STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355065	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunset Drive - A Prospera Community	1011 Boundary St NW Mandan, ND 58554

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, review of facility policy, and staff interview, the facility failed to ensure residents received the necessary services to maintain oral hygiene for 2 of 2 sampled residents (Resident #1 and #2) dependent on staff for oral cares. Failure to provide oral care for a dependent resident may result in poor hygiene, increased oral/dental problems, and potential for adverse health effects. Findings include:Review of the facility policy titled Activities of Daily Living occurred on 07/24/25. This policy, dated December 2024, stated, . Any resident who is unable to carry out activities of daily living [ADL's] will receive necessary services to maintain good nutrition, grooming and personal and oral hygiene . ADLs are necessary tasks conducted in the normal course of a resident's daily life . included in these are the following: . Daily hygiene/grooming . oral care.-Review of Resident #1's medical record occurred on all days of survey. A Minimum Data Set (MDS), dated [DATE], identified assistance with oral cares. The current care plan stated, . I have ADL deficits . ORAL CARE: I require assistance of 1 for oral care . oral cares every AM and HS [bedtime] and as needed .Resident #1's oral care schedule identified for the months of May and June 2025; facility staff were expected to complete oral cares twice per day (AM and PM) and three times a day and PRN (as needed) for the month of July 2025. Review of documentation from May 2025 to July 18, 2025, identified the following:May 1-31 - PM: 10 days not completed.June 1-30 - AM: 4 days not completed. PM - 8 days not completed.July 1-18 - Scheduled for every shift (AM, PM, NIGHTS, PRN): AM: 3 days not complete. PM: 7 days not completed. Night: 0 days completed. PRN: 0 days completed.-Review of Resident #2's medical record occurred on 7/24/25. The current care plan stated, . I have ADL self-care performance deficit R/T . ORAL CARE: I require set-up assistance . twice per day (AM and PM).Resident #2's oral care documentation for July 10-24, 2025, identified two days AM oral cares were not completed, and 6 days PM oral cares were not completed. During an interview on 07/24/25 at 9:30a.m., an administrative staff member (#2) stated she expected staff to provide oral care to residents as care planned.

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Based on review of facility policy and resident and staff interviews, the facility failed to ensure residents remained free from accident hazards during 2 of 2 severe weather events (06/20/25 and 06/27/25). Failure to ensure facility staff took appropriate action/precautions to protect residents during severe weather events placed all residents at risk for physical and emotional harm. During an on-site complaint survey, the survey team consulted with the State Survey Agency (SSA) on 07/24/25 and determined an Immediate Jeopardy (IJ) situation existed on 06/20/25. The facility failed to implement their emergency plan when tornado warnings were issued which placed residents at risk for injury.* 07/24/25 at 5:24 p.m., the survey team notified the acting administrator (#1) and the director of nursing (DON) (#2) of the IJ situation, provided the IJ template, and requested the facility's removal plan for the IJ.* 07/25/25 at 1:41 p.m., the State Agency (SA) reviewed and accepted the removal plan.* 07/28/25 at 3:11 p.m., the survey team verified the implementation of the removal plan as of 07/25/25 and the IJ removal. The deficient practice remained at a F scope and severity following the removal of the IJ.The facility completed the following steps to remove the immediacy and correct the deficient practice:*Completed a comprehensive review of the emergency management resource packet/binder and the policy and procedure for tornado watches and warnings. *Completed a tabletop tornado drill on all four units for leadership, employees, and ancillary/dietary staff working on 07/24/25. *Ordered five new electric/battery powered weather radios on 07/24/25 to be located on each unit and at the main floor reception desk. *Ensured current weather radios were present and working on Units 1 and 3 on 07/24/25. Unit 3 is designated to listen to weather updates and notify Units 1, 2, and 4 when to implement and end the tornado watch and tornado warning protocols. *Educated all staff via OnShift (the facility's text/telephone messaging system) with the education to be completed during their shift and/or prior to their next shift. *Assigned all employees computer training for Workplace Emergencies and Natural Disasters. Findings include:Review of the facility policy titled Tornados occurred on 07/24/25. This undated policy stated, . Each center should have a national weather service radio with an audible alarm in accessible common area. In case of a tornado or threat of tornado, tune into local weather radio or television for information and advice from the National Weather Service and public safety agencies. A WATCH indicates that conditions exist wherein a tornado may develop. 1. Close drapes in resident rooms and common areas. 2. Gather flashlights in case of power failure. 3. Alert all on-duty staff to the potential for a tornado 4. Continue to monitor local TV/radio stations for weather updates. A WARNING indicates a tornado has been sighted or indicated by radar. Upon notification that a tornado had been sighted . the following additional procedures should be implemented: 1. Alert staff that a tornado has been sighted. 2. Move residents/clients, staff, and visitors into first floor interior hallways, bathrooms, or areas away from windows or skylights. Close doors after residents have been evacuated. 3. Charge nurse must have a roster of residents/clients and keep them together. 4. If possible, place resident near protective walls with arms over head. Provide blankets and pillows for protection. If there is no time to get residents to protected areas, have them lie flat on the floor, face down. 5. Use beds, bed covers or mattresses as protection against flying glass and debris where applicable. 7. Stand by for the ALL CLEAR. Stay in the building until the storm has passed. Review of the SEVERE WEATHER ALERT protocol stated, After Hours and Weekends. Unit 3 nurse is the designated leader to listen to weather updates. You will notify Units 1, 2 and 4 when to implement the Tornado Watch or Tornado Warning Policy. Unit 3 nurse will be the leader to notify other units when to end the watch or warning. Weather radios are in MDS [Minimum Data Set] nurses office, 1 for each unit if needed - instructions are also there. Instructions to go to each unit when taking radio the [sic] the unit.During confidential resident interviews on 07/23/25 and 07/24/25, the residents stated the following:*Resident A, Branches hitting my window woke me up. The resident confirmed he remained in his bed with the window blinds and room door open.*Resident B, Notified of everything [severe weather and tornado] on TV [television], They [staff] did nothing, I sat [in a recliner in his room] and waited it out, No one came in when the sirens on the TV went off [to tell me] if it was the real thing. If it was okay, and I am concerned about fire. How will they do this. The resident confirmed the room blinds remained open.*Resident C, Notified of the severe weather from the TV. Staff didn't say a word [about a tornado warning]. The resident confirmed the room door and blinds remained open.*Resident D, I was sleeping. It [weather] woke me up. and I was not aware of any tornados. They [staff] did not tell me one was near. The resident confirmed she remained in bed with the room blinds open.*Resident E, I remember waking up to it [weather] and confirmed she

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on observations, review of facility policy, review of facility assessment, review of call light logs, and confidential staff interview, the facility failed to provide sufficient nursing staff and related services necessary to meet the needs for 5 of 7 sampled residents (Resident #3, #4, #5, #6, and #7) who required staff assistance. Failure to provide sufficient nursing staff may result in residents experiencing unmet needs, poor hygiene, incontinence, and skin issues and may negatively affect the residents' mental, physical and psychosocial well-being.Findings include:Review of the facility policy titled Nursing Services Staff occurred on 07/28/25. This policy, dated October 2024, stated, . The facility must have sufficient nursing staff . to ensure resident safety and attain or maintain the highest practicable, physical, mental, and psychosocial well-being of each resident .Review of the Facility Assessment occurred on 07/28/25. The assessment stated, . Staffing needs are met by providing adequate staff to each of the units and monitored by Nursing Administration and Administrator.A confidential complainant stated, on 07/26/25 at approximately 8:00 p.m., One man could be seen from the doorway calling for help and crying. Observation on 07/28/25 at 12:19 p.m. showed Resident #6's call light activated, and facility staff entered the room at 12:50 p.m. Review of the facility call light log verified Resident #6 activated the call light at 12:17 p.m. and staff responded 33 minutes later.Review of facility call light log on 07/28/25 showed Resident #6 activated the call light at 2:12 p.m. and staff responded 26 minutes later.Observation on 07/28/25 at 12:17 p.m. showed Resident #7s call light activated, and facility staff entered the room at 12:42 p.m. Review of the facility call light log verified Resident #7 activated the call light at 12:16 p.m. and staff responded 25 minutes later. Review of facility call light log for 07/26/25 showed the following:*Resident #3 activated the call light at 7:52 p.m. and staff responded one hour and 30 minutes later.*Resident #4 activated the call light at 6:17 p.m. and staff responded over three hours later.*Resident #5 activated the call light at 8:41 p.m. and staff responded one hour and 38 minutes later.During an interview on 07/28/25 at 10:52 a.m., a confidential staff member (A) stated, We are always short staffed, last week it was terrible. I had residents literally crying because I couldn't get to them to help them. They were sitting in their [stool].During an interview on 07/28/25 at 5:20 p.m., an administrative staff member (#2) stated she expected staff to answer call lights within 15-20 minutes.