STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355081	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROLETTE COMMUNITY CARE CENTER	**804 STATE STREET , ROLETTE, North Dakota, 58366**

(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 An on-site revisit survey was concluded on 01/14/26 to determine compliance with deficiencies identified during the recertification and complaint survey completed on 12/04/25.	F0000		01/26/2026
F0554 SS = D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to complete a self-administration of medication (SAM) assessment for 1 of 1 sampled resident (Resident #4) observed with medications at the bedside. Failure to determine a resident's capacity to safely self-administer medications may result in medication errors, adverse drug events, and/or harm to the resident. Findings include: Review of the facility policy titled "Self-Administration of Medication's" occurred on 01/14/26. This policy, dated February 2021, stated, ". . . comprehensive assessment, interdisciplinary team (IDT) assesses each resident to determine whether self-administration of medications is safe and clinically appropriate for the resident. . . . If deemed safe and appropriate for a resident to self-administer medications, this is documented in the medical record and in the care plan. . . ." Review of Resident #4's medical record occurred on January 13-14, 2026. The record lacked a SAM assessment to determine whether self-administration of medications is safe and appropriate for this resident. Observation on 01/13/26 at 12:30 p.m. identified a	F0554	Corrective Action: Resident #4 has his medications administered by the CMA or nurse on duty. Identification of Others: All residents who are capable of self-administering medications should be allowed to do so with proper assessments and authorizations. Changes to Systems: A new SAM assessment/authorization form was created. Any resident who wishes to self-administer their medications should be assessed by the interdisciplinary team to see if they are capable of administering their medications. The PCP also needs to give his authorization for self-administration of medications. They then can sign the authorization form. Monitoring: The DON or her designee will monitor all residents with SAM consents for correct administration of medication. This will be done weekly times 4, monthly times 2 and then brought to QAPI for further review and recommendations. Corrective Date: 01/26/2026	01/26/2026

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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F0554 SS = D	Continued from page 1 clear plastic medication cup containing six pills on the resident's bedside table. During an interview on 01/13/26 at 12:30 p.m. Resident (#4) identified the pills as his/her 8:00 a.m. medications and they've been on the bedside table since this morning. Review of the resident's medications showed morning medications included: aspirin, Coreg (a heart medication), Metformin (a diabetic medication), folic acid, cyanocobalamin (vitamin B-12), and Colace. During an interview on the afternoon of 01/14/26 an administrative staff (#3) confirmed the facility failed to complete a SAM assessment.	F0554		01/26/2026
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 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;	F0880	Corrective Action: Educated staff who failed to perform the proper hand washing hygiene with the use of PPE in EBP for residents. Identification of Others: All residents have the potential to be affected by this deficient practice. System Changes: All nursing staff were instructed on infection control policy and procedures, paying particular attention to hand hygiene on 1.14.2026. A demonstration of donning and doffing of PPE was given at the mandatory meeting on 1.20.2026 showing the hand hygiene with removing of gloves at the proper times. The importance of integrating glove use along with routine hand hygiene being recognized as the best practice for preventing healthcare-associated infections was reviewed. Monitoring: Due to this being a repeat issue, the DON or her designee will be auditing daily times 3 weeks, weekly times 4, monthly times 2, until 100% compliance. This will then be submitted to QAPI for review and further recommendations. Corrective Date:	01/26/2026

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F0880 SS = D	Continued from page 2 (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, review of facility policy, and staff interview, the facility failed to follow infection control practices for 2 of 2 sampled residents (Residents #1 and #3) requiring Enhanced Barrier Precautions (EBP). Failure to follow infection control practices during transfers and toileting/personal care has the potential to spread infection to other residents, staff and visitors. Findings include:	F0880		01/26/2026

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F0880 SS = D	Continued from page 3 Review of the facility policy titled "Handwashing/Hand Hygiene" occurred on 01/13/26. This policy dated October 2023, stated, " . . . Hand hygiene is indicated: . . . after contact with blood, body fluids . . . before moving from work on a soiled body site to a clean body site on the same resident; and immediately after glove removal. . . . Single-use disposable gloves should be used: when anticipating contact with blood or body fluids; and when in contact with a resident, or environment of a resident, who is on contact precautions. . . ." Review of the policy titled "Enhanced Barrier Precautions" occurred on 01/14/2026. This policy, dated December 2024, stated, ". . . EBPs refer to infection prevention and control interventions designed to reduce transmission of multi-drug-resistant organisms . . . Gloves and gown are applied prior to performing the high contact resident care activity . . . Examples of high contact resident care activities requiring the use of gown and gloves for EBPs include: dressing . . . changing briefs or assisting with toileting; transferring; providing bed mobility . . . device care or use (central lines, urinary catheters, feeding tube . . .) . . ." - Review of Resident #1's medical records occurred on all days of survey. The current physician's orders identified a Percutaneous Endoscopic Gastrostomy tube (feeding tube) and EBP. Observation on 01/13/26 at 1:00 p.m. showed two certified nurse aides (CNA's) (#1and #2) entered Resident #1's room and transferred the resident with a full body lift from the wheelchair to the bed. The CNA (#1) changed the resident's brief, removed the soiled gloves, and positioned the resident in the bed. The CNA (#1) failed to perform hand hygiene after removing the soiled gloves and failed to apply clean gloves. The CNA (#2) failed to sanitize the lift prior to removing it from the resident's room. - Review of Resident #3's medical record occurred on all days of survey and identified a tunneled catheter to the right clavicle area. An EBP sign outside room stated caregivers must, "clean their hands, including before entering and when leaving the room and must also: wear gloves and a gown for the following High Contact Resident Care Activities. Dressing . . . Transferring . . . assisting with toileting, Device . . . use central line . . ." Observation on 01/14/26 at 8:58 a.m. showed the CNA (#5) applied a gown and gloves, entered	F0880		01/26/2026

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F0880 SS = D	Continued from page 4 Resident #3's room, and provided toileting/perineal care. After cares, the CNA (#5) changed the resident's clothes and transferred the resident to the wheelchair. The CNA (#5) failed to remove the soiled gloves, perform hand hygiene, and apply clean gloves prior to changing tasks. During an interview on the afternoon on 01/14/26, two administrative staff members (#3 and #4) confirmed the observations did not reflect current infection control standards.	F0880		01/26/2026