STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355077	A. Building B. Wing	09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Smp Health - St Raphael	979 Central Ave N Valley City, ND 58072

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, review of temperature logs, review of professional reference, and staff interview, the facility failed to store food in accordance with professional standards for food service safety in 1 of 1 main kitchen and 6 of 7 food storage areas (Third Floor Kitchenette, First Floor Kitchenette, First Floor Sub-station, Special Care Unit, Sunshine Kitchenette, and Circle of Life Cottage Kitchenette). Failure to discard expired food, ensure required refrigerator temperatures, ensure functioning of temperature monitoring devices in refrigerator, ensure clean equipment, and ensure protection of dry food storage from leaking pipes has the potential to affect the quality and safety of food served to the residents. Findings include: Review of the Food and Drug Administration (FDA) Food Code 2022, Annex 3 - Public Health Reasons, states . Ready-to-Eat, Time/Temperature Control for Safety Food . Refrigeration prevents food from becoming a hazard by significantly slowing the growth of most microbes. ready-to-eat, time/temperature control for safety food . kept at 41 degrees Fahrenheit a total of 7 days. Food which is prepared and held, or prepared, frozen, and thawed must be controlled by date marking to ensure its safety based on the total amount of time it was held at refrigeration temperature . Time/temperature control for safety refrigerated foods must be consumed . or discarded by the expiration date .Manufacturer's use-by dates . Manufacturers assign a date to products for various reasons, and spoilage may or may not occur before pathogen growth renders the product unsafe. the manufacturer's use-by date is its recommendation for using the product while its quality is at its best. Although it is a guide for quality, it could be based on food safety reasons. It is recommended that food establishments consider the manufacturer's information as good guidance to follow to maintain the quality (taste, smell, and appearance) . If the product becomes inferior quality-wise due to time in storage, it is possible that safety concerns are not far behind . Food Storage. FOOD shall be protected from contamination by storing . (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination . FOOD may not be stored: . (G) Under leaking water lines . (I) Under other sources of contamination. Pathogens can contaminate and/or grow in food that is not stored properly. Drips of condensate and drafts of unfiltered air can be sources of microbial contamination for stored food.Temperature Measuring Devices. A permanent temperature measuring device is required in any unit storing time/temperature control for safety food because of the potential growth of pathogenic microorganisms should the temperature of the unit exceed Code requirements. Observation with an administrative dietary staff member (#3) occurred on 09/24/25 at 11:15 a.m. and showed the following: Main Kitchen:* Walk-in cooler - a black substance on the grates of the fan and around the outside of the fan. * A black pipe on the ceiling in the dry storage room dripping liquid on the floor next to a rack of food. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355077	A. Building B. Wing	09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Smp Health - St Raphael	979 Central Ave N Valley City, ND 58072

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Third Floor Kitchenette: * Turkey sandwich dated 09/13/25 (expired 11 days prior)* Hard boiled eggs dated 09/12/25 (expired 12 days prior) * Sliced cheese dated 09/15/25 (expired 9 days prior) * Thickened water dated 08/25 and 09/15 (expired 30 days and 9 days prior) * Cheese slices in a plastic bag dated 08/26 (expired 29 days prior) * Shredded American cheese in a plastic bag dated 09/15/25 (expired 9 days prior) * Shredded cheese in a plastic bag dated 09/01/25 (expired 23 days prior) Special Care Unit Kitchenette: * Refrigerator- 52 degrees Fahrenheit * Review of the refrigerator log showed a temperature of 44 degrees Fahrenheit on the morning of 09/24/25 that morning. An unidentified kitchen staff member stated he had not been in the refrigerator recently. Circle of Life Cottage Kitchenette: * Cheese slices in a plastic bag dated 09/01/25 (expired 23 days prior) * Seven yogurt cups with an expiration date of 09/16/25 (expired 8 days prior) The administrative dietary staff member (#3) threw the expired food away. Sunshine Kitchenette: * A broken and unreadable refrigerator thermometer. Review of the refrigerator/freezer log showed staff failed to log temperatures since 08/16/25. * Silverware drawer with several crumbs scattered throughout the drawer. First Floor Kitchenette: * Microwave with pieces of cooked eggs on the inside and side wall. * Toaster with numerous scattered crumbs on the top First Floor Substation: * Microwave with food debris inside The administrative dietary staff member (#3) stated she expected staff to discard expired foods and stated their policy is to discard after five days.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, review of facility policy, and staff interview, the facility failed to follow standards of infection control and prevention for 2 of 7 sampled residents (Resident #16 and #73) observed during cares. Failure to remove gloves and perform hand hygiene during wound care and perineal care has the potential to spread infection throughout the facility. Findings include: Review of the facility policy titled Glove Usage occurred on 09/24/25. This policy, revised November 2018, stated, Purpose: To reduce the risk of exposure, prevent the spread of infection, identify situations where usage of gloves is appropriate and incorporating proper usage of gloves. Procedure: . 2. Once gloves are contaminated, they must be changed before touching clean items or proceeding to perform clean procedure. 7. Hand hygiene must be performed prior to gloving and after removing gloves. Review of the facility policy titled Hand Hygiene occurred on 09/24/25. This policy, revised September 2023, stated, Purpose: . Hand hygiene . an effective method for preventing the spread of pathogens, such as bacteria and viruses, which cause infections. Condition: Hands are visibly soiled with blood or other body fluids. After handling contaminated objects. Before and after handling clean or soiled dressing. -Observation on 09/23/25 at 9:39 a.m. showed the nurse (#1) performed a dressing change for Resident #73. The nurse applied personal protective equipment (PPE), a gown and gloves and entered the resident's room. The nurse removed a soiled abdominal (ABD) pad from the left hip of Resident #73. Without removing her gloves, the nurse (#1) cleaned the area with wound cleanser, placed a new ABD, and applied tape. The nurse (#1) then removed the gown and gloves and washed her hands. The nurse failed to remove gloves, perform hand hygiene, and apply new gloves prior to applying the clean dressing. -Observation on the afternoon of 9/23/2025 showed two certified nurse aides (CNAs #2 and #5) applied gowns and gloves and transferred Resident #16 from the wheelchair to the bed using the mechanical lift. The CNA (#2) wore gloves and completed Resident #16's perineal care after a soft bowel movement. With the same gloves, the CNA reached into a container of ointment and applied it to the resident's bottom, fastened the new brief, pulled up his pants, opened up a drawer to retrieve a bandana and placed it by the resident's mouth. The CNA (#2) removed her gown, and with same gloves still on plugged in a pump, tied a garbage bag, lowered the bed, turned the television on, took the pillowcase off the resident's neck pillow, tied a garbage bag, and then removed gloves and performed hand hygiene. The CNA (#2) failed to remove gloves and perform hand hygiene after perineal care and prior to doing other tasks in the resident's room. During an interview on the afternoon of 09/24/25, an administrative nurse (#4), confirmed staff should remove gloves and performed hand hygiene after removing a soiled dressing and after performing perineal cares.