STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355103	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Seasons Health Care Inc	483 4th St SW Forman, ND 58032

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on record review, review of professional reference, and staff interview, the facility failed to notify the physician of a change in condition for 2 of 3 sampled residents (Resident #2 and #3) with a decline in skin integrity. Failure to promptly notify the physician or provider of the change in skin condition limited their ability to make informed decisions regarding the residents' medical care.Findings includeKozier & Erb's Fundamentals of Nursing, Concepts, Process and Practice, 11th Edition eText, 2021, Pearson, Boston, Massachusetts, page 63, stated, Carrying Out a Physician's Orders . The nurse is considered responsible for notifying the primary care provider of any significant changes in the client's condition.-Review of Resident #2's medical record occurred on 05/19/26. Diagnoses included left sided hemiplegia and hemiparesis (severe or complete loss of motor function and muscle weakness). The current care plan stated, I get sore areas on my legs and feet due to decrease circulation. I many times refuse to let staff remove my shoes and brace even at night. Staff places powder to the bottom of my left foot as I will allow them to. I do refuse on pm's [evenings] at times.Physician orders included: *10/17/25, Zeosorb-AF [antifungal] Powder 2% [percent] (Miconazole Nitrate) Apply to both feet topically every day shift every Mon [Monday], Fri [Friday] for Moisture associated excoriation. Apply on bath days. On 04/15/26 the provider increased the application to every day.*03/06/26, Zinc Oxide [barrier] Cream to Left Foot daily, one time a day for infection. The provider discontinued this order on 04/15/26. Skin evaluations or observations completed by a nurse stated the following:*04/03/26, three pin sized open areas to left plantar [sole] arch. No redness, drainage, swelling, or warmth noted. Patient verbalizes no pain.*04/08/26, Bottom Left Foot open area 0.9x1.4cm [centimeter]; bottom left foot blister 0.5x0.5cm; and left heel blister 0.5x0.5cm. Notes: Bottom upper center pink and peeling, no redness, swelling, drainage. Middle medial area- What appears to resemble a pocket of pus. Bottom of left heel- what appears to resemble a pocket of pus.The nurses' notes stated the following:*04/14/26 at 9:39 a.m., Informed [name of nurse] of residents left foot wound and need for assessment in morning huddle report. Wound was assessed and documented by [name of another nurse] on 4/8/26 and pus was noted. [Name of first nurse] stated she would follow up with provider [name of provider] about this situation.*04/15/26 at 7:32 a.m., Resident allowed staff to change socks, remove brace and apply schedule zinc cream to left foot. This writer observed multiple small open areas still remain, surrounding area is red and moderate amount of purulent drainage noted on residents sock. [Name of nurse] was present to assess left foot and will follow up with provider with assessment findings.*04/15/26 at 2:35 p.m., Discussion held with provider regarding moisture-associated skin concerns to resident's left foot. Following review, provider ordered discontinuation of zinc oxide cream and increased Zeasorb application to daily for improved moisture management.During an interview on 05/19/26 at 4:56 p.m., an administrative nurse (#1) agreed the nursing staff failed to notify the provider of Resident #2's change in skin condition until seven days later. -Review of Resident #3's medical record occurred on 05/19/26. The care plan stated, I am at risk for impaired skin integrity r/t [related to] diabetes and immobility. I would like to maintain skin integrity through review date.A nurses' note, dated 05/03/26 at 5:31 a.m., stated, While CNA [certified nurse aide] was transferring resident into bathroom with sit (continued on next page)

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	to stand lift, resident's hand got bumped against door frame of bathroom door. Resident received crescent shaped skin tear to the back of R [right] hand measuring 2 cm x 1 cm. Wound was cleaned with wound cleanser, steri strips applied and covered with foam dressing for protection.The record lacked evidence the staff notified the provider of Resident #3's skin tear.During an interview on 05/19/26 at 4:37 p.m., an administrative nurse (#1) agreed Resident #3's record lacked documentation staff notified the provider and stated she expected nursing staff to notify the provider of skin tears.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on record review, policy review, and staff interview, the facility failed to provide adequate supervision for 1 of 1 sampled resident (Resident #3) who sustained an injury during a sit-to-stand mechanical lift transfer. Failure to ensure supervision while transporting through a doorway with a stand lift resulted in a skin tear and placed the resident at risk of experiencing pain/discomfort and a more serious injury.Findings include:Review of the facility policy titled Policy and Procedure on Using the Sit to Stand Lifts occurred on 05/19/26. This undated policy stated, It is the policy of Four Seasons Healthcare Center to ensure that each resident is safely transferred using the Sit to Stand Lift.Review of Resident #3's medical record occurred on 05/19/26. The current care plan stated, I am at risk for impaired skin integrity r/t [related to] diabetes and immobility. I need assistance with my ADL's [activities of daily living] . I require assist of 1 staff and PAL Lift [type of sit-to-stand mechanical lift] . to move between surfaces.Nurses' notes stated the following:*05/03/26 at 5:31 a.m., While CNA [certified nurse aide] was transferring resident into bathroom with sit to stand lift, resident's hand got bumped against door frame of bathroom door. Resident received crescent shaped skin tear to the back of R [right] hand measuring 2 cm [centimeter] x 1 cm. Wound was cleaned with wound cleanser, steri strips applied and covered with foam dressing for protection.*05/03/26 at 6:40 a.m., Steri strips remain intact over skin tear back of right hand. Skin approximated. Resident reports area is tender, but no redness noted. Foam dressing applied.During an interview on 05/19/26 at 4:37 p.m., an administrative nurse (#1) stated Resident #3 had fragile skin and bumping into the door frame caused the skin tear.