STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355123	A. BUILDING _____ B. WING _____	C 05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY ON 42ND	**4255 30TH AVE S FARGO, ND 58104**

(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
F 000	INITIAL COMMENTS The standard Medicare/Medicaid recertification survey and complaint survey started on April 28, 2025 and ended on May 1, 2025. During the complaint investigation, the facility was found in compliance with regulatory requirements.	F 000		
F 880 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: §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	F 880		5/23/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/14/2025

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 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.

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F 880	Continued From page 1 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. 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:	F 880		

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F 880	Continued From page 2 Based on observation, record review, and review of facility policy, the facility failed to follow standards of infection control and prevention for 3 of 9 sampled residents (Resident #28, #55 and #95) observed during cares. Failure to practice infection control standards related to hand hygiene and enhanced barrier precautions (EBP) has the potential to spread infection throughout the facility. Findings include: Review of the facility policy titled "Hand Hygiene" occurred on 04/30/25. This policy, revised February 2021, stated, ". . . Hand Hygiene table . . . Soap and Water or Alcohol Based Hand Rub . . . Before applying and after removing personal protective equipment (PPE), including gloves . . . After assisting with personal body function . . . elimination . . ." Review of the facility policy titled "Infection Control - Enhanced Barrier Precautions" occurred on 05/01/25. This policy, revised January 2025, stated, ". . . Enhanced barrier precautions will be implemented for residents with the following . . . Wounds . . . High-contact resident care activities include . . . Wound care, any skin opening requiring a dressing. . . ." - Observation on 04/28/25 at 1:36 p.m. showed two certified nurse aides (CNAs) (#2 and #3) assisted Resident #28 with perineal care. The CNA (#2) performed perineal care, changed gloves, applied a clean brief, assisted the resident up in bed, and adjusted the resident's clothing and blankets. The CNA (#2) failed to perform hand hygiene after removing gloves.	F 880	1. Corrective action for residents #28, #55 and #95 was unable to be conducted as cares had already been provided. Coaching and education was conducted with staff involved in these cares. 2. Residents who require assistance with toileting and peri cares and/or who are required to be in Enhanced Barrier Precautions (EBP) have the potential to be impacted. 3. An electronic training module was created in Healthcare Academy to provide education on Enhanced Barrier Precautions as well as hand hygiene and glove use. This education module has been assigned to nursing staff, environmental service staff and a PowerPoint handout of the module was given to therapy staff. Education was also provided to Nursing, Environmental Services and Therapy staff in the following manner: daily huddles with an attendance rosters and email education. The education module was also added to our Skills Fair agendas for Nursing and Environmental service staff. 4. The Director of Nursing and/or Nurse Manager designee will audit Enhanced Barrier Precautions and Hand Hygiene/glove use 5 times/week for four consecutive weeks and then 5 EBP and Hand Hygiene/glove use audits every two weeks for eight consecutive weeks; The audits will then move to 5 EBP and Hand	

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F 880	Continued From page 3 - Observation on 04/28/25 at 3:27 p.m. showed two CNAs (#4 and #5) assisted Resident #55 with perineal care. The CNA (#4) performed perineal care after an incontinent bowel movement, changed gloves, applied a clean brief, assisted the resident up in bed, adjusted the resident's blankets, lowered the bed and changed gloves. The CNA (#4) collected the garbage and exited the room. The CNA (#4) failed to perform hand hygiene after removing gloves and before exiting the room. - Review of Resident #95's medical record occurred on all days of survey. A quarterly Minimum Data Set (MDS), dated 02/15/25, identified the resident receives dialysis. The current care plan stated, ". . . [Resident #95] is on Enhanced Barrier Precautions for presence of right chest port and wound. . . ." An observation on 04/29/25 at 8:25 a.m. showed a nurse (#6) entered Resident #95's room, applied gloves, and provided wound care. The nurse (#6) failed to follow EBP and apply a gown during high contact wound care.	F 880	Hygiene/glove use audits quarterly for one year. These audits will be shared at our bi-monthly Quality Meetings.	