

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  355129	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/20/2025
NAME OF PROVIDER OR SUPPLIER  Fargo Elim Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3534 University Drive S Fargo, ND 58104	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39211</b></p> <p>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 3 of 19 sampled residents (Resident #2, #19, and #40). Failure to accurately complete 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.</p> <p>Findings include:</p> <p>The Long-Term Care Facility RAI User's Manual, revised October 2024, pages N-6 to N-8, stated, . Code all high-risk drug class medications according to their pharmacological classification . N0415: High-Risk Drug Classes: Use and Indication . N0415C1. Antidepressant: Check if an antidepressant medication was taken by the resident at any time during the 7-day look-back period . N0415E1. Anticoagulant: Check if an anticoagulant medication was taken by the resident at any time during the 7-day look-back period . N0415F1. Antibiotic: Check if an antibiotic medication was taken by the resident at any time during the 7-day look-back period. N0415I1. Antiplatelet: Check if an antiplatelet medication (e.g., [example] aspirin/extended release .) was taken by the resident at any time during the 7-day observation period.</p> <p>- Review of Resident #2's medical record occurred on all days of survey. A physician's order dated 11/16/24 included cefpodoxime (antibiotic). The facility failed to code the antibiotic medication on the quarterly MDS, dated [DATE].</p> <p>- Review of Resident #19's medical record occurred on all days of survey. A physician's order dated 10/03/24 included escitalopram oxalate (antidepressant). The facility failed to code the antidepressant medication on the quarterly MDS, dated [DATE].</p> <p>During an interview on the afternoon of 02/19/25, administrative staff member (#1) confirmed staff should have coded Resident #2's MDS for an antibiotic and Resident #19's MDS for an antidepressant.</p> <p>- Review of Resident #40's medical record occurred on all days of survey. A Physician's order dated 10/17/24 included aspirin (antiplatelet), and did not identify an anticoagulant medication. The facility staff coded both antiplatelet and anticoagulant on the quarterly MDS, dated [DATE].</p> <p>(continued on next page)</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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F 0641  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During an interview on 02/19/25 at 3:19 p.m., an administrative staff member (#1) confirmed the facility staff coded Resident #40's MDS incorrectly.  46963

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>52000</p> <p>Based on observation, review of facility policy, review of professional reference, and staff interview, the facility failed to ensure food is prepared in accordance with professional standards for food service sanitation in 1 of 1 kitchen. Failure to prepare food in a sanitary manner, such as not wearing beard restraints, may result in contamination of food served to residents, staff, and visitors.</p> <p>Findings include:</p> <p>Review of the facility policy titled; Food and Nutrition Services occurred on 02/20/25. This policy, revised 01/12/24 stated, . Hairnets or caps and/or beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils and linens.</p> <p>The 2022 Food and Drug Administration (FDA) Food Code, Chapter 2, pages 21-22 states, . 2-402 Hair restraints . (A) . FOOD EMPLOYEES shall wear hair restraints such as . beard restraints . to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES.</p> <p>Observation of the kitchen during the initial tour on 02/18/25 at 12:53 p.m., during tray line on 02/18/25 at 4:40 p.m., and during the final tour on 02/19/25 at 2:30 p.m., showed two male cooks prepared food with no beard restraints.</p> <p>During an interview on 02/20/25 at 11:00 a.m., an administrative staff member (#2) stated newly hired staff are told their facial hair must remain trimmed.</p>