STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355079	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Smp Health - St Catherine South	3102 S University Dr Fargo, ND 58103

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation and staff interview, the facility failed to post the actual hours worked by nursing staff directly responsible for resident care on 2 of 4 days of survey (June 10-11, 2025). Failure to post the actual hours worked by licensed and unlicensed nursing staff per shift and in a visible location does not allow residents and/or their families to be aware of the number of staff on duty. Findings include: Observations on 06/10/25 at 4:10 p.m. and 06/11/25 at 4:05 p.m. showed the posting of staff forms on the unit manager's open door, resulting in the forms inside the office and not visible to residents and/or their families. The forms contained staffing data for the day shift, but not the p.m. shift. During an interview on 06/11/25 at 5:15 p.m., an administrative nurse (#4) confirmed the day shift hours are from 6:00 a.m. to 2:30 p.m. and the p.m. shift hours are from 2:00 p.m. to 10:30 p.m. The facility failed to ensure updated staffing information for every shift and post it in a visible location.

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
	355079	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Smp Health - St Catherine South	3102 S University Dr Fargo, ND 58103

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 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 3 of 20 sampled residents (#10, #35, and #191) observed during personal cares. Failure to practice infection control standards related to hand hygiene/glove use and enhanced barrier precautions has the potential to spread infection throughout the facility. Findings include: Review of the facility policy titled Hand Hygiene occurred on 06/12/25. This policy, revised May 2024, stated, . Hand hygiene is indicated and will be performed under the conditions listed . Before applying and after removing personal protective equipment (PPE), including gloves . After assistance with personal body functions (e.g., elimination) . Review of the facility policy titled Enhanced Barrier Precautions occurred on 6/12/25. This policy, revised June 2025, stated, . Enhanced barrier precautions (EBP) are used to limit or prevent the spread of resistant organisms during high-contact resident care activities. These may be indicated for residents with . indwelling medical devices (e.g. central lines .) . when performing transfers . EBP should be used for the duration of the affected resident's stay in the facility . until the resolution or discontinuation of the indwelling medical device that placed them at higher risk . - Observation on 06/10/25 at 9:15 a.m. showed two certified nurse aides (CNAs) (#2 and #3) applied gloves and the CNA (#3) removed Resident #10's brief, soiled with bowel movement, provided perineal cares, and placed a new brief under the resident. The CNA (#3) removed the soiled gloves, and without performing hand hygiene, applied new gloves. Both CNAs (#2 and #3) repositioned Resident #10, adjusted/secured the brief, and removed their gloves. The CNA (#3) handed the phone to the resident, placed a wedge under the resident's legs, placed a nasal cannula, attached the call light to the resident's side pillow, and then performed hand hygiene. - Observation on 06/10/25 at 9:00 a.m. showed a CNA (#1) applied gloves, removed Resident #35's soiled brief, performed perineal cares, and removed the soiled gloves. Without performing hand hygiene, the CNA (#1) applied new gloves, applied barrier cream to the resident's buttocks, and placed a new brief under the resident. The CNA (#1) removed the soiled gloves, and without performing hand hygiene, applied new gloves, adjusted/secured the resident's brief, adjusted the resident's pants, removed the gloves, and then performed hand hygiene. - Review of Resident #191's medical record occurred on all days of survey. Medical diagnoses included osteomyelitis (infection of the bone) and staphylococcus (infection of the skin). The current care plan stated, . on Enhanced Barrier Precautions r/t [related to] indwelling device PICC Line [a peripheral central catheter inserted into a vein in the upper arm] . use appropriate PPE when providing high level ADL's [activities of daily living] . use hand hygiene when visiting me . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355079	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Smp Health - St Catherine South	3102 S University Dr Fargo, ND 58103

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 6/09/25 at 4:04 p.m. showed an EBP sign on Resident #191 door. An unidentified CNA and a nurse (#5) entered Resident #191's room without performing hand hygiene or applying PPE. The CNA assisted Resident #191 out of a chair and the nurse (#5) applied a gait belt, and walked the resident to the bathroom. OPbservation showed the nurse (#5) touched areas of the resident's body, the walker, and the door during toileting cares and transfer assistance. The nurse (#5) admitted she should have performed hand hygiene and applied PPE prior to entering the room. During an interview on 6/11/25 at 3:48 p.m., an administrative nurse (#4) stated she expected staff to follow appropriate EBP.