STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355092	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hill Top Home of Comfort Inc	95 Hill Top Dr Killdeer, ND 58640

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, review of the medical record, and review of facility policy, the facility failed to ensure that each resident receives the necessary respiratory care and services in accordance with professional standards of practice for 1 of 1 sampled resident (Resident #29) observed with oxygen. Failure to follow physician's orders regarding oxygen tubing changes at scheduled intervals has the potential to cause respiratory infections or adverse effects. Findings include: Review of the facility policy, Oxygen Administration occurred on 08/28/25. This policy, dated 03/28/25, stated, Policy: Oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plans . Review of Resident #29's medical record occurred on all days of survey. Physician's orders, dated 11/18/23 stated, Change oxygen tubing weekly and wash concentrator filter at NOC [night]. Once A Day on Fri [Friday]. Review of the care plan identified oxygen use and to keep oxygen saturations (level of oxygen in the blood) above 90%. Observations on all days of the survey showed Resident #29 wore oxygen per nasal cannula and tape on the tubing labeled with a date of 08/15/25. Review of the Treatment Administration Record (TAR) showed staff signed the TAR on 08/22/25 indicating staff changed the oxygen tubing however, date on the tubing identified 08/15/25. The facility failed to ensure staff changed the oxygen tubing according to the physician's orders.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE