resident had a fall in the past 3 months and a Brief Interview for Metal Status score of 8, indicated moderate cognitive impairment for decision-making. Resident #1's Car Plan, initiated 10/10/24 revealed: a. Focus: Self-care deficit with interventions for ambulation assist of 1 staff with 4 wheeled walker and transfer with assist of 1 staff with four wheeled walker.b. Focus: Potential for falls related to impaired balance with interventions of use call light for all transfers, staff education to not leave resident alone on the toilet, and anticipate needs and provide prompt assistance as needed.Resident's Fall Risk Screening Tool dated 9/10/25, revealed the resident is at risk to have falls, 1-3 falls in 3 months, and the resident is to have assist of 1 staff with a gait belt and walker for ambulation in and out of her room. Facility Fall-witnessed Report for Resident #1 dated 9/30/25 at 10:40 AM, revealed nurse was called to the resident's room where the resident was noted to be lying on her right side with legs flexed in shower, resident reported she lost balance when she went to turn around to sit on the toilet and fell into shower, hit right side of her head on her walker. The report further revealed the resident was ambulating with assist, using a walker, and sent to the emergency room (ER) for evaluation. Corrective action provided for Certified Nurse Aide (CNA) related to gait belt use. Resident #1's Physician Note dated 9/30/25, revealed physical exam findings of: Elderly woman lying on the floor in the shower. She appears acutely uncomfortable, has a great deal of swelling to the upper eyelid, she is uncomfortable with movement of the right hip, is going to be transported to the ER, as she has an apparent hip fracture. Resident #1's Hospital History and Physical dated 9/30/25 revealed a right hip fracture with a plan to send the resident to a higher level of care hospital the next day for surgery to the right hip.Interview on 10/28/25 at 11AM, Staff A, Certified Nurse Aide (CNA) stated she had been employed with the facility for about 4 years. Staff A stated Resident #1 was an assist of 1 staff with a walker and gait belt for short distance walking and transfers and was a wheelchair (W/C) for distant mobility. Staff A stated Resident #1 would self-transfer at times and would remind her to use the call light. Staff A stated she provided care for the resident frequently and knew the resident was an assist of 1 with a gait belt. Staff A stated if she didn't know a resident's transfer status she would look at the resident's Care Plan or ask another staff member. Staff A stated she was working 9/30/25, not sure of the time but during the morning, she was assisting the resident with getting up for the day, was walking the resident from her bed to the bathroom, was standing right next to the resident, Staff A turned her head for a split moment, and the resident lost her balance, thinks was trying to turn to get onto the toilet, and the resident fell into the shower with the walker in her hands. Staff A stated the resident hit her head on the shower bar, walker landed on the resident, the resident's eye swelled up, could have been worse, but the result ended up being bad with the fractured hip. Staff A stated she sat with the resident, called for help on the radio, and Staff B, Registered Nurse and the physician came to the resident's room. The physician did range of motion on the resident's legs and the resident said it hurt really bad. The resident was sent out to the ER by ambulance. Staff A stated she did not have a gait belt on the resident, that there was no gait belt in the room that day, but normally would go get a gait belt, but she did not go get a gait belt that time. Staff A stated she doesn't know why she didn't go get a gait belt. Staff A further stated staff are now required to wear a gait belt on themselves and she knew at the time of the fall that any resident that required assist of staff needed to have a gait belt on the resident. Staff A stated she was provided re-education on always using a gait belt for residents that require assistance, to wear a gait belt on self at all times, follow the care plan/Kardex (form that provides resident's care needs), and also received a verbal warning. Interview on 10/28/25 at 11:25 AM, Staff B stated on 9/30/25 she responded to a call for help over the radio for Resident #1's room. Staff B stated the resident was on the floor, Staff A was with the resident, and the resident did not have a gait belt on. Staff B stated she got the physician as he was in the building, assessed the resident, and sent her out of the facility via ambulance. Staff B further stated the resident had swelling on the side of her face and a lot of pain in the right hip area. Staff B stated the resident was assist of 1 with gait belt for transfers. Staff B stated staff usually wear gait

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165795	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Perry Lutheran Homes Eden Acres Campus	1300 28th Street 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 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation. Based on record review, staff interview, and policy review the facility failed to have staff currently certified in Dependent Adult Abuse Mandatory Reporter Training for 1 of 1 staff reviewed. Facility reported a census of 47.Findings include:Review of Staff A's, Certified Nurse Aide, education file lacked an Iowa Department of Health and Human Services certificate for Dependent Adult Mandatory Reporter Training. On 10/29/25 at 7:20 PM, the Administrator (ADM) sent via email a certificate for Dependent Adult Abuse Mandatory Reporter Training dated 10/29/25 for Staff A. Facility Abuse Policy dated 2/2025, revealed upon initial employment, each employee shall be provided with a copy of the facility's policies and procedures relating to abuse identification and reporting requirements. Each employee shall be required to complete two hours of training relating to the identification and reporting of dependent adult abuse within six months of initial employment. Each employee shall complete at least two hours of additional dependent adult abuse identification and reporting training every five years. Interview on 10/30/25 at 9:45 AM, the ADM stated she was unable to provide no other Dependent Adult Abuse Mandatory Reporter Training certification prior to the certificate she provided on 10/29/25 at 7:15 PM for Staff A. The ADM stated she had a spread sheet that documented Staff A was due in October for the training but was unable to find the certificate that shows the staff was due. The ADM stated her expectation for staff to be current with training.