STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355024	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MEADOWS ON UNIVERSITY	1315 S UNIVERSITY DR , FARGO, North Dakota, 58103

(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 An unannounced compliant and facility reported incident survey was completed on 12/04/25. The facility was found noncompliant with regulatory requirements.	F0000		12/26/2025
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: §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;	F0880	Plan of Correction for CMS F880: Infection Prevention & Control Identification of others: On 12/29/2025 DON completed facility wide chart review of all residents including resident #1 for identification of like symptoms and/or diagnosis of C. diff infection was performed, and no other residents had noted signs or symptoms of C. diff infection. Corrective Actions: CNA#2 observed exiting a C. diff isolation room without washing hands with soap and water was immediately removed from resident care, re-educated on C. diff transmission-based precautions, and required to complete a return demonstration and competency check-off on soap-and-water hand hygiene by ADON during survey. All nursing and CNAs on the floor day of survey were educated on proper hand hygiene in the case of C. diff positive residents by ADON during survey. All nurses and CNAs educated on 1/9/26 on contact precautions and C. diff considerations. Systemic Changes: Mandatory in-service education with return demonstration and competency validation was implemented for all CNAs and nurses starting on 01/09/2026 and will be completed prior to next shift by DON or designee and with new hires upon hire orientation focusing on:	01/09/2026

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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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MEADOWS ON UNIVERSITY	1315 S UNIVERSITY DR , FARGO, North Dakota, 58103

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F0880 SS = D	Continued from page 1 (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: Based on observation, record review, review of facility policy, and staff interview, the facility failed to follow standards of infection control and prevention for 1 of 1 sampled resident (Resident #1) on contact precautions. Failure to practice infection control standards related to contact precautions and hand hygiene for staff and residents has the potential to spread infection throughout the facility. Findings include: Review of the facility policy titled “Management of C.	F0880	Continued from page 1 Proper hand hygiene, including soap-and-water requirements for C. diff Contact precautions Monitoring: DON or designee to monitor hand hygiene, with a specific focus on C. diff soap-and-water handwashing and contact precautions, will be conducted with three staff weekly for four (4) weeks, then two staff weekly and thereafter until resolved through QAPI. Date of compliance: 01/9/2026	

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F0880 SS = D	Continued from page 2 [Clostridioides] Difficile Infection [a contagious bacterial infection]" occurred on 12/04/25. This policy, revised 04/10/25, stated, ". . . All staff are to wear gloves and a gown upon entry into the resident's room and while providing care . . . Hand hygiene shall be performed by handwashing with soap and water . . . Encourage/assist residents to wash hands frequently. . . ." Review of the facility policy titled "Hand Hygiene" occurred on 12/04/25. This policy, revised 04/10/25, stated, ". . . If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves. . . . For conditions involving a resident, or the resident's environment, who is isolated for Clostridioides difficile [C. diff]. . . hand washing with soap and water is required." Review of Resident #1's medical record occurred on 12/04/25 and included a diagnosis of enterocolitis due to clostridium difficile. The current care plan stated, "[Resident #1] has potential for complications r/t [related to] C-Difficile . . . isolation as ordered by physician or following CDC [Centers for Disease Control and Prevention] guidelines . . . [Resident #1] is on contact/enteric precautions r/t C. diff. . . . Ensure strict adherence to hand hygiene protocols before and after patient contact . . . Use appropriate PPE [personal protective equipment] . . . as per isolation guidelines." Observation on 12/04/25 at 9:22 a.m. showed a CNA (#2) enter Resident #1's room, applied gloves and without applying a gown, pivot transferred the resident from bed. Using a walker, Resident #1 ambulated to the bathroom and the CNA assisted her onto the toilet. Resident #1 independently completed toileting cares. The CNA transferred the resident off the toilet, and without performing hand hygiene, the CNA (#2) and resident exited the bathroom. The CNA assisted the resident to a wheelchair and the table in the room, placed a meal tray on the table, removed the soiled gloves, used hand sanitizer, and exited Resident #1's room. The CNA (#2) failed to apply a gown. wash hands with soap and water and encourage Resident #1 to perform hand hygiene. During an interview on 12/04/25 at 3:35 p.m., an administrative nurse (#1) stated she expected staff to follow contact-based precautions and perform hand hygiene as specified in facility policies.	F0880		