

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Bethany on 42nd		STREET ADDRESS, CITY, STATE, ZIP CODE 4255 30th Ave 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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and review of facility policy, the facility failed to follow standards of infection control and prevention for 3 of 9 sampled residents (Resident #28, #55 and #95) observed during cares. Failure to practice infection control standards related to hand hygiene and enhanced barrier precautions (EBP) has the potential to spread infection throughout the facility.</p> <p>Findings include:</p> <p>Review of the facility policy titled Hand Hygiene occurred on 04/30/25. This policy, revised February 2021, stated, . Hand Hygiene table . Soap and Water or Alcohol Based Hand Rub . Before applying and after removing personal protective equipment (PPE), including gloves . After assisting with personal body function . elimination .</p> <p>Review of the facility policy titled Infection Control - Enhanced Barrier Precautions occurred on 05/01/25. This policy, revised January 2025, stated, . Enhanced barrier precautions will be implemented for residents with the following . Wounds . High-contact resident care activities include . Wound care, any skin opening requiring a dressing.</p> <p>- Observation on 04/28/25 at 1:36 p.m. showed two certified nurse aides (CNAs) (#2 and #3) assisted Resident #28 with perineal care. The CNA (#2) performed perineal care, changed gloves, applied a clean brief, assisted the resident up in bed, and adjusted the resident's clothing and blankets. The CNA (#2) failed to perform hand hygiene after removing gloves.</p> <p>- Observation on 04/28/25 at 3:27 p.m. showed two CNAs (#4 and #5) assisted Resident #55 with perineal care. The CNA (#4) performed perineal care after an incontinent bowel movement, changed gloves, applied a clean brief, assisted the resident up in bed, adjusted the resident's blankets, lowered the bed and changed gloves. The CNA (#4) collected the garbage and exited the room. The CNA (#4) failed to perform hand hygiene after removing gloves and before exiting the room.</p> <p>- Review of Resident #95's medical record occurred on all days of survey. A quarterly Minimum Data Set (MDS), dated [DATE], identified the resident receives dialysis. The current care plan stated, . [Resident #95] is on Enhanced Barrier Precautions for presence of right chest port and wound.</p> <p>An observation on 04/29/25 at 8:25 a.m. showed a nurse (#6) entered Resident #95's room, applied gloves, and provided wound care. The nurse (#6) failed to follow EBP and apply a gown during high contact wound care.</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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