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	05/28/2026

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on record review, review of facility policy, and resident representative interview, the facility failed to notify the resident's representative of a discharge for 1 of 1 sampled resident (Resident #19) who left the facility and did not return. Failure to notify a resident's representative of a discharge does not allow the representative to make informed decisions regarding the resident's care.Findings include:Review of the facility policy titled Notification of Change- R/S, LTC [rehab/skilled and Long Term Care] occurred on 05/28/26. This policy, dated 12/12/25, stated, . A facility must immediately inform . the resident representative(s) when there is: . A decision to transfer or discharge the resident from the facility . Review of Resident #19's medical record occurred on all days of survey and identified family member #B as the resident's guardian over the person, financial and property, effective 03/19/26.Review of Resident #19's progress notes identified the following:*03/28/2026 at 9:47 p.m., Resident left AMA [against medical advice].*03/28/26 at 9:55 p.m., Resident not in her room since this nurse came around 1800 [6:00 p.m.] until this time. Called [family member C] and asked about her mother and told this nurse that 'My mom wants me to take care of her in our house' and dropped the phone. Resident left AMA in the facility without notifying staff and without signing the sign out sheet.During an interview on 05/26/26 at 4:19 p.m., family member B confirmed the facility did not call her when the resident left the facility and did not return and stated the administrative staff member (#4) and an unknown nurse received the guardianship paperwork on 03/26/26.The facility failed to notify the guardian after Resident #19 left the facility.

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	05/28/2026

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 interviews, the facility failed to ensure a safe, clean, comfortable, homelike environment for 4 of 14 sampled residents (Resident #2, #3, #8. and #17) and 9 supplemental residents (Resident #30, #31, #32, #33, #34, #35, #36, #37, and #39) observed during survey. Failure to maintain a clean, comfortable, and sanitary environment does not provide a homelike environment for residents and fails to promote dignity. Review of the facility policy titled Environmental Cleaning Principles occurred on 05/28/26. This undated policy, stated, . Environmental cleaning plays an important role in an infection control program. the spread of infections from contaminated surfaces is significant and supports the need for good procedures and practices related to cleaning and disinfecting of surfaces. There should be an emphasis of frequently cleaning and disinfection [sic] high touch areas . Observations on all days of survey showed the followed: * 05/26/26 at 2:36 p.m., Resident #35's floor showed visible food debris, dust accumulation, and a dried known residue. Resident #35 reported a strong urine smell in the bathroom and wished the housekeeping staff cleaned the floor better. * 05/26/26 at 2:52 p.m., Resident #34's floor showed visible dirt and dust accumulation and scuff marks.* 05/26/26 at 2:52 p.m., Resident #36's floor showed residue spots and dust debris.* 05/26/26 at 2:55 p.m., Resident #39's floor showed visible dust debris, food crumbs, a packet of jelly, and small pieces of paper on the floor. There was a strong urine smell in the bathroom. Resident #39 stated she had not received housekeeping for well over a week. * 05/26/26 at 3:52 p.m., Resident #30's floor showed visible dirt and dust accumulation. * 05/26/26 at 4:32 p.m., Resident #8's bathroom showed the floor (near toilet) smeared with fecal matter. * 05/26/26 at 4:56 p.m., Resident #31's fall mat soiled with a dried liquid residue. * 05/26/26 at 5:09 p.m., Resident #32's room showed visible dirt and dust accumulation on the floor. The flooring was sticky throughout the bedroom/bathroom. * 05/27/26 at 8:48 a.m., Resident #37's floor showed food debris, paper, wrapper garbage, and a dried liquid residue. Wrappers and empty cans of Coke were collected on the bedroom and bathroom countertops. Resident #37 stated housekeeping staff had not cleaned much lately. * 05/27/26 at 9:10 a.m., Resident #2's floor showed sticky flooring throughout the bedroom/bathroom, numerous black/brown particles on the bathroom floor, and a soiled toilet. * 05/27/26 at 9:18 a.m., Resident #33's floor showed dark stains and area of dried unknown residue. - During an interview on 05/27/26 at 9:34 a.m., Resident #3 stated, They don't really clean well. They don't clean the bathroom good enough. Garbage piles up. - During an interview on 05/27/26 at 10:25 a.m., Resident #17 reported concerns with housekeeping (continued on next page)

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	05/28/2026

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	services, stating the facility and their room were not consistently maintained in a clean condition and a family member cleaned their room on multiple occasions. - During an interview on 05/27/26 at 4:35 p.m., a family member (A) stated, The room was always dirty, the bed wouldn't be made until after 1:00 p.m., and the mess from the night before would still be there the following night. - During an interview on 05/28/26 at 3:01 p.m., an environmental staff member (#7) confirmed the housekeeping department is short staffed.

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	05/28/2026

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, review of the facility reported incident (FRI), facility policy review, staff interview, and family interview, the facility failed to thoroughly investigate a fall for 1 of 1 closed resident record (Resident #20) reviewed who reported a fall and injury. Failure to thoroughly investigate Resident #20's reported fall from a mechanical lift and potential causes of a compression fracture, placed Resident #20 and all residents at risk for possible neglect and/or injury.Findings include: Review of the facility policy title Fall Prevention And Management- Rehab/Skilled, Therapy & Rehab occurred on 05/28/26. This policy, dated 03/31/26, stated, . Procedure . Notify the physician and resident representative of the incident. If resident is stable, call available employees to the scene of the fall and begin the investigation . Review of the FRI, submitted to the state survey agency (SSA) on 04/28/26, identified a moderate injury and compression to the T8 (thoracic vertebrae number 8). The report stated [Resident #20] states she was dropped from mechanical lift, staff deny incident no one notified. When PA [physician's assistant] was told on 4/27 x-rays ordered. Resident has significant hs [history] of back pain . Review or Resident#20's medical record occurred on all days of survey. A quarterly Minimum Data Set (MDS), dated [DATE], identified intact cognition. The current care plan stated, . has an ADL [activities of daily living] self care performance deficit R/T [related to] weakness . needs assistance for transfers . Transfer - sit to stand assist x 1 [one person assist]. Review of Resident 20's nurses' notes identified the following: *04/26/26 at 18:24 (3:15 p.m.), stated, The [family member D] called and said that the resident is telling that he (sic) had a fall on Friday -04/24/2026 from the sling of the lift. *04/27/26 at 10:09 a.m., stated, [provider's name] here and informed of resident stating that she had fallen on friday (sic) and c/o [complains of] severe pain all over. no record of resident falling friday (sic) or c/o pain. new order for thoracic/lumbar/spine x-ray. During an interview on 05/28/26 at 8:36 a.m., a family member D stated she called the facility on Saturday, 04/25/26, and asked the nurse about Resident #20's report of a fall. The nurse told family member D there were no reported falls. Family member D stated she called the facility again on Sunday, 04/26/26, and told a nurse Resident #20 complained of pain and said she fell. The nurse told family member D the resident could not have fallen. During an interview on 05/28/26 at 12:04 p.m., an administrative nurse (#6) stated facility staff informed her of the fall on 04/024/26 but Resident #20 could not recall when it happened. The fall did not seem real therefore, the facility did not conduct an investigation. The facility failed to investigate Resident #20's reported fall from a mechanical lift or the cause of the compression fracture to her T8 vertebrae.

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	05/28/2026

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, record review, and review of facility policy, the facility failed to properly utilize assistive devices necessary to prevent accidents and/or injury for 1 of 1 sampled resident (Resident #2) observed without wheelchair footrests. Failure to use the wheelchair footrests placed the resident at risk for falls and/or injury. Findings include: Review of the facility's policy titled, Wheelchair, Use of, LTC, occurred on 05/28/26. This policy, revised 09/30/25, stated, . To provide mobility for the non-ambulatory resident with safety and comfort. Lower foot rests and place resident's feet on foot rests . Assist resident to the area of the facility desired. Observation on 05/27/26 at 9:10 a.m., an unidentified certified nurse aide (CNA) approached Resident #2, who was seated in his wheelchair. The CNA brought Resident #2 back to his room to assist with dressing. During the transport, the resident's legs/feet bounced along the floor. The CNA failed to place the footrests on the wheelchair and failed to cue the resident to raise his legs/feet.

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	05/28/2026

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **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 provide respiratory services consistent with professional standards of practice for 1 of 1 closed record (Resident #18) who received oxygen therapy. Failure to clarify physician's orders regarding oxygen administration and failure to adequately monitor respiratory status have contributed to Resident #'s compromised respiratory status and subsequent hospitalization.Findings include: Review of facility policy titled Oxygen Administration, Safety, Mask Types occurred on 05/28/26. This policy, revised 07/30/25, stated, Oxygen administration is carried out only with a medical provider order. Oxygen Cylinder. Verify physician order. Assess resident for at least first 15 to 30 minutes after beginning therapy and at regular intervals depending on resident's condition. Review of Resident #18's medical record occurred on all days of survey and identified an admission from the hospital to the facility on [DATE]. Diagnoses included interstitial pulmonary disease, chronic respiratory failure with hypoxia, and dependence on supplemental oxygen. The resident's baseline care plan lacked problems, goals or interventions related to respiratory diagnoses. Review of a pulmonary inpatient consultation note, dated 04/20/26 (prior to admission to the facility), stated, . began to require supplemental oxygen earlier this year. currently using about 3 L [liters]/min [minute]. A chest CT scan during this admission showed interstitial lung disease . CT [computed tomography] scan shows progression. Recommendations. increase her oxygen to the maximum before she exerts herself. Plan includes supportive care, symptom management, and rehabilitation at a nursing facility for breathing therapy. Review of Resident #18's discharge summary note, dated 05/01/26 stated, Discharge Diagnoses . Dependence on supplemental oxygen . Hypoxia. Pulmonology consulted . recommend increasing her oxygen to maximum over 4 she exerts herself. history of chronic hypoxic respiratory failure, interstitial lung disease, pulmonary hypertension at baseline 3-1/2 L to 4 L O2 [oxygen] . Review of Resident #18's progress notes identified the following: *05/01/2026 at 5:03 p.m., . O2 90% [oxygen saturation percent] . Method: Room Air. Resident reported Shortness of breath (while lying flat). Nurse observed Shortness of breath (upon exertion). *05/05/2026 at 8:19 a.m., CNA alerted writer that [resident name] was having shortness of breath. visibly short of breath, anxious, posture was leaned forward. O2 SAT [saturation] 76% on 2L. [resident stated] 'I have been crying most of the night.' NOC [night] nurse did not report this. Unaware if she placed call light to report . TO [telephone order] to transfer to ER [emergency room] . *05/05/2026 at 9:02 a.m., Writer does recall the night nurses reporting she had placed resident on a concentrator as the oxygen did not seem to be working. The facility failed to clarify post hospitalization orders and whether Resident #18 required oxygen, and if so, at what flow rate; and failed to assess and/or address the resident's change in respiratory status. These failures may have contributed to Resident #18's rehospitalization just four days after admission to the facility. During an interview on 05/28/27 at 12:49 p.m., an administrative staff member (#1) confirmed staff failed to obtain a physician's order for oxygen therapy and monitoring.

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	05/28/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, record review, and review of facility policy, the facility failed to follow standards of infection control and prevention for 2 of 4 residents (Resident #8 and #21) on enhanced barrier precautions and observed during cares. Failure to practice infection control standards related to personal care and use of shared equipment has the potential to spread infection throughout the facility.Findings include: Review of the facility policy titled Standard, Enhanced Barrier, and Transmission-Based Precautions .' occurred on 05/28/26. This policy, dated 04/30/26, stated, . Enhanced Barrier Precautions (EBP) . Enhanced barrier precautions expand the use of personal protective equipment beyond situations in which exposure to blood and body fluids is anticipated and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of multidrug-resistant (MDROs) to staff hands and clothing. -Review of Resident #21's medical record occurred on all days of survey. The care plan stated, . EBP. The resident requires Enhance Barrier Precautions (EPB) . Doff [put on] gown and gloves inside resident room. Perform hand hygiene. Observation on 05/26/26 at 3:16 pm, showed a certified nurse aide (CNA) (#8) entered Resident #21's room, performed hands hygiene, applied gloves, and without applying a gown, transferred the resident to the toilet. The CNA changed the wet brief and pants, provided perineal care, and transferred the resident back to the wheelchair. -Observation on 05/26/26 at 4:32 p.m. showed two CNAs (#2 and #3) performed hand hygiene and applied gowns and gloves prior to entering Resident #8's room, identified as EBP. The CNAs transferred the resident to a wheelchair with a full body mechanical lift. After the transfer, one CNA (#2) reached into her pocket with a gloved hand, asked for assistance over the radio, and placed the radio back into her pocket. The CNA (#2) failed to disinfect the radio after exiting the resident's room.