STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355058	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HEALTH & REHAB	**3400 NEBRASKA DRIVE , BISMARCK, North Dakota, 58503**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS The standard Medicare/Medicaid recertification survey and complaint survey started on April 14, 2025 and ended on April 16, 2025. During the complaint investigation, the facility was found in compliance with regulatory requirements.	F0000		
F0693 SS = D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to provide appropriate treatment/services to prevent complications from a gastrostomy tube (G-tube) (a tube inserted through the abdomen that brings nutrition directly to the stomach) for 1 of 1 sampled resident (Resident #47) observed with a G-tube. Failure to flush the tube with water before and after medications may lead to dehydration and G-tube occlusion.	F0693	It is the intent of Baptist to comply with the regulation cited under F693, which requires the facility to provide appropriate treatment/services to prevent complications from a gastrostomy tube (G-tube). To assure continued compliance, the following plan has been put into place: 1. Resident #47's G-tube will be flushed with water before and after medication administration to prevent dehydration and occlusion. Staff will be re-educated on the importance of this practice. 2. A review of all residents with G-tubes was conducted to ensure that their tubes are being flushed appropriately before and after medication administration. 3. The G-tube medication administration policy was reviewed and found to be up to date. All nursing staff received training on the proper procedure for flushing G-tubes on April 30,2025 via email with acknowledgment signatures on 04.30.25. Further education will be provided on 5.20.25 & 5.21.25. All nurses will complete the G-tube competency to ensure compliance with flushing protocols during medication administration by 5.16.25. 4. Weekly audits of G-tube medication passes will be conducted for 4 weeks by the QA/IC nurse or designee. Monthly audits will continue for an additional 4 months. Audit results will be reviewed at monthly QAPI meetings and adjustments made as needed. Noncompliance will trigger immediate retraining and progressive	05/21/2025

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 reverse for further 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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F0693 SS = D	Continued from page 1 Findings include: Review of the facility policy titled "Medication via enteral tube" occurred on 04/16/25. This policy, dated 06/26/23, stated, ". . . Administering each medication separately and flushing between each medication is considered standard of practice . . . flush tube with 30 cc [cubic centimeters] of water . . . administer each prepared medication flushing with 5-10 cc warm water after each medication. . . . attach syringe to feeding tube and flush it with 30 cc warm water . . ." Review of Resident #47's medical record occurred on all days of survey and identified G-tube placement. Observation on 04/14/25 at 3:37 p.m. showed a nurse (#2) checked Resident #47's G-tube placement and administered medications mixed with water via the G-tube. The medications were slow to flow down the tubing and the nurse kneaded the tubing while administering. The nurse (#2) failed to flush Resident #47's G-tube before and after administering medications. During an interview on 04/16/25 at 1:50 p.m., an administrative nurse (#3) confirmed nursing staff failed to flush the G-tube per policy.	F0693	Continued from page 1 discipline as necessary. 5. Correction Date: May 21, 2025	
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. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:	F0880	It is the intent of Baptist to comply with the standards of infection control and prevention as cited in regulation F880. To assure continued compliance, the following plan has been put into place: 1. Residents #49, #73 & #436 that were impacted by the deficient practice with Enhanced Barrier Precautions (EBP) were reviewed for accuracy and availability of proper PPE and signage:. All staff were re-educated on EBP requirements specific to cares that require high-contact activities for residents with MDROs. Audits were conducted to confirm compliance with donning and doffing procedures.	05/21/2025

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F0880 SS = D	Continued from page 2 §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. §483.80(e) Linens.	F0880	Continued from page 2 2. A facility-wide review of all residents on Enhanced Barrier Precautions was conducted to identify any other residents who may be at risk of similar occurrences. This included direct observation of care practices and interviews with staff to ensure understanding and compliance with EBP. 3. All staff were educated via email with acknowledgment signatures on 04.30.25 and will undergo mandatory training sessions on 05.20.25 & 05.21.25 on infection control and Enhanced Barrier Precautions. Regular competency checks will be implemented to reinforce adherence to EBP protocols. Visual reminders and guidelines will be posted in care areas to support compliance. 4. The Infection Prevention Nurse/QA or designee will conduct weekly PPE audits on all residents requiring Enhanced Barrier Precautions for 4 weeks and then monthly for 4 months to ensure compliance with infection control standards. Results of these audits will be reviewed by the facility QAPI committee, and they will make the decision if further monitoring/audits are recommended. 5. Correction date: May 21, 2025	

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F0880 SS = D	Continued from page 3 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, record review, and review of facility policy, the facility failed to follow standards of infection control and prevention for 3 of 6 sampled residents (Residents #49, #73 and #436) on enhanced barrier precautions (EBP) and observed during cares. Failure to follow EBP during tracheostomy (an opening through the neck into the windpipe) and percutaneous gastrostomy (PEG) tube (feeding device inserted into the stomach through the abdomen) care for Resident #49, tracheostomy care (cleaning the airway tube and surrounding skin) for Resident #436, and wound care for Resident #73 has the potential to spread infection throughout the facility. Findings include: Review of the facility policy titled "Transmission-based precautions and enhanced barrier precautions" occurred on 04/16/25. This policy, revised 05/03/24, stated, ". . . requiring gown and glove use for enhanced barrier precautions include . . . feeding tube, tracheostomy/ventilator . . . Wound care: Any skin opening requiring a dressing . . ." - Review of Resident #49's medical record occurred on all days of survey. Medical devices included a tracheostomy and PEG tube. The current care plan stated, ". . . requires enhanced barrier precautions . . ." Observations on 04/15/25 at 8:12 a.m. showed an EBP sign on the inside of Resident #49's room. A nurse (#1) entered the room and without applying gloves and a gown, removed a soiled 4 x 4 gauze dressing from the PEG site and removed the nebulizer equipment from the tracheostomy site. The nurse (#1) failed to follow EBP and apply a gown and gloves during high contact cares.	F0880		

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F0880 SS = D	Continued from page 4 - Review of Resident #73's medical record occurred on all days of survey. A quarterly Minimum Data Set (MDS), dated 03/26/25, identified an unstageable pressure injury/ulcer. A progress note, dated 04/08/25, identified an order to clean and wrap the right foot wounds twice a day. An observation on 04/15/25 at 9:16 a.m. showed a nurse (#6) entered Resident #73's room, applied gloves, and provided wound care. The nurse (#6) failed to follow EBP and apply a gown during high contact wound care. - Review of Resident #436's medical record occurred on all days of survey. Medical devices included a tracheostomy and a PEG tube. The current care plan stated, ". . . requires enhanced barrier precautions . . ." Observation on the afternoon of 04/14/25 showed an EBP sign inside of Resident #436's room. A nurse (#2) suctioned the resident's tracheostomy wearing sterile gloves. The staff nurse (#2) failed to follow EBP and apply a gown during high contact cares.	F0880		