STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355086	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethany on University	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)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. Based on record review and review of facility policy the facility failed to provide the resident or resident representative with written discharge instructions for 1 of 2 sampled residents (Resident #190) who were discharged . Failure to provide written discharge instructions to residents leaving the facility may affect the continued health and safety of the residents discharged to the community.Findings include:Review of the facility policy titled TRANSFER AND DISCHARGE POLICY (including AMA [against medical advice) occurred on 02/12/26. This policy, revised February 2020, stated, . For a community discharge, a discharge summary and plan of care should be prepared for the resident.Review of Resident #190's medical record occurred on 02/12/26 and identified a discharge from the facility on 01/09/26. The record lacked evidence the facility provided written discharge instructions to the resident or the resident representative.

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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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on record review, review of facility policy, and staff interview, the facility failed to provide the State Long Term Care Ombudsman a written notice of transfer/discharge for 1 of 5 closed records (Resident #177) reviewed for discharge. Failure to notify the State Ombudsman of resident discharges does not allow the State Ombudsman to advocate for the resident and/or their representative regarding their options and rights. Findings include:Review of the facility policy titled Transfer And Discharge Policy occurred on 02/12/26. This policy, dated February 2020, stated, . Contents of the notice must include: The reason for transfer or discharge; The effective date of transfer or discharge; . A copy of the notice shall be provided to a representative of the Office of the State Long-Term Care Ombudsman. Review of Resident #177's medical record occurred on 02/12/26 and identified a discharge from the facility on 11/24/25. The record lacked evidence the facility notified the State Ombudsman of the discharge. During an interview on 02/12/26 at 10:57 a.m. an administrative staff member (#6) confirmed the facility failed to notify the State Ombudsmen of Resident #177's discharge.

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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, record review, review of facility policy, and staff interviews, the facility failed to follow infection control standards for 3 of 8 sampled residents (Residents #11, #94, and #118) on enhanced barrier precautions (EBP). Failure to follow infection control practices has the potential to spread infection throughout the facility. Findings Include: Review of the facility policy titled, Hand Hygiene occurred on 02/12/26. This policy revised February 2021, stated, . Hand Hygiene Table . after removing personal protective equipment (PPE), including gloves . [cleanse hands with] Either Soap and Water or Alcohol Based Hand Rub . Review of the facility policy titled, Infection Control - Enhanced Barrier Precautions occurred on 02/12/26. This policy revised May 2025, stated, . Enhanced Barrier Precautions (EBP) . infection control intervention designed to reduce transmission of multidrug-resistant organism that employs targeted gown and gloves use during high contact resident care activities. High-contact resident care activities include: . Device care . central lines, urinary catheters . -Review of Resident 11's medical record occurred on all days of survey. The current care plan stated, . [Resident #11] on Enhanced Barrier Precautions for Catheter Use . Observation on 02/11/26 at 1:00 p.m. showed an EBP sign on Resident 11's door, a certified nurse aide (CNA) (#2) changed the resident's catheter drainage bag change without applying a PPE gown. The CNA (#2) then applied a gown and stated she normally would have put one on before doing cares. The CNA (#2) completed the cares, removed the gown and gloves and without performing hand hygiene, exited the room.The CNA (#2) failed to apply a gown prior to beginning catheter drainage bag change and perform hand hygiene after removing the soiled gown and gloves. -Review of Resident #94's medical record occurred on all days of survey. The current care plan stated, . is on Enhanced Barrier Precautions for wound drain. Observation on 02/09/26 at 8:48 a.m. showed an EBP sign on Resident #94's door frame and a CNA (#4) in the resident's room with gloves on. The CNA (#4) applied heel boots to Resident #94's feet and adjusted the resident's bedding. The CNA removed her gloves, performed hand hygiene and exited the room. The CNA (#4) failed to apply a gown prior to doing close contact cares. Observation on 02/10/26 at 3:18 p.m. showed a CNA (#5) applied a gown and gloves to complete incontinence cares for Resident #94. After completing perineal care, the CNA (#5) removed the soiled gloves, and without performing hand hygiene, applied clean gloves and barrier cream to the buttocks area. The CNA removed the soiled gloves and without performing hand hygiene, applied clean gloves, placed a brief under the resident, and applied barrier cream to the perineal area. The CNA removed the soiled gloves and without performing hand hygiene, applied clean gloves, adjusted the brief, and the resident's bedding, and placed the call light within the resident's reach. The CNA (#5) failed to perform hand hygiene after removing the soiled gloves and before applying the clean gloves. - Review of Resident #118's record occurred on all days of survey. The current care plan stated, . on Enhanced Barrier Precautions for wounds and PICC [peripheral intravenous central catheter] line. Observation on 02/09/26 at 1:24 p.m. showed an EBP sign on Resident #118's door. A nurse (#1) entered Resident #118's room, performed hand hygiene, moved the bedside table next to the bed, and retrieved gloves from his/her pants pocket. The nurse placed the gloves, laboratory tubes, and sterile syringes onto the bedside table without cleaning the surface or placing a barrier. The nurse performed (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	hand hygiene, applied gloves and without applying a gown, cleansed the PICC line port with alcohol, flushed the line, and withdrew blood twice from the port. The nurse (#1) failed to properly clean the bedside table, place a protective barrier, and apply appropriate PPE prior to obtaining a laboratory blood draw and administering intravenous medication. Additionally, the nurse (#1) failed to clean the bedside table after completing the blood draws and medication administration. During an interview on the afternoon of 02/12/26, an administrative nurse (#3) confirmed she expected staff to wear proper PPE when performing high-contact resident care activities and perform hand hygiene after removing gloves and before applying clean gloves.