STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355129	A. BUILDING _____ B. WING _____	C 02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FARGO ELIM HEALTH CARE CENTER	**3534 UNIVERSITY DRIVE S FARGO, ND 58104**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The standard Medicare/Medicaid recertification and complaint survey started on 02/18/25 and concluded 02/20/25. During the complaint investigation, the facility was found in compliance with regulatory requirements.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: 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. Findings include: 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	F 641	Plan of Correction for Deficiency F641 It is the policy of Fargo Elim to comply with the regulation cited under F641, which requires accurate coding of the Minimum Data Set (MDS) to ensure each resident's assessment reflects their current status and needs, facilitating the development of a comprehensive care plan and the provision of appropriate care. Corrective Actions for Affected Residents " Resident #2, #19, and #40: " Conduct a thorough review and re-assessment of the MDS for each affected resident. " Update the MDS to accurately reflect the current status and needs of each resident. " Communicate any changes in the care plan to the relevant care team members to ensure continuity and accuracy in care delivery. Identification of Other Potentially Affected	3/27/25

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

Electronically Signed | 03/06/2025

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F 641	Continued From page 1 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. . . ." - 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 11/22/24. - 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 01/08/25. 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. - 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 01/08/25.	F 641	Residents " Audited Section N in the last MDS completed for every resident to ensure continuity and accuracy. Measures to Prevent Recurrence " Comprehensive training on Section N of the MDS took place on March 7th, 2025. The MDS Coordinator and another MDS Nurse received the training. Monitoring and Auditing " The Director of Nursing or designee will audit 10% of all MDS records weekly for three weeks, then monthly for two months to ensure accurate coding and compliance with F641. " Results of these audits will be reviewed by the facility's Quality Assurance and Performance Improvement (QAPI) committee. The committee will determine if further monitoring or audits are necessary based on the findings. Responsible Person " The Director of Nursing or designee is responsible for maintaining compliance with this plan of correction.	

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F 641	Continued From page 2 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.	F 641		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: 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.	F 812	Plan of Correction for Deficiency F812 It is the policy of Fargo Elim to comply with the regulation cited under F812, which requires that food is prepared in accordance with professional standards for food service sanitation. To assure continued compliance, the following plan has been put into place:	3/27/25

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F 812	Continued From page 3 Findings include: 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. . . ." 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. . . ." 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. 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.	F 812	Corrective Actions for Affected Residents " Immediate Action: All kitchen staff will be required to wear appropriate beard restraints immediately to prevent any potential contamination of food served to residents, staff, and visitors. Identification of Other Potentially Affected Residents " Comprehensive Review: Conduct a thorough review of all kitchen staff to ensure compliance with beard restraint policies. This includes checking for any other staff members who may not have been adhering to the policy. Measures to Prevent Recurrence " Policy Reinforcement: The policy was reviewed, updated and reinforced, specifically focusing on the requirement for beard restraints on February 20th, 2025. " Training Sessions: A mandatory training session for all kitchen staff on professional standards for food service sanitation, emphasizing the importance of wearing beard restraints will take place on March 18th, 2025. " Signage: Signage in the kitchen area reminding staff of the requirement to wear beard restraints at all times was placed on March 10th, 2025. Monitoring and Auditing " Audit Process: The Food Service Manager or designee will audit 100% of kitchen staff compliance with beard restraint policies weekly for three weeks,	

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F 812	Continued From page 4	F 812	then monthly for two months. " QAPI Review: Results of these audits will be reviewed by the facility's Quality Assurance and Performance Improvement (QAPI) committee. The committee will determine if further monitoring or audits are necessary based on the audit outcomes. Responsible Person " Compliance Oversight: The Food Service Manager or designee is responsible for maintaining compliance with the food service sanitation standards, including the use of beard restraints.	