

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>355065                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                             | (X3) DATE SURVEY<br>COMPLETED<br><br>07/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Sunset Drive - A Prospera Community                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1011 Boundary St NW<br>Mandan, ND 58554 |                                                 |
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| <p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, review of facility policy, and staff interviews, the facility failed to ensure sanitization of dishware (utensils, dishes, pots/pans) used to serve residents, staff, and visitors for 2 of 5 dishwashers (main kitchen and Edgewater). Failure to ensure the mechanical dishwashing machine maintains the correct hot water temperature to destroy pathogens may result in the spread of illness and/or foodborne illness to residents, staff, or visitors. During the on-site recertification survey, the team determined a potential Immediate Jeopardy (IJ) situation existed on 07/08/26 at 12:55 p.m. when the dishwasher rinse cycle failed to reach 160 degrees Fahrenheit (F) at plate level. The survey team consulted with the State Survey Agency (SSA) and determined an IJ situation existed. *07/08/26 at 1:55 p.m. - The survey team notified the administrator of the IJ situation, provided the IJ template, and requested a plan for removal for the IJ. *07/08/26 at 3:55 p.m. - The SSA received and accepted the IJ removal plan. The removal plan contained the following:*Edgewater unit and main kitchen dishwashers removed from service.*Repair technician on-site to repair or replace affected dishwashers.*Dish Machine Temperature Log implemented.*All dishes from Edgewater unit rewashed on Grandview unit and manually.*Paper products utilized on Edgewater unit until dishwasher repaired.*Educated all dietary staff working on 07/08/26 and all on-coming staff.*Educated all dietary staff with in-person training on Warewashing Mechanical and Manual Policy and completed mechanical ware washing competency checklist. *07/09/26 at 11:46 a.m. - The survey team verified the implementation of the removal plan and the IJ removal. The deficient practice remained at a F scope and severity following the removal of the IJ. Findings include: Review of the facility policy titled Warewashing-Mechanical and Manual - Food and Nutrition occurred on 07/08/26. This policy, dated 02/13/26, stated, . f. If temperatures/chemicals are outside acceptable parameters, employees notify the DFN (director of food and nutrition services) . or maintenance before proceeding with ware washing. Per the food code, when hot water mechanical ware washing is in use, an irreversible registering temperature indicator shall be readily accessible for measuring the surface temperature to ensure 160 degrees Fahrenheit (F) is reached in the rinse cycle. Observation of dish washer temperatures, using an irreversible registering temperature indicator (i.e., thermometer), showed the following: -07/07/26 at 10:04 a.m., the thermometer used in the dishwasher on the Edgewater unit showed 158 degrees F. -07/08/26 at 9:54 a.m., the thermometer used in the dishwasher in the main kitchen showed 148 degrees F and 146 degrees F. -07/08/26 at 10:49 a.m., a different thermometer showed the dishwasher in the main kitchen measure 150.9 F. A facility color-indicator test strip also showed the dishwasher failed to reach the appropriate temperature. Facility staff members (#15 and #16) verified the temperature and test strip were below requirements. During an interview on 07/08/26 at 10:49 a.m., a dietary administrative staff member (#16) confirmed the rinse temperature, failed to reach 160 degrees F.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|--------------------------------------------------------------------------|-------|-----------|

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| F 0692<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | Provide enough food/fluids to maintain a resident's health.<br><br>Based on record review, review of facility policy, and staff interview, the facility failed to maintain acceptable parameters of nutritional status for 1 of 8 sampled resident (Resident #81) with weight loss. Failure to document post-dialyzed weights, complete a dietary assessment, and identify/implement nutritional interventions for a resident at nutritional risk, resulted in a significant weight loss. Findings include: Review of facility policy titled Nutrition and Hydration - Food and Nutrition occurred on 07/09/26. This policy, dated 04/27/26, stated, . Accurately and consistently assess a resident's nutritional status on admission and as needed. Identify a resident at nutritional risk . Provide nutritional care . consistent with the resident's comprehensive assessments and periodic reassessments. Monitor weight . Review of Resident #81's medical record occurred on all days of survey. Diagnosis included end stage renal disease and dependance on renal dialysis. A physician order, dated 06/04/26, stated, Collect weight at dialysis for accuracy- compare 'dry' [post-dialysis] weight for nutritional determinations. Liberal Renal Diet, Regular texture, Thin consistency . The current care plan stated, . NUTRITION: [Resident's name] is at risk for nutritional problem d/t [due to] ESRD [end-stage renal disease], CHF [congestive heart failure], DM [diabetes mellitus] and depression. Monitor for weight loss d/t being at risk for malnutrition . Provide resident with a calm, quiet setting at meal times with adequate eating time. The resident needs hemodialysis R/T [related to] Stage 4 [four] chronic kidney disease . Dialysis . three days a week. During an interview on 07/08/26 at 2:43 p.m., a certified nurse aide (CNA) (#7) confirmed Resident #81 receives dialysis on Monday, Wednesday, and Fridays. Review of Resident #81's weights identified the following: *06/04/26 (admission) (Thursday) at 2:54 p.m. - 121.0 lbs [pounds]*06/11/26 (Thursday) at 2:02 p.m. - 122.0 lbs *06/12/26 (Friday) at 4:30 a.m. - 117.9 lbs (pre-dialyzed weight)*06/12/26 (Friday) at 6:19 p.m. - 112.8 lbs (post-dialyzed weight) *06/13/26 (Saturday) at 1:50 p.m. - 112.9 lbs*06/23/26 (Tuesday) at 2:36 p.m. - 108.4 lbs*06/26/26 (Friday) at 12:20 p.m. - 110.2 lbs (post-dialyzed weight) Review of a facility document titled Dialysis Communication, dated 07/03/26, stated, . Post-Dialysis . Weight 47.1 kg [kilograms] (103.8lbs). During an interview the afternoon of 07/07/26, a nurse (#4) confirmed staff enter vital signs and weights, including dry weights, obtained post dialysis into electronic health record (EHR). Review of the EHR showed the facility failed to document Resident #81's weight from June 14 - 22, 2026 and from June 26 - July 9, 2026 including eight post dialysis weights. Resident #81's calculated weight loss percentage from June 4 - July 3, 2026, identified a weight loss of 14.21%. Observation on 07/06/26 at 11:56 a.m., showed Resident #81 seated in a wheelchair in her room. When asked if the resident planned to each lunch, CNA (#24) stated, the resident just came back from dialysis and frequently refuses to eat. When asked if the staff offer nutritional supplements, the CNA stated, I don't think we give her those. During an interview on 07/09/26 at 12:33 p.m., a facility dietician (#23) confirmed the facility failed to complete a comprehensive dietary admission assessment and implement nutritional interventions for Resident #81's weight loss. The facility failed to: *Document all post dialysis weights in the EHR. *Complete a comprehensive dietary assessment upon admission. *Implement nutritional interventions to maintain weight and/or prevent weight loss. *Follow physician orders related to documentation of post-dialysis weights. |                                                                                      |                                                 |

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| <p>F 0908</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>Keep all essential equipment working safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and staff interview, the facility failed to ensure emergency equipment remained in operating condition on 4 of 4 resident care units (Sunset, Edgewater, Grandview, and [NAME]). Failure to ensure the suction machines are identifiable and ready for use may result in delayed emergency airway and suctioning treatment for all residents. Findings include: Observation of the Edgewood unit occurred on 07/08/26 at 3:48 p.m. with a nurse (#10) and showed the emergency suction machine boxed and not assembled in the clean utility room. The nurse stated the assembly of the suction machine would slow the response time in the event of an emergency. Observation of the Sunset unit occurred on 07/08/26 at 4:08 p.m. with a staff member (#27). When asked the location of the emergency suction machine, the staff member went to the clean utility room. When unable to locate the suction machine, this staff member asked an unidentified nurse where it is stored, and the nurse confirmed in the clean utility room. The staff member (#27) returned to the clean utility room, moved boxes, and located the suction machine. The unidentified nurse stated the last time she tried to use the suction machine, it did not work. Observation of the [NAME] unit occurred on 07/08/26 at 4:33 p.m. with a staff member (#28). When asked about a suction machine, the staff member went to the clean utility room but failed to identify the box that contained the emergency suction machine. Observation of the Grandview unit occurred on 07/08/26 at 4:49 p.m. with a staff nurse (#29) and a staff member (#30). When asked about the suction machine, the staff member (#30) located the emergency suction machine in the clean utility room. The nurse (#29) confirmed unpacking and setting up the suction machine would increase the response time in the event of an emergency. During an interview on 07/08/26 at 5:07 p.m., two administrative staff members (#2 and #3) confirmed the location of the suction machines and/or the unassembled machines would not be helpful during an emergency.</p> |                                                                                      |                                                 |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, review of facility policy, and resident representative and staff interview, the facility failed to ensure a safe, clean, comfortable, homelike environment for 3 of 4 days of survey (July 6, 7, and 9). Failure to maintain a safe, clean, sanitary environment may result in falls and does not provide a homelike living area for residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled Housekeeping, Resource Packet occurred on 07/09/26. This policy, dated 8/21/25, stated, . Environmental cleaning plays an important role in an infection control program . All staff members play a role and should be aware of the general principles of environmental cleaning and safety. Standard or Light Cleaning - Rehabilitation/Skilled Care . To provide procedures for the proper, daily cleaning of resident rooms . Standard or light cleaning should occur on a daily basis in occupied rooms. Damp wipe with a neutral cleaner or mild disinfectant, non-critical items and areas within the resident living space . empty . trash containers . Sweep all hard surface flooring and damp mop as needed.</p> <p>-Observation on 07/06/26 showed the following:</p> <p>*10:33 a.m., a fan in Resident #26's room covered in dust.</p> <p>*10:39 a.m., Resident #48 lying in bed watching TV with no bedding on the bed.*10:45 a.m., dust/debris and food crumbs all over the floor in Resident #71's room.*10:50 a.m., a sticky floor and water on the floor in Resident #82 room.</p> <p>*11:06 a.m., food debris on the over the bed table and an odor in Resident #113's room. Observation showed the same findings on 07/07/26 at 10:20 a.m.</p> <p>*11:12 a.m., a garbage bag containing a soiled brief on the wheelchair seat in Resident #100's room.</p> <p>*11:13 a.m., Resident #1 seated in a recliner and a garbage bag containing a soiled brief sitting on the seat of the resident's electric scooter. Observation showed the same findings on 07/07/26 at 12:19 p.m.</p> <p>*11:42 a.m., Resident #95's bathroom garbage full of incontinence products. The resident stated, I need to ask for the trash to be emptied and have had a full trash bin since Friday.</p> <p>*1:05 p.m., a full garbage can, food crumbs and food wrappers, and a dried substance on the floor in Resident #58's room. The resident stated, The bathroom hasn't been cleaned recently.*1:18 p.m., Resident #87 stated, They lack at getting the toilet cleaned, it's not done regularly, and I do it myself sometimes.*1:36 p.m., food particles and dust/debris on floor and under Resident #19's bed.<br/>(continued on next page)</p> |                                                                                      |                                                 |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>*2:02 p.m., food debris and garbage next to Resident #113's bed.</p> <p>*2:21 p.m., dust/debris on the floor in front of Resident #1's bathroom.</p> <p>-Observation of the [NAME] unit kitchenette on 07/09/26 at 8:52 a.m. showed particles of food debris, dust, and debris, a wet substance on the floor, and a sticky floor. A dietary aide (#15) agreed the floor needed cleaning.</p> <p>During an interview on 07/06/26 at 2:16 p.m., a family member (#1) stated, the kitchen floors are gross in reference to the [NAME] Unit kitchenette.</p> <p>During an interview on 07/07/26 at 4:20 p.m., an administrative staff member (#1) stated the facility contracted with a cleaning company to provide housekeeping services and expected all staff to clean resident rooms as needed and to take the trash to soiled utility room and not leave it in the room.</p> <p>During an interview on 07/09/26 at 11:18 a.m., a dietary supervisor (#16) provided a POD [unit] Housekeeping Checklist, dated 06/24/26, which stated the housekeeping staff are expected to sweep floors after every meal and mop floors daily and as needed.</p> |                                                                                      |                                                 |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on record review, review of facility policy, and staff interview, the facility failed to review and revise the comprehensive care plans to reflect the residents' current status for 6 of 25 sampled residents (Resident #6, #8, #12, #13, #80 and #119). Failure to update care plans limited staffs' ability to communicate needs and ensure continuity of care for each resident. Findings include:</p> <p>Review of the facility policy titled Comprehensive Care Plan and Care Conferences occurred on 07/09/26. This policy, dated 12/29/25, stated, . The care plan is driven by identified resident issues/conditions and their unique characteristics, strengths and needs. care plans must be revised as the resident's needs/status changes.</p> <p>- Observation on 07/06/26 at 11:41 a.m. showed Resident #6 seated in a wheelchair in his room and his right lower leg wrapped in a dressing. The resident stated facility staff change the dressing weekly because the areas leaked, and also identified an open area on to his buttocks.</p> <p>Review of Resident #6's medical record occurred on all days of survey. Current physician's orders included dressing changes to right buttock on Monday, Wednesday and Friday, wraps to right lower leg for a venous stasis ulcer changed weekly, and a 1800 milliliter (mL) fluid restriction per day.</p> <p>The current care plan stated, . INFECTION: The resident has urinary tract infection [UTI] . FLUID RESTRICTION 1500 ml's/day . PRESSURE ULCERS: The resident has potential for pressure ulcer development . The care plan failed to include the problems, goals, and interventions related to the venous ulcer and treatment and the open area to his buttocks.</p> <p>During an interview on 07/07/26 at 9:45 a.m., a nurse (#34) identified the open area to Resident #6's buttock as a stage two pressure ulcer.</p> <p>During an interview on 07/09/26 at 8:33 a.m., an administrative nurse (#9) confirmed Resident #6 completed treatment for a UTI on 05/15/26 and confirmed the resident should have enhanced barrier precautions in place due to the open wounds to the right leg.</p> <p>During an interview on 07/09/26 at 4:05 p.m., two administrative nurses (#9 and #17) confirmed Resident #6's care plan enhanced barrier precautions and the open wounds and agreed staff failed to update the care plan related to the fluid restriction amount and the resolved UTI.</p> <p>- Review of Resident #8's medical record occurred on all days of survey. The physician order, dated 01/22/26, stated, . Buttocks: Cleanse with peri-wipes apply triad paste BID [twice a day] and PRN [as needed]. The care plan stated, . Buttocks: Cleanse with peri-wipes apply triad paste BID and PRN per orders .</p> <p>A provider communication form, dated 06/29/26, identified the provider changed the order from Triad to calmoseptine.<br/>(continued on next page)</p> |                                                                                      |                                                 |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>The facility failed to update the care plan with the new provider order.</p> <p>- Review of Resident #12 medical record occurred on all days of survey. A physician's order, dated 10/01/25, stated, Spironolactone [diuretic] Oral Tablet Give 50 mg [milligrams] three times a day related to ESSENTIAL (PRIMARY) HYPERTENSION. The care plan failed to include problems, goals, and interventions related to the diuretic medication.</p> <p>- Review of Resident #13's medical record occurred on all days of survey. Diagnoses included mixed incontinence, need for assistance with personal care, and cognitive communication deficit.</p> <p>Resident #13's care plan stated, . has impaired cognitive function. She does have a hard time understanding things or the importance of cares. TOILET USE: Continent of bowel and bladder resident toilets independently Occasionally incontinent of bladder and often with [sic] wears multiple briefs .</p> <p>Review of Resident #13's progress notes included the following:</p> <p>*06/07/26 at 5:38 p.m., . resident is upset with her bladder incontinence and was noted hitting herself in the lower abdomen stating 'what is wrong with me, why cant [sic] I help myself'. [sic] Staff assisted to change her linen and her clothes .</p> <p>*07/01/26 at 5:54 p.m., . Does need increased monitoring and assistance as she is incontinent bladder [sic] and does become agitated when she is not able to control her bladder. staff [sic] able to get her bed changed and remove all of the soiled clothing in her room . Staff need to offer to assist her with her cares and her needs.</p> <p>During an interview on 07/08/26 at 8:28 a.m., an administrative staff member (#3) confirmed Resident #13's care plan failed to identify incontinence and current toileting status/needs.</p> <p>- Review of Resident #80's medical record occurred on all days of survey. The current care plan stated, . Documented Pressure Ulcer .</p> <p>During interviews on 07/09/26 at 12:25 p.m. and 4:02 p.m., an administrative nurse (#9) confirmed Resident #80 had no open areas and agreed the care plan was incorrect.</p> <p>- Review of Resident #119's medical record occurred on 07/09/26. The current care plan stated, The resident has an ADL [activities of daily living] self care performance deficit R/T [related to] LLE [left lower extremity] fracture E/B surgery with brace in place. AMBULATION: x [times] 1 with FWW [front wheeled walker] in her room. Resident requires 2 assist with toileting. Transfer Between Surfaces: 2 X staff assist, with non-mechanical lift NWB [non-weight bearing] LLE.</p> <p>Observation on 07/09/26 at 6:09, p.m. showed two nurses (#5 and #6) assisted Resident #119 onto the toilet using a pivot transfer from a wheelchair.</p> <p>During an interview on 07/09/26 at 6:21 p.m., the nurse (#6) confirmed Resident #119's transfer (continued on next page)</p> |                                                                                      |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| F 0657<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | status had changed to a two-person pivot, and he/she does not ambulate with a front wheeled walker.<br><br>The facility failed to update the care plan to reflect the current mobility status for Resident #119. |                                                                                      |                                                 |

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| F 0689<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, review of facility documents, and staff interview the facility failed to ensure the environment remained free of hazards for 2 of 2 dryers in the main laundry room. Failure to clean dryer lint from the behind the machines may result in fires and places all residents at risk for injury. Findings include:-Review of the facility document Laundry, Resource Packet, occurred on 07/09/26. This undated document stated, An important aspect of a laundry service program is the maintenance and use of the laundry room(s). it is crucial that frequent cleaning, disinfecting and inspections of the laundry room occur. It is also equally important that the equipment is well maintained . Observation of the laundry room occurred on 07/09/26 at 9:20 a. m. with laundry staff members (#20 and #21) and showed the back of the dryers with lint build-up on the top, around the openings at the top, on the gas lines, and into the machines' openings, and through these openings the gas dryer flames were visible. When asked, the staff stated no one cleans the behind of the dryers; they clean the floor and what they can reach.</p> |                                                                                      |                                                 |

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| <p>F 0725</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, review of facility policy, staff, resident and family interviews, the facility failed to ensure sufficient nursing staff and related services are available to meet the residents' needs for 3 of 25 sampled residents (Resident #8, #44, and #81) and 2 supplemental residents (Resident #106 and #116) who required staff assistance. Failure to provide sufficient staffing does not promote each resident's rights, physical, mental, and psychosocial well-being, and/or provide a safe environment for the residents.</p> <p>Findings include:</p> <p>Review of facility policy titled Call light occurred on 07/09/26. This policy, dated 07/08/25, stated, . To ensure residents always have a method of calling for assistance . To promptly answer resident's call light . When resident's call light is observed/heard, go to resident's room promptly. Respond to request as soon as possible.</p> <p>During an interview on 07/07/26 at 12:05 p.m., Resident #8's family member stated, Staff lack to answer call lights. The family member stated the resident had waited for 2 hours for staff to assist him with cares. The family member also stated the resident has called them three times since admission and stated her ventilator was not attached. Review of call light report showed wait times up to 43 minutes.</p> <p>- Review of Resident #44's medical record occurred on all days of survey. The quarterly Minimum Data Set (MDS), dated [DATE], identified dependent on staff for showering/bathing and intact cognition.</p> <p>A progress note dated 07/04/26 at 3:09 p.m. stated, . Resident upset as he was not able to get a shower this morning. Discussed he did not get his shower yesterday and wanted his shower today. Writer discussed that there were not enough staff scheduled this shift and could not pull both of the staff off the floor for his shower as he required two staff in the shower .</p> <p>Review of Resident #44's call light report showed wait times up to 45 minutes.</p> <p>- Review of Resident #81's medical record occurred on all days of survey. The admission MDS, dated [DATE], identified substantial/maximum assistance required for shower/bathing and moderately impaired cognition.</p> <p>During an interview on 07/08/26 at 2:43 p.m., Resident #81, teary eyed, stated she did not know when she had last received a shower.</p> <p>During an interview on 07/09/26 at 8:25 a.m., a bath aide (#14) stated she was unaware of the last time Resident #81 received a shower or a bed bath. The bath aide stated the resident frequently refuses. The documentation from June 10 - July 8, 2026 lacked documentation of resident refusals. (continued on next page)</p> |                                                                                      |                                                 |

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| <p>F 0725</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>- Review of Resident #106's medical record occurred on all days of survey. An admission MDS, dated [DATE], identified partial/moderate assistance required for shower/bathing and intact cognition.</p> <p>During an interview on 07/06/26 at 1:42 p.m., Resident #106 stated he had not received a bath since admission [DATE]). The resident pointed at a package of wet wipes and stated, I have been using these. The resident reported he requested to have bed linens changed, and stated, The bedding was only changed because I asked them to.</p> <p>-During an interview on 07/06/26 at 11:25 a.m., Resident #116 stated call light response times vary between five minutes and an hour. She further stated staff will answer the call light and say they will be back, but do not come back. She said staff say, We're feeding or busy or don't have time. She stated she uses the bed pan for toileting and has been incontinent due to the long wait times.</p> <p>Review of Resident #116's call light report identified call light response times of 21 and 27 minutes.</p> <p>During an interview on 07/07/26 at 8:15 a.m., a nurse (#4) voiced concerns regarding the amount of staffing for Edgewater unit, and stated, Edgewater unit has a higher acuity of residents than the other units. The nurse stated Edgewater had a call in for the morning shift, leaving one certified nurse aide (CNA) to 33 residents from 6 a.m. to 7 a.m.</p> <p>During an interview on 07/07/26 8:19 a.m., a CNA (#15) working on the Edgewater unit stated only two CNA's working on the unit this shift. When asked how many CNAs are typically on the schedule for Edgewater, the CNA stated normal staffing is four CNAs.</p> <p>During an interview on 07/09/26 at 4:12 p.m., an administrative staff member (#1) confirmed that staff are expected to answer call lights promptly.</p> |                                                                                      |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>355065                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                             | (X3) DATE SURVEY<br>COMPLETED<br><br>07/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Sunset Drive - A Prospera Community                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1011 Boundary St NW<br>Mandan, ND 58554 |                                                 |
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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review, review of facility policy and staff interviews, the facility failed to follow standards of infection control and prevention for 4 of 25 sampled residents (#1, #6, #81, and #86) and two supplemental residents (#9 and #36) observed during cares. Failure to practice infection control standards related to hand hygiene, glove use, enhanced barrier precautions (EBP), and personal protective equipment (PPE) with transmission-based precautions (TBP) has the potential to spread infection throughout the facility. Findings include:</p> <p>Review of facility policy titled Standard, Enhanced Barrier, and Transmission-Based Precautions occurred on 07/09/26. This policy, dated 04/30/26, stated, . To prevent the spread of infection and communicable diseases to residents . Enhanced barrier precautions . used for residents with chronic wounds (i.e. pressure wounds .) and residents with indwelling medical devices (i.e. hemodialysis catheters, indwelling urinary catheters .) . Post clear signage indicating the type of precautions . Transmission-based precautions . Contact precautions . For residents/patients on contact precautions with signs and symptoms of a gastrointestinal illness (i.e. diarrhea), employees must perform hand hygiene via handwashing only . Post clear signage on the door or wall outside of the resident/patient room . apply gown and gloves before contact with the resident/patient or their environment.</p> <p>Review of facility policy titled Hand Hygiene occurred on 07/09/26. This policy, dated 06/08/26, stated, . When to wash with soap and water . During the care of residents . with suspected/confirmed C. Difficile [Clostridium difficile a bacterium that causes severe inflammation of the colon and watery diarrhea]. Hand hygiene should be performed by employees: Before contact with a resident . Before performing a clean/aseptic task . After removal of personal protective equipment/gloves . After contact with a resident . surroundings . Gloves are not a substitute for hand hygiene. If a task requires gloves, perform hand hygiene before donning [applying] gloves and touching the resident . Perform hand hygiene after removing gloves .</p> <p>-Observation on 07/06/26 at 2:21 p.m. showed Resident #1 in a recliner. Two certified nurse aides (CNAs) (#31 and #32) performed hand hygiene, applied gloves and transferred the resident from the recliner to the bathroom with a sit-to-stand lift. The CNA (#32) removed Resident #1's soiled brief and sat the resident on the toilet. Both CNAs removed the soiled gloves, and without hand hygiene, applied new gloves, and assisted Resident #1 to stand. The CNA (#32) performed perineal cares, applied a clean brief, adjusted the resident's pants, and both CNAs transferred the resident to the recliner. Without removing the soiled gloves or performing hand hygiene, the CNA (#32) adjusted the side table and moved the resident's scooter closer. Without removing the soiled gloves, the CNA (#31) disinfected the lift, then removed the soiled gloves, and without performing hand hygiene, transferred the lift from the resident's room, down the hallway, and into the storage room. The CNA (#32) gathered the garbage bag, removed the soiled gloves, and without performing hand hygiene, exited the room.</p> <p>The CNAs (#31 and #32) failed to remove soiled gloves and perform hand hygiene before performing other tasks, and failed to perform hand hygiene after removing gloves and before exiting the room.<br/>(continued on next page)</p> |                                                                                      |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>-Observation on 07/06/26 at 11:41 a.m. showed Resident #6 seated in a wheelchair in his room and his right lower leg wrapped in a dressing. The resident stated facility staff change the dressing weekly, the bandaged areas leaked, and identified an open area on his buttocks.</p> <p>Observations on all day of survey showed no sign for EBP or PPE supplies outside Resident #6's door.</p> <p>During an interview on 07/09/26 at 8:33 a.m., an administrative nurse (#9) confirmed the facility failed to initiate EBP for Resident #6.</p> <p>-Observation on 07/06/26 at 1:44 p.m. showed a CNA (#33) assisted Resident #9 from the dining room to her room via wheelchair. The CNA left the room and returned with a mechanical lift. Without performing hand hygiene, the CNA applied gloves, transferred Resident #9 to the bathroom, removed the soiled gloves, pulled down the resident's skirt and brief, seated the resident on the toilet, and turned off the chair alarm. Without performing hand hygiene, the CNA applied new gloves, removed the soiled brief, and applied a clean brief. Wearing the same gloves the CNA touched her own nose and face. The CNA (#33) removed the soiled gloves, and without hand hygiene, assisted the resident to stand, applied new gloves, performed perineal cares, and adjusted the brief and skirt, and removed the soiled gloves. Without performing hand hygiene, the CNA moved the chair alarm from the wheelchair to the recliner, transferred the resident from the bathroom to the recliner, adjusted the resident with a blanket and placed the call light within reach.</p> <p>The CNA (#33) failed to perform hand hygiene prior to entering and exiting the resident room, after removing soiled gloves and before applying clean gloves, and before performing other tasks.</p> <p>-Observation on 07/07/26 at 9:10 a.m. showed a CNA (#25) assist Resident #36 with toileting. The CNA performed perineal care and without removing the soiled gloves or performing hand hygiene, transferred the resident back to their wheelchair and turned on the faucet so the resident could wash their hands. The CNA (#25) failed to remove their soiled gloves and perform hand hygiene before changing tasks.</p> <p>-Review of Resident #81's medical record occurred on all days of survey. Diagnoses included enterocolitis due to clostridium difficile (C. difficile), recurrent. The current care plan stated, . Enhanced Barrier Precautions (EBP) D/T [due to] indwelling medical device (dialysis catheter) . [NAME] [apply] gown and gloves when performing high contact care activities . INFECTION: The resident has C. difficile. CONTACT PRECAUTIONS: Wear gowns and masks when changing contaminated linens.</p> <p>Observation on 07/08/26 at 2:43 p.m. showed a Contact Precautions sign on Resident #81's door. A nurse (#10) entered the room without wearing a gown, gloves, or mask. A CNA (#7) prompted the nurse (#10) to apply PPE. The nurse exited the room, applied a gown, entered the room with a medication cup, handed the medication cup to the resident, provided water, removed the gown, and performed hand hygiene with hand sanitizer.</p> <p>The nurse (#10) failed to wear appropriate PPE and failed to wash their hands with soap and water. (continued on next page)</p> |                                                                                      |                                                 |

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| F 0880<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>-Review of Resident #86's medical record occurred on all days of survey. The current care plan stated, .EBP: The resident requires Enhanced Barrier Precautions (EBP) R/T [related to] indwelling urinary catheter. [NAME] gown and gloves when . transferring .</p> <p>Observation on 07/06/26 showed no EBP signage or PPE outside of Resident #86's door. A nurse (#4) and CNA (#14) assisted the resident to transfer with a full-body mechanical lift from the wheelchair to the bed.</p> <p>The nurse and CNA failed to apply PPE when performing high-contact resident care activities for a resident on EBP enhanced barrier precautions.</p> <p>During an interview on 07/09/26 at 11:10 a.m., an administrative staff member (#9) confirmed staff are expected to follow the infection control precautions.</p> |                                                                                      |                                                 |

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| F 0600<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.<br><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, review of a facility reported incident (FRI), review of facility policy, and resident and staff interviews, the facility failed to ensure residents remained free from abuse for 1 of 1 supplemental residents (Resident #96) who experienced unwanted sexual contact from another resident (Resident #43). Failure to protect residents from sexual abuse placed Resident #96 and all residents at risk for mental and emotional distress. Findings include: Review of a facility policy titled Abuse and Neglect occurred on 07/09/26. This policy revised 04/07/25, stated, The resident/client has the right to be free from abuse. must not be subjected to abuse by anyone, including . other residents/clients. Review of the final FRI, dated 06/22/26, stated, Resident [Resident #43] returned from outing intoxicated and smelling of alcohol . Resident kissed another Resident [Resident #96]. - Review of Resident #43's medical record occurred on all days of survey. A Minimum Data Set (MDS), dated [DATE], identified intact cognition. The progress notes identified the following:*06/20/26 at 6:48 a.m., Health Status Note Text: Late entry for 6/19/26: Resident returned from outing intoxicated and smelling like alcohol. Resident not usual self . Answering questions appropriately and kissed another Resident. During an interview on 07/08/26 at 6:14 p.m., Resident #43 confirmed being intoxicated on 06/19/26. The resident could not recall encountering Resident #96. - Review of Resident #96's medical record occurred on all days of survey and included a diagnosis of dementia. The MDS, dated [DATE], identified severely impaired cognition. The progress notes identified the following:*06/21/26 at 4:35 a.m., Health Status Note Text: Late entry for 6/19/26: CNA reported seeing Resident being kissed by a resident while reaching her arms out to him in the hallway. Both Residents redirected, on call nurse aware and she notified DON. No other behaviors observed or reported. During an interview on 07/09/26 at 1:02 p.m., an administrative staff member (#1) confirmed a sexual incident occurred between Resident #43 and #96 on 06/19/26. |                                                                                      |                                                 |

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| <p>F 0641</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.20.1), and resident and staff interviews, the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 3 of 25 sampled residents (Residents #11, #80, and #113). Failure to accurately complete the MDS does not allow each resident's assessment to reflect their current status and may affect the accurate development of a comprehensive care plan and the care provided to the residents. Findings include: SECTION M: SKIN CONDITIONS The Long-Term Care Facility RAI User's Manual, revised October 2025 pages M-4 through M-6, stated, . M0210: Unhealed Pressure Ulcers/Injuries . Steps for Assessment . Review the medical record . Speak with direct care staff and the treatment nurse to confirm conclusions from the medical record review. Examine the resident and determine whether any skin ulcers/injuries are present. If a resident had a pressure ulcer/injury that healed during the look-back period of the current assessment, do not code the ulcer/injury on the assessment. Review of Resident #80's medical record occurred on all days of survey. A Pressure ulcer/Injury Evaluation History, dated 03/18/26, identified a Stage 3 pressure injury to resident's right plantar first digit. The medical record lacked additional documentation of a pressure ulcer. A quarterly MDS, dated [DATE], identified one Stage 3 pressure ulcer. During an interview on 07/09/26 at 12:25 p.m., an administrative nurse (#17) stated Resident #80 had no open areas and the medical record lacked documentation of a pressure ulcer past 03/25/26 even though the Pressure ulcer/Injury Evaluation History showed the wound as active. During an interview on the afternoon of 07/09/26, an administrative nurse (#11) stated she failed to confirm the presence of a pressure injury through interview or assessment and relied solely on the active wound in the Pressure ulcer/Injury Evaluation History. The nurse agreed the facility coded Resident #80's MDS incorrectly. SECTION N: MEDICATIONS The Long-Term Care Facility RAI User's Manual, revised October 2025 pages N-4 and N-6, stated, . N0415: HIGH-RISK DRUG CLASSES: Uses and Indication . Coding Instructions. Code all high-risk drug class medications . Column 1: Check if the resident is taking any medications by pharmacological classification during the 7-day observation period . Review of Resident #113's medical record occurred on all days of survey. A physician's order stated, Eliquis [an anticoagulant] oral tablet 5 MG [milligram] . by mouth two times a day . A quarterly MDS, dated [DATE], showed the facility failed to code section N0415, an anticoagulant. During an interview on 07/09/26 at 1:19 p.m., an administrative nurse (#11) confirmed the facility failed to code the resident's MDS for anticoagulant use. SECTION P: PHYSICAL RESTRAINTS The Long-Term Care Facility RAI User's Manual, revised October 2025 page P-3, stated, . P0100: Physical Restraints . Consult the nursing staff to determine the resident's cognitive and physical status/limitations. the decision about coding any manual method or physical or mechanical device . as a restraint depends on the effect it has on the resident. Resident #11's medical record occurred on all days. Diagnoses included epilepsy and seizures. A quarterly MDS, dated [DATE], identified dependent on staff for all activities of daily living and mobility and a trunk restraint used daily. A physical device and/or restraint evaluation and review, dated 05/25/26, stated, . Harness and positioning aid will provide the ability for the resident to sit upright in her wheelchair, as she has no core control and falls forward and to the side and has fallen out of her wheelchair. This harness/chest strap, will allow her to eat in the dining room and attend events without safety issues and injury. Observation of Resident #11 on all days of survey showed the resident unable to move arms/legs and a chest vest in place when seated in the wheelchair. During an interview on 07/09/26 at 2:03 p.m., an administrative staff (continued on next page)</p> |                                                                                      |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>355065                                                                              | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                             | (X3) DATE SURVEY<br>COMPLETED<br><br>07/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Sunset Drive - A Prospera Community                                                            |                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1011 Boundary St NW<br>Mandan, ND 58554 |                                                 |
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| F 0641<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | member (#36) confirmed the resident's chest vest did not meet the definition of a restraint and the facility coded Resident #11's MDS correctly. |                                                                                      |                                                 |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, review of facility policy, and resident and staff interview, the facility failed to ensure residents received the necessary services to maintain personal hygiene for 2 of 25 sampled residents (Resident #44 and #81) and 1 supplemental resident (Resident #106) who required staff assistance for bathing. Failure to provide assistance to residents who cannot perform the bathing task independently may result in poor hygiene, skin issues and decreased self-esteem. Findings include:</p> <p>Review of the facility policy titled Bathing occurred on 07/09/26. This policy, dated 12/22/25, stated, . Purpose . To ensure cleanliness and general hygiene . promote comfort, relaxation, and well-being . assist resident with personal care . Bed Bath . provide bedridden resident with personal care in bathing .</p> <p>-Review of Resident #44's medical record occurred on all days of survey. Diagnoses include quadriplegia, and immobility syndrome. The quarterly Minimum Data Set (MDS), dated [DATE], identified dependent of staff for showering/bathing and cognitively intact. The current care plan stated, Bathing . requires 2 staff assist with total lift . scheduled . Monday and Friday . A physician's order, dated 10/03/25, stated, . bathing three days a week &amp;ndash; two showers and a bed bath .</p> <p>Review of Resident #44's bathing record dated June 9 - July 6, 2026, identified the facility provided two showers and 12 sponge baths. The record lacked documentation of resident refusals of all showers.</p> <p>A progress note, dated 07/04/26 at 3:09 p.m., stated, . Resident [Resident #44] upset as he was not able to get a shower this morning. Discussed he did not get his shower yesterday and wanted his shower today. Writer discussed that there were not enough staff scheduled this shift and could not pull both of the staff off the floor for his shower as he required two staff in the shower. agreed due to only having two staff on shift it would be impossible to pull staff off the floor and tie them up for a shower. Resident continues to be frustrated. Writer did give a sponge down for resident. Resident states he is not receiving pericare [sic] on a routine basis .</p> <p>The facility failed to provide a shower/bath as care planned and ordered by Resident #44's physician.</p> <p>-Review of Resident #81's medical record occurred on all days of survey and identified dialysis three times a week, muscle weakness and pain. The admission MDS, dated [DATE], identified substantial/maximum assistance required for shower/bathing and moderately impaired cognition. The current care plan stated, Bathing: Resident requires assist x [times] 1 for all bathing . Minimum one bed bath or shower each week. Prefers to wear hats at this time due to matting to hair .</p> <p>Review of Resident #81's bathing record, dated June 10 - July 8, 2026, showed the facility provided one shower, one bed bath and 16 sponge baths.</p> <p>An interview with Resident #81 occurred on 07/08/26 at 2:43 p.m. when asked Resident #81 when their last shower occurred, the resident responded, teary eyed, responded with, I don't know.<br/>(continued on next page)</p> |                                                                                      |                                                 |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Observation showed the resident's hair was matted.</p> <p>During an interview on 07/09/26 at 8:25 a.m., a bath aide (#14) stated she was unaware the last time Resident #81 received a shower or a bed bath. The bath aide stated, the resident frequently refuses. The medical record lacked documentation of refusals.</p> <p>The facility failed to provide a bed bath or shower as care planned for Resident #81.</p> <p>-Review of Resident #106's medical record occurred on all days of survey. Diagnoses included a fracture of left femur, chronic pain, and muscle weakness. The admission MDS, dated [DATE], identified partial/moderate assist with shower/bathing and cognitively intact. The current care plan stated, . Bathing: Resident requires staff assist x [times] 1 for shower . The care plan failed to include how often to shower.</p> <p>Review of Resident #106's bathing record dated June 10 - July 7, 2026, showed staff only provided sponge.</p> <p>During an interview on 07/06/26 at 1:42 p.m., Resident #106 noted he had not received a bath since admission [DATE]). The resident pointed at a package of wet wipes and stated, I have been using these. The resident stated he made requests to change bed linens, stating that the bedding was only changed because I asked them to.</p> <p>The facility failed to provide scheduled showers for Resident #106.</p> <p>During an interview on 07/08/26 at 3:15 p.m., a CNA (#31) stated, I honestly do not know the difference between a sponge bath and a bed bath.</p> <p>During an interview on 07/09/26 at 11:10 a.m., an administrative nurse (#9) stated she expected staff to provide cares, including showers and bed baths, per the care plan and to document refusals.</p> |                                                                                      |                                                 |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, review of professional reference, and staff interview, the facility failed to provide care and services in accordance with physician's orders for 1 of 25 sampled residents (Resident #8) and one close record (Resident #127). Failure to follow physician orders for daily weights and verify significant weight differences, may result in adverse health effects for the residents. Findings include:</p> <p>Kozier &amp; Erb's Fundamentals of Nursing: Concepts, Process, and Practice, 11th Edition eText, 2021, Pearson, Boston, Massachusetts, page 189, 507 and 736, stated, . Definitive treatment of the condition requires both medical and nursing interventions. Vital signs should be evaluated with reference to clients' present and prior health status . Ordered vital sign measurements . should be considered the minimum . In addition to cleaning the skin, bathing also stimulates circulation. produces a sense of well-being . frequently improves morale, appearance, and self-concept .</p> <p>Review of the facility policy titled Weight and Height occurred on 07/09/26. This policy, dated 09/30/26, stated, . Purpose: . To report changes in a resident's clinical condition (significant weight change) to physician . To accurately measure weigh . To monitor weight loss or gain in a resident . If weight varies by more than three percent, reweigh resident and document. Report weight to licensed nurse.</p> <p>-Review of Resident #80's medical record occurred on all days of survey. Diagnoses included congestive heart failure and edema. A quarterly Minimum Data Set (MDS), dated [DATE], identified a significant weight loss with current weight of 195 pounds. Current physician's orders stated, Daily weight - reweigh immediately if weight is 5# [five pounds] greater or lower than previous weight obtained. If weight 3# [three pounds] or greater in 1 day or greater than 5# in a week - contact provider and Furosemide [a diuretic] Oral Tablet 20 MG [milligram] . Give 60 mg by mouth in the morning.</p> <p>Review of Resident #80's weight record and medication administration records April 1 - July 9, 2026 showed the facility failed to obtain daily weights:</p> <p>*Four times in April.</p> <p>*Six times in May.</p> <p>*Nine times in June.</p> <p>*Once in July.</p> <p>Review of weights obtained in June showed the facility failed to reweight the resident on 06/18/26 when the weight showed a loss of 10 pounds from the previous day (205 to 195.3 pounds); and again on 06/19/26 when the weight showed an 11-pound weight gain (195.3 to 206.1 pounds).<br/>(continued on next page)</p> |                                                                                      |                                                 |

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| F 0684<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>During an interview on 07/08/26 at 2:40 p.m., an administrative nurse (#3) stated staff see a flag if weight loss/gain is three percent or greater and she expected staff to re-weigh and document in the health record.</p> <p>During an interview on 07/09/26 at 3:55 p.m., an administrative nurse (#6) confirmed she expected staff to obtain weights as ordered.</p> <p>Facility staff failed to obtain daily weights and reweigh when indicated per physician's orders.</p> <p>-Review of Resident #127's medical record occurred on July 8-9, 2026 and identified an admission date of 06/25/26. Diagnoses included congestive heart failure. Physician's orders included daily weight.</p> <p>Review of Resident #127's weights showed the facility failed to obtain daily weights on five of eight days.</p> |                                                                                      |                                                 |

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| F 0693<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, review of facility policy, and staff interview, the facility failed to provide care and services to prevent nutritional deficits for 1 of 2 sampled residents (#8) reviewed for tube feedings. Failure to provide nutritional needs as ordered may lead to malnutrition, dehydration, and other complications. Findings include: Review of facility policy titled Enteral Nutrition (Tube Feeding) occurred on 07/09/26. This policy, dated 06/24/26, stated, . Enteral nutrition (EN) may be necessary for residents who are unable to consume enough calories orally to meet their nutritional needs. A resident who is fed via EN receives appropriate treatment and services .Review of Resident #8's medical record occurred on all days of survey. Diagnosis included a feeding tube and a vitamin deficiency. The quarterly Minimum Data Set (MDS), dated [DATE], identified intact cognition. Resident #8's current care plan stated, . NUTRITION: The resident has nutritional problem R/T [related to] diagnosis but not limited to dysphagia with need for PEG [percutaneous endoscopic gastrostomy] tube feeding for 100% nutrition and hydration needs . vitamin deficiency. Need for additional vitamin and/or mineral supplementation. Diet: NPO, Resident has order [sic] enteral feeding by feeding tube. Review of Resident #8's June 1 - July 7, 2026, electronic medication administration record (eMAR) identified the following:*Flush enteral tubing with 250 cubic centimeters of additional water three times a day (44 missed administrations).*Okay to give 1/2 (one half) of bolus feed, monitor tolerance and give other 1/2 of carton as tolerated until resident able to tolerate entire carton for bolus feed two times a day (28 missed administrations).* Complete Peptide continuous tube feeding to run at 50 milliliters (mL) per hour over 10 hours to run 8 p.m. to 6 a.m. Flush with 60 mL water before and after feedings. Use three cartons of formula for continuous feeding (16 missed administrations).*Three bolus feeds by feeding tube daily. 250 mL carton Complete Peptide three times daily at 9 a.m., 1 p.m., and 5 p.m. Flush with 60 mL water before and after feeding - may use scheduled water boluses for flushes. Administer over 10-15 minutes or more as tolerated to ensure resident is able to take entire carton as tolerated (46 missed administrations).The facility was unable to provide a nutritional or dietary assessment upon request for Resident #8. During an interview on the afternoon of 07/09/26, an administrative nurse (#3) confirmed that the facility is unable to provide documented information regarding the missed administrations.</p> |                                                                                      |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>355065                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                             | (X3) DATE SURVEY<br>COMPLETED<br><br>07/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Sunset Drive - A Prospera Community                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1011 Boundary St NW<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                 |
| F 0757<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>Based on record review, review of facility policy, and staff interview, the facility failed to ensure the resident's medication regimen remained free of unnecessary medications for 1 of 4 sampled residents (Resident #80) reviewed for antipsychotic medications. Failure to establish a baseline by assessing for abnormal involuntary movements before starting an antipsychotic and to monitor periodically while on the medication may result in the resident experiencing adverse consequences related to the antipsychotic medication. Findings include: Review of the facility policy titled Psychotropic Medications occurred on 07/09/26. This policy, dated 12/09/25, stated, . DEFINITIONS: Psychotropic Medication: Any drug that affects brain activities associated with mental processes and behavior. Psychotropic drugs include but are not limited to . anti-psychotics . POLICY: . Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used: . without adequate monitoring . PROCEDURE: . If a resident is admitted on psychotropic medications . the following must be completed: . If the medication is an antipsychotic, a registered nurse must complete the Abnormal Involuntary Movement Scale [AIMS]. Review of Resident #80's medical record occurred on 07/09/26 and showed an admission date in March 2026. Diagnoses included vascular dementia with anxiety and hallucinations. Medications included Olanzapine [antipsychotic] 2.5 milligrams twice daily on admission related to vascular dementia with anxiety and decreased to daily at bedtime on 06/16/26. Resident #80's record lacked an AIMS assessment on admission. During an interview on 07/09/26 at 2:54 p.m., a nurse manager (#17) confirmed staff failed to complete an AIMS assessment on admission.</p> |                                                                                      |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>355065                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                             | (X3) DATE SURVEY<br>COMPLETED<br><br>07/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Sunset Drive - A Prospera Community                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1011 Boundary St NW<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                 |
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| F 0761<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, record review, review of facility policy and resident and staff interviews, the facility failed to store drugs and biologicals securely for 2 of 2 sampled residents (Resident #8 and #76) with medications at the bedside. Failure to securely store medications may result in unauthorized use, adverse reactions, or ineffective treatment. Findings include:</p> <p>Review of facility policy titled Medication: Administration occurred on 07/09/26. This policy, dated 03/30/26, stated, . Pre-setting medications is not an acceptable practice. The resident has the right to self-administer medications if the interdisciplinary team determines that this practice is safe for the individual resident and is documented in the care plan. An order from the provider is required for this activity. Do not leave medications at the bedside . unless there is a specific physician order to do so, and the resident has been evaluated for self-administration. If the resident has not been assessed for safety of self-administration and there is not a physician order to leave the medication with the resident, stay with the resident until the medication is taken and you observe the resident swallow.</p> <p>-Review of Resident #8's medical record occurred on all days of survey. The quarterly Minimum Data Set (MDS), dated [DATE], identified the resident as cognitively intact.</p> <p>Observation on 06/06/26 and 06/07/26 of Resident #8's private room showed two overflowing baskets of various creams and ointments on a bed-side table at the end of the bed, some contained pharmacy labels and a medication cup of a light pink creamy substance also located on the bed side table.</p> <p>Review of Resident #8's medical record lacked a self-administration assessment and a physician's order to keep creams at bedside.</p> <p>-Review of Resident #76's medical record occurred on all days of survey and identified a Resident Self-Administration of Medication assessment, dated 11/25/25, which stated, Resident is not approved for self-administration.</p> <p>Observations on 07/06/26 at 12:10 p.m. and 07/07/26 at 12:30 p.m. showed medications in cups located on the windowsill. The resident reported they were his noon medications, and he would take them later.</p> <p>In an interview on 07/08/26 at 4:30 p.m., a nurse (#22) confirmed Resident #76 is not approved for self-administration of medications.</p> |                                                                                      |                                                 |