STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355031	A. Building B. Wing	06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Minot Health and Rehab, LLC	600 S Main St Minot, ND 58701

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, review of facility policy, resident and family interview, and staff interview, the facility failed to ensure a clean and homelike environment for 1of 3 sampled residents (Resident #1) dependent on staff assistance for toileting. Failure to maintain a clean and sanitary bathroom does not promote a homelike living environment or enhance the resident's quality of life.Findings include:Review of the facility policy titled Safe and Homelike Environment occurred on 06/15/26. This undated policy, stated, . the facility will provide a safe, clean, comfortable and homelike environment . services will be provided as necessary to maintain a sanitary, orderly and comfortable environment. Minimize odors . reporting lingering odors and bathrooms needing cleaning .During an interview on 06/15/26 at 9:38 a.m., Resident #1 reported she does not use the bathroom, but staff assist her with a bed pan for toileting needs. The resident's spouse, in attendance during the interview, stated, the staff do not always flush the toilet after they empty the bed pan. He also stated there are times he arrives at the room in the morning, notices an odor in the bathroom, and finds bowel movement in the toilet. Observation of the resident bathroom/toilet at 9:48 a.m. showed the bathroom door closed. When the surveyor opened the door, a urine odor was detected, and the toilet bowl contained urine colored water. Resident #1 reported staff assisted her with the bed pan prior to breakfast. During an interview on 06/15/26 at 4:30 p.m., an administrative staff member (#1) stated staff are expected to flush the toilet after emptying a bedpan and/or after resident toileting.

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