

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 01/08/2026
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews and the peri care audit review, the facility failed to provide proper hand hygiene while providing incontinence care with 1 of 1 residents (Resident #3) observed. The facility reported a total census of 56 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] for Resident #3 documented diagnoses of Alzheimer's Disease, arthritis, hip fracture, and depression. The MDS showed the Brief Interview for Mental Status (BIMS) score of 00, indicating severe cognitive impairment. Observation on 1/5/25 at 3:45 pm with Staff A, Certified Nursing Assistant (CNA) and Staff B, CNA performed hand hygiene prior to applying gloves, then proceeded to put on their enhanced barrier precautions (EBP). Staff A and Staff B proceeded to remove Resident #3's pants and soiled brief. Staff A cleansed the front perineal area and then Staff A and Staff B rolled Resident #3 towards Staff A and Staff B cleansed the back side of Resident #3. Staff B removed the soiled brief and bed pad, then placed the new brief and bed pad under Resident #3. Staff B then rolled Resident #3 towards herself and Staff A then finished putting on the new brief and bed pad. Both Staff A and Staff B proceeded to pull up Resident #3's pants, then applied a sling under Resident #3 for the mechanical lift still with soiled gloves. After the sling was placed on Resident #3, then, Staff A and Staff B changed their gloves, but failed to perform hand hygiene. Staff A and Staff B then applied new gloves and utilized the mechanical lift to transfer Resident #3 out of bed into her wheelchair. After Resident #3 was up in the wheelchair and leg pedals put on, they placed a blanket on Resident #3 and combed her hair. Both staff members failed to change their gloves and perform hand hygiene throughout the process of performing peri care. Interview on 1/7/26 at 1:03pm with Staff A, CNA stated that she should have changed her gloves and performed hand hygiene during the peri care process. Review of the facility provided undated Peri Care Audit revealed the following information: Wash hands and put on gloves. Remove any badly soiled pads, clothing, linens and place in container/bag per protocol. If pad is heavily soiled it can be turned on itself to expose dry surface area. If removal of soiled linen occurs, then change gloves. Clean the lower abdomen, anterior thighs and dry, as needed. Place soiled wash cloths on cloth towel or preferably in a plastic bag. Remove gloves before turning resident to their side, unless using buddy system. Wash buttocks and both sides of upper thighs - be sure to dry the skin. Wash anal area, front to back using facility choice of solution and cloths/wipes. 9. Bag soiled cloths/wipes per facility choice. Be sure to dry the skin. 10. Remove gloves, wash hands and roll resident to side onto a clean, dry surface. 11. Wash the opposite hip and dry. Remove gloves. 12. Remove gloves, wash hands and re-apply gloves. 13. Apply moisture barrier per facility protocol. Note: must use new gloves if additional barrier must be removed from container for further application. 14. Remove gloves and cleanse hands when application is complete. Interview on 1/7/26 at 12:45 pm with the DON stated she would expect the staff to change gloves and perform hand hygiene while performing peri care.</p>		

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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