

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  355065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/10/2025
NAME OF PROVIDER OR SUPPLIER  Sunset Drive - A Prospera Community		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, review of the facility reported incidents (FRI) and investigations, and review of facility policy, the facility failed to ensure residents remained free from abuse for 2 of 2 sampled residents (Resident #2 and Resident #4) who displayed physical behaviors towards other residents. Failure to protect residents from abuse resulted in physical abuse to Resident #1 and #3 and placed all residents at risk for injury and mental and emotional distress. This citation is considered past non-compliance based on review of the corrective actions the facility implemented immediately following the incidents. Findings include:</p> <p>Review of the facility policy titled Abuse and Neglect occurred on 12/10/25. This policy, revised 04/07/25, stated, . The resident/client has the right to be free from abuse . resident/client must not be subjected to abuse by anyone, including, but not limited to . other residents/clients .</p> <p>1. The surveyor determined a deficient practice existed on 11/14/25 when Resident #2 hot Resident #1. The facility implemented and completed corrective action on 11/19/25.</p> <p>Review of the FRI report stated, . staff observation on 11/14/25 . [Resident #1] ambulating via wheelchair passed by [Resident #2] who was seated in his wheelchair and accidentally hit [Resident #2's] wheelchair. [Resident #2] responded by yelling to get away from him and swung at [Resident #1] making contact with [Resident #1's] face/cheek with his hand. Both residents were separated immediately.</p> <p>- Review of Resident #1's medical record occurred on 12/10/15. Diagnoses included anxiety and metabolic encephalopathy (change in brain function resulting in confusion and memory loss).</p> <p>- Review of Resident #2's medical record occurred on 12/10/25. Diagnoses included vascular dementia, psychotic and mood disturbances, and anxiety. The current care plan identified behavioral symptoms, confusion, cursing at others, and short tempered/easily annoyed. A quarterly Minimum Data Set (MDS), dated [DATE], identified a brief interview for mental status (BIMS) score of 14, indicating intact cognition.</p> <p>A progress note, dated 11/14/25 at 7:29 p.m., stated, . Resident [#2] warned peer [Resident #1] to not come closer to him but she did not move quick enough and resident [#2] struck peer in the face with his hand.</p> <p>(continued on next page)</p>

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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on the following information, non-compliance at F0600 is considered past non-compliance. The facility implemented corrective actions for residents who may be affected by the deficient practice as follows:</p> <ul style="list-style-type: none"> <li>* On 11/14/25, a nurse immediately educated staff working at the time of the incident on the facility policy related to resident-to-resident altercations.</li> <li>* On 11/14/24, the director of Nursing (DON) started an investigation, and sent an On Shift mass text message to all staff on the facility policy related to resident-to-resident altercations.</li> <li>* Completed resident and staff interviews.</li> <li>* Implemented 5-minute checks to monitor Resident #2's behaviors.</li> <li>* Monitored Resident #1's face and Resident #2's hand for injuries for three days.</li> <li>* Family/power of attorney (POAs) notified for both residents.</li> <li>* Moved Resident #1 to a new unit/room to ensure no further psychosocial/physical events.</li> <li>* Updated Resident #2's care plan updated</li> <li>* Notified the provider and new orders were received for Resident #2.</li> <li>* Implemented audits to ensure safety of residents.</li> </ul> <p>2. The surveyor determined a deficient practice existed on 11/28/25 When Resident #4 slapped Resident #3. The facility implemented and completed corrective action on 12/01/25.</p> <p>Review of the FRI report stated, . 11/28/25 . Dietary aide witnessed [Resident #4] made physical contact [slapped] with [Resident #3's] upper right arm while both residents were seated at the dining room table.</p> <ul style="list-style-type: none"> <li>- Review of Resident #3's medical record occurred on all days of survey. Diagnoses included dementia and anxiety. A quarterly MDS, dated [DATE], identified a BIMS score of 3, indicating severely impaired cognition.</li> <li>- Review of Resident #4's medical record occurred on 12/10/25. Diagnoses included violent behavior. The current care plan identified a history of physical altercation with other residents. A comprehensive MDS, dated [DATE], identified a BIMS score of 15, indicating intact cognition.</li> </ul> <p>A progress note, dated 11/28/25 at 11:52 p.m., stated, . Time of Event: 1615 [4:15 p.m.]-1630 [4:30 p.m.] . resident to resident altercation with [Resident #3] . No s/s [signs and symptoms] of deviation of psychosocial well-being .15-minute checks to ensure all residents safety . [Provider] notified.</p> <p>Based on the following information, non-compliance at F0600 is considered past non-compliance. The facility implemented corrective actions for residents affected by the deficient practice as follows:</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>* On 11/28/25, a nurse immediately educated staff working at the time of the incident on the facility policy related to resident-to-resident altercations. Investigation started.</li> <li>* On 11/28/25, the DON sent an On Shift mass text message to all staff on the facility policy related to resident-to-resident altercations.</li> <li>* Completed resident and staff interviews.</li> <li>* Implemented 15-minute checks to monitor Resident #4's behaviors.</li> <li>* Implemented daily skin assessments on Resident #3 to monitor for bruising, redness, and/or injury.</li> <li>* Family notified on 11/29/25 for both residents.</li> <li>* Notified the provider.</li> <li>* Updated Resident #4's care plan.</li> <li>* Scheduled a mental health visit with provider for Resident #4.</li> </ul>