

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Sunset Drive - A Prospera Community		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 Boundary St NW Mandan, ND 58554	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>39685</p> <p>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 residents (Resident #2) with an indwelling suprapubic catheter observed during cares. Failure to practice infection control standards related to enhanced barrier precautions has the potential to spread infection throughout the facility.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Standard and Transmission Based Precautions, All Service Lines occurred on 10/02/24. This policy, revised 04/02/24, stated, Enhanced Barrier Precautions (EBP) . Enhanced barrier precautions expand the use of PPE (personal protective equipment) beyond situations in which exposure to blood and body fluids is anticipated and refer to use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of multidrug-resistant organisms [MRDOs] to staff hands and clothing. Enhanced barrier precautions are needed for residents with . Indwelling Medical devices (central lines, hemodialysis catheters, indwelling urinary catheters, feeding tubes and tracheotomies). Enhanced Barrier Precautions are intended for the duration of a resident's stay . High-Contact Resident Care Activities include: Transfers, dressing, assisting during bathing, providing hygiene, changing briefs or assisting with toileting . device care. Post clear signage indicating the type of Precautions and required PPE: gown and gloves . gowns and gloves should be readily available outside of the resident room unless contraindicated for a resident-specific need .</p> <p>Review of Resident #2's medical record occurred on all days of survey. The care plan stated, . Bladder/Bowel/toileting . resident has a suprapubic catheter placed . Safety . Instruct staff to wear disposable gloves and a gown when performing high contact Resident care activities and complete hand hygiene before leaving the room .</p> <p>A sign on the resident's door indicated the resident on EBP and observation showed a hanging supply cart located in the resident's room on the door.</p> <p>Observation on 10/02/24 at 1:07 p.m., showed two nurses (#2, #4) and two CNAs (#6, and #7) enter Resident #2's room to provide cares. Staff (#2 and #6) used a full body mechanical lift to transfer the resident from the wheelchair to the bed. While positioned in bed staff (#6 and #7) provided incontinent bowel movement cares and handled the foley catheter.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility staff failed to wear a gown during the high-contact resident care.</p> <p>During an interview on 10/02/24 at 1:27 p.m., an administrative nurse (#2) stated she expected staff to wear appropriate PPE when assisting residents on EBP during high contact cares.</p>