STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355124	A. BUILDING _____ B. WING _____	C 11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEYENNE CROSSINGS CARE CENTER/TCU	**125 13TH AVENUE WEST WEST FARGO, ND 58078**

(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 and complaint survey started on 11/13/23 and concluded 11/16/23. The facility was found in compliance with regulatory requirements for the complaint.	F 000		
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (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)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure acceptable parameters of nutritional status for 1 of 6 sampled residents (Resident #22) with significant weight loss. Failure to change and/or implement additional interventions to prevent further loss weight loss	F 692	1. Resident #22 will be assessed for weight loss and additional interventions will be offered and implemented if resident is in agreement to prevent further weight loss. 2. All residents with significant weight	12/20/23

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

Electronically Signed | 12/12/2023

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F 692	Continued From page 1 resulted in continued significant weight loss for the resident. Findings include: Review of Resident #22's medical record occurred on all days of survey. The medical record identified the following weights: 04/28/23 - 127.4 pounds (lbs) 08/29/23 - 123.2 lbs 09/26/23 - 115.4 lbs, 6.3% weight loss in 30 days 10/31/23 - 112.2 lbs, 11.9% weight loss in six months Nutrition Assessments completed on 10/25/23 and 11/03/23 identified a daily nutritional supplement as the only nutritional intervention for weight maintenance, despite noting a continued weight loss. The facility completed a significant change minimum data set assessment on 10/25/23 due to Resident #22 having changes in activities of daily living and a significant weight loss of 5% or more. The facility notified the practitioner of a 12% weight change on 11/06/23 and identified the resident remained on a daily nutritional supplement for weight maintenance. During an interview on 11/15/23 at 2:04 p.m., a dietary member (#3) identified no further interventions have been added for Resident #22's weight loss and was waiting for today's weight before deciding what to do for Resident	F 692	loss have the potential to be affected. 3. Education will be provided to the dietician on management of weight loss. The dietician and/or designee will monitor weights for all residents twice monthly to identify weight loss and ensure additional interventions to prevent weight loss are offered, implemented, and documented. 4. QA monitoring will be implemented on December 15th, 2023. The Director of Nutrition and Culinary Services or designee will audit residents with significant weight loss monthly for one quarter and quarterly for one year ensuring that interventions to prevent additional weight loss have been offered, implemented, and documented with additional audits as recommended by the QA committee. Results will be reported to the Executive Director. If concerns are identified, immediate corrective action will be implemented. The Director of Nutrition and Culinary Services and DON will submit reports of the monitoring results to the QA committee at each scheduled meeting.	

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F 692	Continued From page 2 #22. The facility failed to identify the 6.3% weight loss in September and the resident continued to a 12% significant weight loss over six months, reported to the provider. The facility failed to add other dietary interventions and the resident continued to lose weight.	F 692		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, review of the Food and Drug Administration (FDA) 2022 Food Code, and staff interview, the facility failed to store food under sanitary conditions in 1 of 1 kitchen. Failure to store food in a sanitary environment in	F 812	1. Food will be stored in a sanitary environment in the walk-in freezer. 2. All residents have the potential to be affected. 3. Review of freezers took place on	12/20/23

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F 812	Continued From page 3 the walk-in freezer has the potential to result in contamination of food and could result in a foodborne illness. Findings include: The 2022 Food Code, pages 81-82, stated, "3-305.11 Food Storage. . . . FOOD shall be protected from contamination by storing the FOOD: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination; . . . 3-305.12 Food Storage, Prohibited Areas. FOOD may not be stored: . . . (G) Under leaking water lines, including leaking automatic fire sprinkler heads, or under lines on which water has condensed; . . . or (I) Under other sources of contamination." Observation on 11/13/23 at 11:41 a.m. in the main kitchen walk-in freezer showed an open box of chicken on the top shelf. The chicken stored in an open plastic bag, showed frost and ice buildup from water dripping from above condensation. During an interview on 11/13/23 at 11:46 a.m., a dietary staff member (#3) discarded the open box of chicken and stated maintenance was aware of the condenser line and will be fixing the problem. During an interview on 11/14/23 at 5:25 p.m., an administrative staff member (#2) stated she expected all food to be covered.	F 812	11/13/23. Box of chicken was immediately discarded and maintenance corrected the dripping water and frost. Education will be provided to all culinary staff on storage of food in a sanitary environment on December 14th, 2023. 4. QA monitoring will be implemented following mandatory staff education. QA monitoring will be initiated on December 15th, 2023. The Director of Nutrition and Culinary Services or Designee will audit the walk-in freezer for sanitary food storage three times per week for three months and then three times per quarter for one year with additional audits as recommended by the QA committee. Results will be reported to the Executive director. If concerns are identified, immediate corrective action will be implemented. The Director of Nutrition and Culinary Services and DON will submit reports of the monitoring results to the QA committee at each scheduled meeting.	