STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355124	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEYENNE CROSSINGS CARE CENTER/TCU	**125 13TH AVENUE WEST , WEST FARGO, North Dakota, 58078**

(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 and complaint survey started on 02/23/26 and concluded 02/25/26.	F0000		03/02/2026
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; (ii) When and to whom possible incidents of communicable disease or infections should be reported;	F0880	Staff involved (CNA #2, CNA #3, CNA #4, CNA #6, and CNA #7,) were provided education on enhanced barrier precautions on 2/25/26. In addition, all residents including residents #3, #10, and #79 in the facility were monitored for signs and symptoms of infection. All residents have the potential to be impacted. On 3/10/26, all staff will be provided with education regarding proper infection control standards related to enhanced barrier precautions in correlation with Eventide's Transmission-Based Precautions, Policy. The DON or designee will complete audits on enhanced barrier precautions. The Director of Nursing or designee will audit weekly for one month, monthly for three months, and quarterly for one year. The results of the audits will be reported to the QA committee, and the facility will complete additional audits as recommended. Date for completion of corrective action: 3/20/26	03/20/2026

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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F0880 SS = D	Continued from page 1 (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 interviews, the facility failed to follow infection control standards for 2 of 4 sampled residents (Resident #3 and #79) and 1 supplemental resident (Resident #10) on enhanced barrier precautions (EBP). Failure to follow infection control practices has the potential to spread infection throughout the facility. Findings include: Review of the facility policy titled “Transmission-Based Precautions” occurred on 02/25/26. This policy, revised December 2024,	F0880		03/20/2026

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F0880 SS = D	Continued from page 2 stated, " . . . Enhanced barrier precautions – These are used to limit or prevent the spread of resistant organisms . . . in addition to standard precautions gown and gloves must be worn during high-contact resident care activities such as: dressing . . . transferring . . . providing hygiene . . . assisting with toileting . . . changing linens . . ." - Review of Resident #79's medical record occurred on all days of survey. The current care plan stated, " . . . increased risk of infections related to presence of surgical wound and admitted with PU [pressure ulcer] to coccyx. . . . Enhanced Barrier Precautions . . ." Observation on 02/23/26 at 1:28 p.m. showed an EBP sign on Resident #79's door and a certified nurse aide (CNA) (#3) applied gloves and made the resident's bed. The CNA (#3) checked on Resident #79 in the bathroom and stated she needed to put on a gown. The CNA (#3) applied a gown and completed Resident #79's toileting cares. The CNA removed the soiled gloves, performed hand hygiene, applied clean gloves and assisted Resident #79 to a recliner, removed the soiled gown and gloves, performed hand hygiene and exited the room. The CNA (#3) failed to apply a gown prior to completing close contact cares and handling bed linens. Observation on 02/24/26 at 8:33 a.m. showed a CNA (#4) applied gloves and assisted Resident #79 from the bed to a scale chair and then to the toilet. The CNA (#4) made the resident's bed, provided hygiene cares, and dressed the resident. At 8:46 a.m., a nurse (#5) applied a gown and gloves, entered the room and instructed the CNA (#4) to put on a gown. The CNA (#4) removed the soiled gloves, performed hand hygiene, and exited the room, applied a gown and new gloves and completed Resident #79's cares. The CNA (#4) failed to apply a gown prior to completing close contact cares and handling bed linens. - Review of Resident #10's medical record occurred on all days of survey. The current care plan stated, " . . . increased risk of infections related to suprapubic catheter . . . enhanced barrier precautions . . ." Observation on 02/23/26 at 4:44 p.m. showed an EBP sign on Resident #10's door and a CNA (#2) combed the resident's hair, applied lotion to resident's arms and put on footwear. The CNA (#2) failed to apply a gloves and gown prior to completing close contact cares.	F0880		03/20/2026

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F0880 SS = D	Continued from page 3 - Review of Resident #3's medical record occurred on all days of survey. The current care plan stated, ". . . increased risk of infections related to chronic vascular ulcers to bilateral [both] lower extremities. . . . Enhanced Barrier Precautions . . ." Observations on 02/24/26 showed an EBP sign on Resident #3's door and the following cares; * At 8:50 a.m. two (CNAs) (#6 and #7) entered the room, applied gloves, used a gait belt and assisted the resident out of bed, to bathroom, and onto the toilet. The CNAs changed the incontinence product, completed hygiene cares, and assisted the resident to dress. The CNAs (#6 and #7) failed to apply a gown prior to completing close contact cares. * At 1:35 p.m. the CNA (#7) entered the room, applied gloves, adjusted the blankets on the bed, used a gait belt, and transferred the resident from the wheelchair into the bed. The CNA removed the gait belt and gloves, completed hand hygiene and exited the room. The CNA (#7) failed to apply a gown prior to completing close contact cares. During an interview on 02/25/26 at 10:25 a.m., an administrative nurse (#1) confirmed she expected staff to wear proper personal protective equipment (PPE) when performing high-contact resident care activities.	F0880		03/20/2026