STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16E263	A. Building B. Wing	06/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sanford Senior Care Sheldon	118 North Seventh Avenue Sheldon, IA 51201

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, infection control policy and staff interview the facility failed perform proper hand hygiene during toileting for 1 of 3 residents observed (Resident #2) The facility reported a total census of 42 residents.Findings include:Observation on 6/1/26 at 10:48 a.m., with Staff A, Certified Nursing Assistant (CNA) and Staff B, Licensed Practical Nurse (LPN) assisting Resident #2 to the bathroom. Staff A applied gloves with no hand hygiene prior to applying gloves after assisting the resident to sit on the toilet. Staff A then touched her hair and pulled up her own pants with gloves on and proceeded to lean her hand on the mechanical lift. Staff A picked up the wet wipes package and laid it within reach of the toilet. Staff A then with the soiled gloves on touched the residents incontinent brief she was wearing and with the soiled gloves on adjusted the residents shirt. Staff A with the soiled gloves still on again touched the lift and pulled out 3 wet wipes and rested her right hand on the lift with the soiled gloves still on. Staff B raised the mechanical lift with resident to a standing position and Staff A with the soiled gloves still on performed perineal care for Resident #2. Staff A with the soiled gloves still on pulled the resident's incontinence brief back up, followed her pants. Staff A took over the lift for Staff B and pushed the mechanical lift with the resident back to her wheelchair and lowered her into her wheelchair. Staff A released the leg strap and mechanical lift sling and removed the sling from the resident and hung the sling up for the next use in the residents bathroom. Staff A with the soiled gloves still on pushed the mechanical lift into the hallway and came back into the residents room. Staff A then removed her gloves and performed hand hygiene. Review of the facility provided policy titled Hand Hygiene with a revised date of 11/13/25 revealed the following information:All employees in patient care areas (unless otherwise noted in their policy) will adhere to the 4 Moments of Hand Hygiene and 2 Zones of Hand Hygiene.1. Entering Room2. Before Clean Task3. After Bodily Fluid/Glove Removal4. Exiting Room5. Zones: Patient zone and Health-care zones.Hand hygiene should be performed after Gloves should be utilized whenever contact with blood, body fluid or other potentially infectious matter is present, contact with non-intact skin or as part of transmission-based precautions, and when using chemicals during cleaning activities. Change gloves when moving from a dirty to a clean or sterile activity performing hand hygiene in between changing gloves. Gloves are single use and should not be washed or sanitized for reuse. Hand hygiene must be performed after removal regardless of task. Patients who are in isolation requiring gloves upon entry to room, staff should access health-care zone first and then perform tasks. If staff need to re-access health-care zone, gloves are to be removed, hand hygiene should be performed and then apply gloves.Interview on 6/1/26 at 1:17 p.m., with the Director of Nursing (DON) revealed she expected staff to be changing gloves and doing proper hand hygiene during cares with the residents.

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