STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355101	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dakota Alpha	**1303 27th Street NW , Mandan, North Dakota, 58554**

(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
F0000	INITIAL COMMENTS The standard Medicare/Medicaid recertification survey started on 07/07/25 and concluded 07/09/25.	F0000		
F0658 SS = D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, policy review, and staff interview, the facility failed to provide medication in accordance with professional standards for 1 of 5 residents (Resident #5) observed during medication pass. Failure to ensure the facility's stock medication formulary accommodated physicians' orders and/or staff clarified orders to match the formulary stock medication supply resulted in Resident #5 and possibly other residents receiving an inaccurate medication dose and may result in unintended therapeutic results. Findings include: Review of the facility policy titled "Administration of Medications" occurred on 07/09/25. This policy, dated 07/01/25, stated, "Procedure: Medications are administered . . . as ordered by the physician . . . Ensure that the six rights of medication administration are followed: . . . Right dosage . . ." Review of Resident #5's medical record occurred on 07/08/25. A physician's order, dated 06/01/23, stated, "Calcium-Vitamin D Tablet 600-200 MG [milligrams]-UNIT [Calcium 600 mg with Vitamin D 200 units (equivalent to 5 micrograms)] Give 1 tablet by mouth two times a day for OTHER SPECIFIED	F0658	Tag Cited: F658-Services Provided Meet Professional Standards 1. Immediate action(s) taken for the resident(s) found to have been affected include: On 7/8/25, Molly Berger, DNP was contacted to notify of medication error due to wrong dosage of Calcium/Vitamin D administered to resident #5. New order obtained to change current order of Calcium 600 mg/Vitamin D 200 IU to Calcium 600 mg/ Vitamin D 400 IU, to correlate with our current House Stock supply of Calcium supplement. Molly Berger, DNP gave new order for Calcium supplement and order was updated in resident #5 medical record and e-signed per DNP. On 7/8/25, nursing administration reviewed and correct all resident orders to ensure current orders for Calcium supplement were corrected per facility procedure. On 7/16/25, Director Nursing met with Nurse #1 regarding wrong dose of Calcium supplement administered to resident #5. Education was given related to facility procedure for medication administration. 2. Identification of other residents having the potential to be affected was accomplished by: Other residents that are currently taking Calcium supplementation (Resident #6 and KW) were identified and orders were correct per facility procedure. 3. Action taken/systems put into place to reduce the risk of future occurrence include:	08/13/2025

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 reverse for further 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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F0658 SS = D	Continued from page 1 DISORDERS OF BONE DENSITY AND STRUCTURE." Observation on 07/08/25 at 8:23 a.m. showed a nurse (#1) administered one tablet of Calcium 600 mg with Vitamin D 400 units (equivalent to 10 micrograms) to Resident #5 from the supply of stock medications. The nurse later verified this as the only Calcium with Vitamin D available in the facility's stock supply. During an interview on 07/08/25 at 11:21 a.m., an administrative nurse (#2) stated the facility used the stock Calcium with Vitamin D the consultant pharmacy provided. At 11:55 a.m., the nurse (#2) stated the facility provided stock medications as part of a resident's care and the nurse should have contacted the provider to update the order to match the stock medication available.	F0658	Continued from page 1 Training assigned to Nurses via Relias called “Quick Clip: Rights of Medication Administration” to educate on the 6 rights of medication administration. This Relias training is due 8/6/25. 4. How the corrective action(s) will be monitored to ensure the practice will not recur: The Assistant Director of Nursing, or designee will complete random weekly audits (utilizing the Medication Administration Validation Checklist form) for failure to provide medication in accordance with professional standards, for 4 weeks, then monthly for 4 months. Audits will be submitted to the Director of Nursing for review. Results will be reviewed at the quarterly QAPI meeting for 6 months, and if no trends found, they will be reviewed on an as needed basis. 5. Correct action completion date: 8/13/25	08/13/2025
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and	F0880	Tag Cited: F880 Infection Prevention and Control 1.Immediate action(s) taken for the resident(s) found to have been affected include: On 7/10/25 and 7/11/25, administrative nurses gave verbal education to scheduled Nursing staff during 1400 Shift Report regarding Enhanced Barrier Precautions. On 7/14/25, Infection Preventionist nurse reviewed Enhanced Barrier Precautions (EBP) procedure. On 7/16/25, Infection Preventionist nurse met with CNA #3 to provide education, provided time for questions regarding EBP. On 7/17/25, administrative nurse added verbiage to orientation checklists specifically regarding EBP. 2. Identification of other residents having the potential to be affected was accomplished by: There are 3 other residents on EBP, therefore this potentially affects 4 residents at Dakota Alpha. 3. Action taken/systems put into place to reduce the risk of future occurrence include:	08/13/2025

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F0880 SS = D	Continued from page 2 procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, professional reference, and staff interview, the facility failed to	F0880	Continued from page 2 Training assigned to Nursing staff via Relias called “Infection Control: Enhanced Barrier Precautions” and “8 Moments of Enhanced Barrier Precautions” poster, in order to educate on Enhanced Barrier Precautions. This Relias training is due 8/6/25. 4. How the corrective action(s) will be monitored to ensure the practice will not recur: The Infection Preventionist, or designee will complete random weekly audits (utilizing the Enhanced Barrier Precaution (EBP) Validation Checklist) for failure to practice infection control standards related to enhanced barrier precautions (EBP) during resident cares, for 4 weeks, then monthly for 4 months. Audits will be submitted to the Director of Nursing for review. Results will be reviewed at the quarterly QAPI meeting for 6 months, and if no trends found, they will be reviewed on an as needed basis. 5. Correct action completion date: 8/13/25	08/13/2025

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F0880 SS = D	Continued from page 3 follow standards of infection control and prevention for 1 supplemental resident (Resident #7) observed during cares. Failure to practice infection control standards related to enhanced barrier precautions (EBP) has the potential to spread infection throughout the facility. Findings include: Review of the Centers of Disease Control (CDC) guidance at https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/policy-memos-states-and-cms-locations/enhanced-barrier-precautions-nursing-homes-prevent-spread-multidrug-resistant-organisms-mdros, dated March 20, 2024, titled "Enhanced Barrier Precautions in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs)," stated, "EBP are indicated for residents with . . . indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. Indwelling medical device examples . . . feeding tubes . . . " Review of Resident #7's medical record occurred on all days of survey. The care plan identified the resident required EBP. Observation on 07/07/25 at 10:47 a.m. showed a sign on Resident #7's door identifying enhanced barrier precautions. A certified nurse aide (CNA #3) completed hand hygiene, applied gloves, performed perineal cares, and transferred Resident #7 from the toilet to the wheelchair using a mechanical sit to stand lift. The CNA (#3) failed to apply a gown before providing perineal cares. During an interview on 07/08/25 at 4:40 p.m., an administrative nurse (#2) stated she expected staff to wear gowns when providing toileting assistance for residents requiring enhanced barrier precautions.	F0880		08/13/2025