| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355127 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 08/06/2025 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **EVENTIDE FARGO** | **3225 51ST ST S , FARGO, North Dakota, 58104** |

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| F0000 | INITIAL COMMENTS<br><br>An unannounced onsite investigation survey regarding a complaint was completed on August 6, 2025. During the complaint investigation the facility was found noncompliant with regulatory requirements. | F0000 | | 08/29/2025 |
| F0687<br>SS = D | Foot Care<br><br>CFR(s): 483.25(b)(2)(i)(ii)<br><br>§483.25(b)(2) Foot care.<br><br>To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must:<br><br>(i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and<br><br>(ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on record review, review of facility policy, and staff interview, the facility failed to ensure 1 of 1 sampled resident (Resident #6) received proper treatment and care to maintain good foot health. Failure to confirm podiatry were aware of and assessed the wounds to Resident #6's right toes, may have contributed to the foot amputation.<br><br>Findings include:<br><br>Review of the facility's policy titled "Skin Assessment" occurred on 08/06/25. This policy, revised December 2023, stated, ". . . The nurse is responsible for: Accurately assessing skin . . . Identifying and evaluating . . . changes in resident's condition, Providing treatment per facility protocol or provider order . . . If a problem is identified the nurse will . . . Notify the provider . . ." | F0687 | Eventide Fargo POC August 2025<br><br>F-0687 Foot Care<br><br>Resident #6 Discharged from Eventide on June 6th, 2025.<br><br>All residents with wounds to the feet have the potential to be affected.<br><br>Nursing staff will be educated on the facility's Skin Assessment policy, specifically regarding requirements for proper foot care and treatment, ensuring confirmation that providers and other specialists involved are aware of and assessing foot wounds as of September 6th, 2025. All residents with wounds to the feet have been reviewed to ensure proper treatment and care are provided to maintain good foot health.<br><br>The Director of Nursing or designee will be responsible for monitoring wound assessments for residents with wounds to their feet, ensuring confirmation that providers and other specialists involved are aware of and assessing wounds. QA Monitoring was implemented on August 27th, 2025. The DON or designee will audit on a weekly basis for one month, monthly for three months, and quarterly as recommended by the QA committee. Results will be immediately reported to the Executive Director. If concerns are identified, immediate corrective action will be implemented. The DON or designee will submit a report of the monitoring results to the QA Committee at each scheduled meeting.<br><br>Date of Correction: September 6th, 2025. | 09/06/2025 |

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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| F0687 SS = D | Continued from page 1<br><br>Review of Resident #6's medical record occurred on all days of survey. Diagnoses included abnormalities of mobility, amputation of the 5th toe on the right foot, chronic osteomyelitis (infection of the bone), diabetes with diabetic neuropathy, edema, foot ulcer, obesity, and venous insufficiency. The admission Minimum Data Set (MDS), dated 02/22/25, identified diabetic foot ulcer and at risk for developing pressure ulcer. The record showed staff treated the right foot arterial wounds with betadine (an antiseptic).<br><br>The care plan stated, ". . . [Resident #6] has potential for skin breakdown . . . Current chronic diabetic ulcer to L [left] foot . . . 4/3/25 Arterial wounds to tops of R [right] 2nd, 3rd, 4th toes. . . . Air mattress . . . Foot board extended, Foot cradle to foot of bed, Monitor for changes in skin integrity when providing cares and provide appropriate follow up if areas of concern are noted, Podiatry consult as needed, Prevalon [pressure relieving] boots as ordered, Treatment as ordered . . ."<br><br>Review of the weekly "Wound Care Flow Sheets" from 04/03/25 to 6/4/25 showed an increase in wound size and deterioration of Resident #6's right toe wounds as follows:<br><br>2nd toe: 1.1 centimeters (cm) by (X) 0.5 cm to 6 cm X 2.5 cm<br><br>3rd toe: 1.8 cm X 1.2 cm to 4 cm X 1.5 cm<br><br>4th toe: 1.3 cm X 1.3 cm to 3 X 2 cm<br><br>The nurses' progress notes identified the following:<br><br>*04/04/25 at 10:21 a.m., ". . . [Podiatry] . . . Reason for appointment: L) heel callus worsening R) toes arterial wounds . . . 4/11/25 11:30 [a.m.] . . . Must see [Podiatry Nurse Practitioner (NP) (#1)] as she is the wound care podiatrist, so appt [appointment] was rescheduled from 4/7/25. . . ."<br><br>* 05/19/25 at 3:44 p.m., identified, ". . . Healing scab continues to R 5th digit [right 5th toe had previously been amputated]. Dark brown and intact. 2+ pitting edema noted to bilateral lower extremities with rubor [redness] noted. [Resident #6] continues to have healing arterial wounds to the tops of the left 2nd, | F0687 | | |

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| F0687 SS = D | Continued from page 2<br>3rd, 4th toes. There is black intact eschar [dead tissue] with peeling yellow callus surrounding each scab. While assessing . . . his toenails [were] coming off . . . Updated provider on loss of 2nd toenail. [Resident #6] is already followed by podiatry . . .” The nurse described Resident #6’s wounds as “continuing to heal” at the same time she identified black eschar and lost nails.<br><br>* 06/02/25 at 6:36 p.m., “. . . Continues with necrotic tissue to his R) 2nd, 3rd, and 4th toes . . .”<br><br>* 06/04/25 at 6:22 p.m., “. . . Continues with eschar tissue covering 2-4th toes on R foot . . .”<br><br>* 06/06/25 at 9:23 a.m., “. . . Foul odor noted from right toes this AM [morning] when applying treatment . . . Will be seen at podiatry this AM . . .”<br><br>A “Foot and Ankle Surgery [Podiatry] – Follow Up” report, dated 04/11/25, stated, “. . . [Resident #6] . . . presents . . . for follow up [left] heel ulcer . . . Ulcer is progressing . . . Follow up as needed if worsening . . .” The Podiatry NP (#1) failed to address the arterial wounds on Resident #6’s toes/right foot and the facility failed to follow up with podiatry regarding the wounds.<br><br>A physician’s progress note, dated 04/23/25, stated, “. . . Diabetic ulcer present on the left sole some arterial ulcer [sic] present on the 2nd, 3rd, and 4th toe on the right foot . . . His [Resident #6’s] arterial ulcers of the toe [sic] as well as the diabetic ulcers are healing well, also being followed by specialist . . . Follow up with the patient in few months or sooner if the need arises . . .” The physician (#5) indicated Resident #6 was under the care of a specialist. However, the medical record lacked evidence of an assessment by podiatry of the arterial ulcers to Resident #6’s right toes.<br><br>A “Foot and Ankle Surgery [Podiatry] – Follow Up” report, dated 05/09/25, stated, “[Resident #6] . . . presents to clinic today for follow up heel ulcer . . . LOWER EXREMITY Exam: Left heel ulcer: healed over at this time.” The Podiatry NP (#1) failed to address the arterial wounds on Resident #6’s toes/right foot and the facility failed to follow up with podiatry regarding the wounds. | F0687 | | |

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| F0687 SS = D | Continued from page 3<br>A "Foot and Ankle Surgery [Podiatry] – Follow Up" report, dated 06/06/25, stated, ". . . [Resident #6] . . . presents to clinic today with right foot toes turning black . . . States that they started getting discolored about 3 weeks ago. Have continued to progress. Son states that he noticed starting at the tip of the little toe and has slowly been spreading . . . LOWER EXTREMITY Exam: Right toes: wet eschar, odor present, Redness to midfoot, Non-palpable pulses, No pain due to severe neuropathy . . . Recommend being sent to the ED [Emergency Department [for progressing cellulitis, IR [Interventional Radiology] intervention . . . Podiatry will follow peripherally once revascularized and stabilized, will more than likely need TMA [Transmetatarsal (all or part of the forefoot) Amputation] . . ."<br><br>During interviews on 08/06/25 at 1:40 p.m. and 5:40 p.m., an administrative nurse (#6) indicated staff would notify a provider of a change in the resident's condition if it was an emergency.<br><br>The facility failed to follow up with podiatry after Resident #6's appointment on 04/11/25 and 05/09/25 and failed to notify the resident's provider or podiatry when the resident's toes became necrotic and odorous. | F0687 | | |