

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  355086	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/04/2025
NAME OF PROVIDER OR SUPPLIER  Bethany on University		STREET ADDRESS, CITY, STATE, ZIP CODE  201 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)
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>Based on record review, review of professional reference, and staff interview, the facility failed to ensure residents remained free from significant medication errors for 1 of 1 sampled resident (Resident #1). Failure to follow physician's orders may result in adverse health consequences and/or delayed treatment for the resident.</p> <p>Findings include:</p> <p>Kozier &amp; Erb's Fundamentals of Nursing, Concepts, Process and Practice, 11th Edition eText, 2021, Pearson, Boston, Massachusetts, page 63, stated, . It is the nurse's responsibility to seek clarification of ambiguous or seemingly erroneous orders from the prescriber. If the order is neither ambiguous nor apparently erroneous, the nurse is responsible for carrying it out.</p> <p>Review of Resident #1's medical record occurred on 06/04/25 and identified a surgical procedure scheduled on 05/22/25. Preoperative orders, dated 05/12/25, stated, . Warfarin (Coumadin) [a blood thinner] -contact Coumadin Clinic or prescribing provider [about medication hold time before surgery]. A progress note, dated 05/16/25 at 7:03 p.m., stated, . Hold Coumadin (Jantoven) 5/16/25 until procedure done [05/22/25].</p> <p>Review of Resident #1's May 2025 Medication Administration Record (MAR) identified the resident received coumadin on 05/17/25 and 05/18/25.</p> <p>During an interview on 06/04/25, an administrative nurse (#1) confirmed staff failed to hold when the coumadin not held as the physician ordered.</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
---	-------	-----------