STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355124	A. Building B. Wing	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sheyenne Crossings Care Center/Tcu	125 13th Avenue West West Fargo, ND 58078

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37620 Based on record review, review of facility policy, resident, family, and staff interview, the facility failed to ensure all forms of communication related to code level status accurately reflected the residents' wishes for 2 of 18 sampled residents (Resident #30 and #48) and 1 supplemental resident (#14) reviewed for advance directives. Failure to ensure the medical record and other forms of communication accurately reflected the resident's code status limited the facility's ability to communicate to direct care staff and emergency personnel the resident's choice in the event of a medical emergency. Findings Include: Review of the facility policy titled CPR [cardiopulmonary resuscitation]/AED [automated external defibrillator]/Code Level occurred on [DATE]. This policy, revised [DATE], stated, . Uniform Code Levels (Code 1 and Code 2) and cardiac arrests will be discussed with all new residents and/or responsible party upon admission, hospital return, and annually with completion of the MDS [minimum data set]. Their wishes will be obtained, the Uniform Code Level Form will be completed, and documentation will be made in the resident's chart. A provider's order must be received . This is to ensure that a resident's wishes regarding CPR are followed in a time of crisis . - Review of Resident #14's medical record occurred on all days of survey. The Uniform Code Level Directives for Cardiopulmonary Resuscitation, signed by the resident on [DATE], indicated Code Level 2. The form identified code level 2 as No intervention will be made in the event of a cardiac or respiratory arrest including defibrillation, chest compression, artificial respiration, or chemical resuscitation. Other conditions will be treated as medically appropriate The face sheet, physician order summary, and electronic medication administration record (EMAR) identified a code level 2. The care plan identified a code level 1 All available reasonable technology is used in the event of cardiac or respiratory arrest. During an interview on [DATE] at 2:15 p.m., an administrative staff member (#1) confirmed the care plan failed to identify Resident #14's current code status. - Review of Resident #30's medical record occurred on all days of survey. The Uniform Code Level Directives for Cardiopulmonary Resuscitation, signed by the resident's representative on [DATE], indicated Code Level 2. The face sheet, physician order summary, and EMAR failed to identify a code status. The care plan identified a code level 1. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on [DATE] at 3:30 p.m., an administrative nurse (#2) confirmed the resident's face sheet, physician order summary EMAR, and care plan failed to identify Resident #30's current code status. - Review of Resident #48's medical record occurred on all days of survey. The Uniform Code Level Directives for Cardiopulmonary Resuscitation, signed by the resident's significant other on [DATE], indicated Code Level 2. The face sheet, physician order summary, EMAR, and care plan indicated a code level 1. During an interview on [DATE] at 5:15 p.m., Resident #48 and her significant other verified the code level 2 as accurate. 31725

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37620 Based on record review, review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.19.1), and staff interview, the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 1 of 18 sampled residents (Resident #29). Failure to accurately code the MDS does not allow each resident's assessment to reflect their current status/needs and may affect the accurate development of a comprehensive care plan and the care provided to the residents. Findings include: SECTION I: Active Diagnosis The Long-Term Care Facility RAI 3.0 User's Manual, revised October 2024, pages I-8, I-10, and I-12, states, . Coding Instructions: Code diseases that have a documented diagnosis in the last 60 days and have a direct relationship to the resident's current functional status, cognitive status, mood or behavior status, medical treatments, nursing monitoring . during the 7-day look-back period . Musculoskeletal . I4000, other fracture . Specific documentation may be found in progress notes, most recent history and physical, transfer notes, hospital discharge summary, etc. Review of Resident #29's medical record occurred on all days of survey and identified the following progress notes: * 10/25/2024 at 2:33 a.m.: Fall. Time of fall: 0125 [1:25 a.m.] . Resident self-transferring and fell . Small laceration on bridge of nose and nose is red and swollen. * 10/27/2024 at 1:23 p.m. Hospital Return. Resident admitted from: [hospital] . Reason for admission: Recent fall and nasal fracture. A significant change MDS, dated [DATE], identified staff failed to code Resident #29's nasal fracture in I4000. During an interview on 12/18/24 at 3:09 p.m., a nurse (#3) confirmed staff failed to code the nasal fracture on the significant change MDS. SECTION J: HEALTH CONDITIONS The Long-Term Care Facility RAI 3.0 User's Manual, revised October 2024, page J-34 states, . J1800: Any Falls Since Admission/Entry or Reentry or Prior Assessment . whichever is more recent. If this is not the first assessment/entry or reentry (A0310E = 0), the review period is from the day after the ARD [assessment reference date] of the last MDS assessment to the ARD of the current assessment. DEFINITION PRIOR ASSESSMENT: Most recent MDS assessment that reported on falls. . Code 0, no: if the resident has not had any fall since the last assessment. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #29's medical record occurred on all days of survey. A discharge return anticipated MDS, dated [DATE], identified staff coded the resident's fall on item J1800. A significant change MDS, dated [DATE], identified staff coded a fall on item J1800 since the last MDS. The medical record did not identify a fall between 10/25/24 and 11/01/24. The facility miscoded Resident #29's significant change MDS for J1800 as the medical record lacked evidence of a fall occurring after the date of the prior assessment on 10/25/24. During an interview on 12/17/24 at 5:18 p.m., a nurse (#3) confirmed staff miscoded the significant change MDS for falls.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 46477 Based on observation and staff interview, the facility failed to ensure safe and secure storage of medications and controlled substances (narcotics) in 1 of 1 unit (Transitional Care Unit (TCU)) observed. Failure to secure medications and controlled substances may result in unauthorized access to medications. Findings include: The facility failed to provide a policy on storage of medications and controlled substances. - Observation on 12/18/24 at 1:37 p.m., of the TCU medication cart with a medication aide (MA) (#5) showed narcotic medication cards within the cart not stored in a locked box. The MA stated, When I walk away, I lock the cart and put the keys in my pocket. I do not lock these in a lock box [referencing narcotic cards]. - Observation on 12/18/24 at 1:49 p.m., showed the TCU medication storage room door and the narcotic storage cupboard door unlocked and ajar with non-nursing personnel present. A staff nurse (#4) was unaware of why both doors were unlocked and ajar. During an interview on 12/18/24 at 2:05 p.m., an administrative nurse (#2) confirmed she expected staff to lock the medication storage room door and narcotic cupboard doors, and store narcotics in the lock box in the medication cart.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 31725 Based on observation, record review, review of facility policy, and staff interview, the facility failed to follow standards of infection control and prevention for 5 of 16 sampled residents (Resident #8, #9, #17, #32, and #36) and 2 supplemental residents (#7 and #46) observed during cares/dressing change. Failure to practice infection control standards related to hand hygiene, enhanced barrier precautions (EBP), during a dressing change, and disinfection of equipment has the potential to spread infection throughout the facility. Findings include: Review of the facility policy titled Hand Hygiene Policy occurred on 12/18/24. This policy, revised January 2024, stated, . Hand hygiene will be done a.) Before and After resident contact (before you leave the room) . Review of the facility policy titled Transmission-Based Precautions occurred on 12/18/24. This policy, revised January 2024, stated, . Enhanced barrier precaution - These are used to limit or prevent the spread of resistant organisms during high-contact resident care activities. In addition to standard precautions gown and gloves must be worn during high-contact resident care activities such as: . Transferring in the resident's room . Review of the facility policy titled Dressing Changes/Bandages occurred on 12/18/24. This policy, revised March of 2022, stated, . Clean area where supplies will be placed with germicidal wipes . - Review of Resident #8's medical record occurred on all days of survey. The current care plan stated, . Enhanced Barrier Precautions for indwelling catheter. Observation on all days of survey showed an EBP sign outside of Resident #8's room. Observation on 12/17/24 at 9:50 a.m. showed Resident #8 seated in a wheelchair and the certified nurse aide (CNA) (#8) transferred the resident into bed. The CNA failed to don gloves and a gown before transferring Resident #8. - Review of Resident #36's medical record occurred on all days of survey. The current care plan stated, . Enhanced Barrier Precautions in place. Observation on all days of survey showed an EBP sign outside of Resident #36's room. Observation on 12/17/24 at 9:58 a.m. showed a CNA (#9) and a nurse (#10) failed to don gloves or a gown and entered Resident #36's room to perform a transfer. The CNA and nurse used a full body mechanical lift to transfer the resident from the wheelchair to the bed. - Review of Resident #32's medical record occurred on all days of survey. The current care plan stated, . Enhanced Barrier Precautions due to ulcers to feet. Observation on all days of survey showed an EBP sign outside of Resident #32's room. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 12/17/24 at 10:31 a.m. showed a CNA (#11) donned gloves and a gown to assist Resident #32 onto the toilet. A second CNA (#9) entered the room to assist with the transfer and failed to don gloves and a gown. After the transfer, the CNA (#9) failed to perform hand hygiene before exiting the room. During an interview on 12/17/24 at 10:55 a.m., an administrative nurse (#2) stated she expected staff to wear appropriate personal protective equipment when transferring residents in an EBP room and expected staff to complete hand hygiene before leaving a resident's room after assisting with a transfer. - Observation on 12/16/24 at 1:40 p.m. showed two CNAs (#5 and #13) entered Resident #17's room with a full body mechanical lift and transferred the resident from the wheelchair to the bed. While performing cares, CNA (#5) failed to perform hand hygiene between glove changes and failed to perform hand hygiene or disinfect the lift when exiting the room. - Observation on 12/16/24 at 1:54 p.m. showed two CNAs (#5 and #13) entered Resident #7's room with the full body mechanical lift the CNAs failed to disinfect during the observation and transferred Resident #7. The CNAs failed to perform hand hygiene upon entering Resident #7's room, assisted with personal cares and failed to perform hand hygiene in between glove changes, before exiting the room, and failed to disinfect the mechanical lift when exiting the room. - Observation on 12/17/24 at 10:56 a.m. showed two CNAs (#6 and #7) assisted Resident #9 to the bathroom using the full body mechanical lift. After assisting the resident, the CNA (#7) exited the resident's room without disinfecting the lift. During an interview on 12/17/24 at 11:20 a.m., a CNA (#7) stated, It is our policy to sanitize between residents. I did forget to wipe the lift down. - Observation on 12/17/24 at 1:46 p.m. showed a CNA (#14) entered Resident #46's room to perform personal cares. The CNA failed to perform hand hygiene between gloves changes with cares and failed to perform hand hygiene before exiting the room. - Observation on 12/18/24 at 12:10 p.m. showed a licensed nurse (#12) entered Resident #36's room to perform a dressing change. The nurse failed to clean the bedside table with a germicidal wipe and placed the dressing supplies directly on the resident's bedside table. During an interview on 12/18/24 at 10:30 a.m., an administrative nurse (#2) confirmed staff are expected to complete hand hygiene during resident cares and sanitize equipment after each use. 39685 46477