STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165606	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING 3/30	(X3) DATE SURVEY COMPLETED 04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Perry Lutheran Home	2323 East Willis Avenue , Perry, Iowa, 50220

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F0000 Ok ✓ Lg	INITIAL COMMENTS Correction date: 4/24/26 The following deficiencies resulted from the facility's annual recertification survey and facility reported incident #2964973-I, conducted March 30, 2026 to April 2, 2026. See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F0000		
F0812 SS = D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interviews and policy	F0812		

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F0812 SS = D	Continued from page 1 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.	F0812		
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program.	F0880		

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F0880 SS = D	Continued from page 2 The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.	F0880		

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F0880 SS = D	Continued from page 3 §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: 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.	F0880		

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F0880 SS = D	Continued from page 4 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.	F0880		
F0887 SS = D	COVID-19 Immunization CFR(s): 483.80(d)(3)(i)-(vii) §483.80 Infection control §483.80(d)(3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following: (i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized; (ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine; (iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine; (iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects, associated with the COVID-19 vaccine, before requesting consent for administration of any additional doses. (v) The resident or resident representative, has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision; and (vi) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and (B) Each dose of COVID-19 vaccine administered to the resident, or	F0887		

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F0887 SS = D	Continued from page 5 (C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal. (vii) The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following: (A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine; (B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and (C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN). This REQUIREMENT is NOT MET as evidenced by: 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 1/20/26 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.	F0887		

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F0887 SS = D	Continued from page 6 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 1/10/26 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 12/27/25 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	F0887		

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F0887 SS = D	Continued from page 7 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 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	F0887		

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F0887 SS = D	Continued from page 8 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.	F0887		

Plan of Correction

Perry Lutheran Homes – Kings Garden Campus

Survey Date 3/30 - 4/2/2026

✓ Plan of Correction Date: 4/24/2026

The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared for these deficiencies was executed solely because provisions of state and federal law require it.

F 812 Food Procurement, Store/Prepare/Serve - Sanitary

1. Staff C was provided 1:1 education on proper hand hygiene and infection control practices 4/1/26
2. All staff were educated on hand hygiene and infection control practices 4/22/26
3. Hand hygiene audits will be completed weekly x 6 weeks
4. QA to review quarterly x 6 months

F880 Infection Control

1. Staff B was provided 1:1 education on proper EBP protocol on 3/31
2. All staff were education on EBP expectations on 4/22/26
3. EBP audits will be completed weekly x 6 weeks
4. QA to review quarterly x 6 months

F887 Covid – 19 Immunizations

1. Resident #2, #35, #38 will receive Covid – 19 vaccination by 4/24/26
2. All residents were audited and will receive Covid - 19 vaccinations by 4/24/26
3. IP will monitor CDC guidelines to ensure proper vaccine administration. Annual vaccine consent forms have been updated to include Covid – 19 information.
4. QA to review quarterly x 6 months