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	08/25/2025

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, record review, review of facility policy, review of professional reference, and staff interview, the facility failed to follow professional standards of practice for 2 of 10 sampled residents (Resident #1 and #3) observed during mealtime. Failure to follow physician orders for dietary modifications may result in adverse consequences such as choking or aspiration for all residents.Findings include: Review of the facility policy titled “Physician/Practitioner Orders” occurred on 08/25/25. This policy, dated 04/06/25, stated, “. Physician/Practitioner orders are a critical component to providing quality care to residents. Accurate processing of physician/practitioner orders is important.” Kozier & Erb's Fundamentals of Nursing, Concepts, Process and Practice, 11th Edition eText, 2021, Pearson, Boston, Massachusetts, page 63, stated, Nurses are expected to analyze procedures . ordered by the physician or primary care provider. If the order is neither ambiguous nor apparently erroneous, the nurse is responsible for carrying it out. - Review of Resident #1's medical record occurred on 08/25/25. The physicians ordered diet, dated 05/14/25, included, soft and bite-sized texture, thin liquids with no straw, and direct supervision. The current care plan, care guide, and swallow guide contained the specific diet ordered instructions for soft and bite-sized texture, thin liquids with no straw, and direct supervision. Observations of Resident #1 in her room on 08/25/25 showed the following: * At 11:00 a.m. a fluid filled cup with a handle, lid, and straw located on the bedside table next to the resident. * At 12:25 p.m. a staff member delivered a meal tray and two beverage cups, each with a handle, lid, and straw. The staff member placed the meal and drinks on the overbed table, the resident began to eat, and the staff member exited the room. * At 12:32 p.m. the resident continued to eat the meal without staff supervision. * At 12:40 p.m. the resident finished the last bites of the meal without staff supervision. The facility staff failed to remove the straws from beverage cups and failed to provide direct supervision during the meal. (continued on next page)

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

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	08/25/2025

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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interviews the afternoon of 08/25/25, supervisory staff members (#1 and #2) confirmed Resident #1’s diet orders included direct staff supervision during meals and no straws in beverages. - Review of Resident #3's medical record occurred on 08/25/25. A physician's diet order, dated 03/12/25, identified minced and moist texture, thin liquids with no straw and 1:1 (one-to-one) supervision. The current care plan, care guide, and swallow guide stated minced and moist texture, thin liquids with no straw, and 1:1 supervision. Resident #3's meal ticket identified 1:1 supervision for meals. Observation of the noon meal on 08/25/25 showed Resident #3 at the dining room table, a plate of half-eaten food within reach, and no staff member present. During an interview on 08/25/25 at 12:05 p.m., an administrative dietary staff member (#3) stated expected a staff member present at Resident #3's table as 1:1 supervision is required.