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	02/25/2026

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 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 2 of 4 sampled residents (Resident #3 and #79) and 1 supplemental resident (Resident #10) 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 Transmission-Based Precautions occurred on 02/25/26. This policy, revised December 2024, stated, . Enhanced barrier precautions – These are used to limit or prevent the spread of resistant organisms . in addition to standard precautions gown and gloves must be worn during high-contact resident care activities such as: dressing . transferring . providing hygiene . assisting with toileting . changing linens . - Review of Resident #79's medical record occurred on all days of survey. The current care plan stated, . increased risk of infections related to presence of surgical wound and admitted with PU [pressure ulcer] to coccyx. Enhanced Barrier Precautions . Observation on 02/23/26 at 1:28 p.m. showed an EBP sign on Resident #79's door and a certified nurse aide (CNA) (#3) applied gloves and made the resident's bed. The CNA (#3) checked on Resident #79 in the bathroom and stated she needed to put on a gown. The CNA (#3) applied a gown and completed Resident #79's toileting cares. The CNA removed the soiled gloves, performed hand hygiene, applied clean gloves and assisted Resident #79 to a recliner, removed the soiled gown and gloves, performed hand hygiene and exited the room. The CNA (#3) failed to apply a gown prior to completing close contact cares and handling bed linens. Observation on 02/24/26 at 8:33 a.m. showed a CNA (#4) applied gloves and assisted Resident #79 from the bed to a scale chair and then to the toilet. The CNA (#4) made the resident's bed, provided hygiene cares, and dressed the resident. At 8:46 a.m., a nurse (#5) applied a gown and gloves, entered the room and instructed the CNA (#4) to put on a gown. The CNA (#4) removed the soiled gloves, performed hand hygiene, and exited the room, applied a gown and new gloves and completed Resident #79's cares. The CNA (#4) failed to apply a gown prior to completing close contact cares and handling bed linens. - Review of Resident #10's medical record occurred on all days of survey. The current care plan stated, . increased risk of infections related to suprapubic catheter . enhanced barrier precautions . Observation on 02/23/26 at 4:44 p.m. showed an EBP sign on Resident #10's door and a CNA (#2) combed the resident's hair, applied lotion to resident's arms and put on footwear. The CNA (#2) failed to apply a gloves and gown prior to completing close contact cares. - Review of Resident #3's medical (continued on next page)

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
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(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	record occurred on all days of survey. The current care plan stated, . increased risk of infections related to chronic vascular ulcers to bilateral [both] lower extremities. Enhanced Barrier Precautions . Observations on 02/24/26 showed an EBP sign on Resident #3's door and the following cares; * At 8:50 a.m. two (CNAs) (#6 and #7) entered the room, applied gloves, used a gait belt and assisted the resident out of bed, to bathroom, and onto the toilet. The CNAs changed the incontinence product, completed hygiene cares, and assisted the resident to dress. The CNAs (#6 and #7) failed to apply a gown prior to completing close contact cares. * At 1:35 p.m. the CNA (#7) entered the room, applied gloves, adjusted the blankets on the bed, used a gait belt, and transferred the resident from the wheelchair into the bed. The CNA removed the gait belt and gloves, completed hand hygiene and exited the room. The CNA (#7) failed to apply a gown prior to completing close contact cares. During an interview on 02/25/26 at 10:25 a.m., an administrative nurse (#1) confirmed she expected staff to wear proper personal protective equipment (PPE) when performing high-contact resident care activities.