

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Woodside Village		STREET ADDRESS, CITY, STATE, ZIP CODE 4000 24th Ave S Grand Forks, ND 58201	

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>Based on observation, record review, review of facility policy, and staff interview, the facility failed to follow standards of infection control and prevention for 2 of 14 sampled residents (Resident #24 and #97) observed during cares. Failure to practice infection control standards related to enhanced barrier precautions (EBP) and hand hygiene/glove change has the potential to spread infection throughout the facility. Findings include:</p> <p>Review of the facility policy titled Enhanced Barrier Precautions occurred on 03/26/26. This policy, revised March 2025, stated, . Gloves and gowns are applied prior to performing the high contact resident care activity. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: . device care or use. urinary catheter .</p> <p>Review of the facility policy titled Handwashing/Hand Hygiene occurred on 03/26/26. This policy, revised October 2024, stated, . Hand hygiene is indicated . Before moving from work on a soiled body site to a clean body site on the same resident .</p> <p>- Review of Resident #24's medical record occurred on all days of survey and identified EBP.</p> <p>Observation on 03/24/26 at 3:00 p.m. showed a certified nurse aide (CNA) (#3) applied gloves and emptied Resident #24's urinary catheter collection bag. The CNA failed to apply a gown prior to completing high-contact resident care.</p> <p>- Observation on 03/24/26 at 4:27 p.m. showed a CNA (#5) changed Resident #97's soiled incontinent product. The CNA cleansed the rectal/perineal area using a disposable wipe and without changing gloves, applied a barrier cream to the resident's buttocks.</p> <p>During an interview on 03/26/26 at 9:00 a.m., an administrative nurse (#4) stated she expected staff to wear a gown and gloves when emptying a urine collection bag and to remove gloves, perform hand hygiene, and apply clean gloves, after perineal care and before applying an ointment.</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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