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	02/19/2026

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, review of the Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, review of the Minimum Data Set (MDS) validation reports in Centers for Medicare and Medicaid Services (CMS) Internet Quality Improvement and Evaluation System (iQies), and staff interview, the facility failed to ensure timely electronic data submission of required assessments for 8 of 13 sampled residents (Resident #3, #4, #8, #9, #15, #18, #19, and #22) with late assessments. Failure to follow the MDS data submission specifications does not meet the intended regulatory requirements. Findings include: The Long-Term Care Facility RAI 3.0 User's Manual (Version 1.20.1), page 2-34, stated, . The MDS must be transmitted (submitted and accepted .) electronically no later than 14 calendar days after the MDS completion date . Page 5-1 stated, . All Medicare and/or Medicaid-certified nursing homes . must transmit required MDS data records to CMS' Assessment Submission and Processing (ASAP) system. Review of the validation reports in iQies identified no MDS assessments submitted to CMS by the facility since 11/21/25. Review of medical records occurred on all days of survey and identified the last MDS submitted to CMS for the following residents as: * Resident #3: Quarterly MDS, dated [DATE]* Resident #4: Significant Change MDS, dated [DATE]* Resident #8: Quarterly MDS, dated [DATE]* Resident #9: Annual MDS, dated [DATE]* Resident #15: Quarterly MDS, dated [DATE]* Resident #18: Quarterly MDS, dated [DATE]* Resident #19: Quarterly MDS, dated [DATE]* Resident #22: Quarterly MDS, dated [DATE] During an interview on the afternoon of 02/19/26, an administrative staff member (#1) confirmed the facility does not run validation reports.

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

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

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.20.1), and staff interview, the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 1 of 5 sampled resident (Resident #18) reviewed for Preadmission Screening and Resident Review (PASRR). Failure to accurately complete the MDS does not allow each resident's assessment to reflect their current status/needs and may affect the accurate development of a comprehensive care plan and the care provided to the residents.ˆFindings include:The Long-Term Care Facility RAI User's Manual, revised October 2025, pages A-30 through A-32, stated, . A1500: Preadmission Screening and Resident Review (PASRR) . Coding Instructions: . Code 1, yes: if PASRR Level II screening determined that the resident has a serious mental illness . - Review of Resident #18's medical record occurred all days of survey. Diagnoses included anxiety, depression, and psychotic disorder. A Notice of PASRR Level II Outcome, dated 09/29/22, stated, . this evaluation has determined that you have a PASRR condition . The facility should mark yes for question A1500 on the Minimum Data Set . The annual MDS, dated [DATE], showed the facility failed to code Resident #18's diagnoses of serious mental illness. During an interview on 02/19/26 at 12:30 p.m., an administrative staff member (#1) confirmed coding issues within the MDS.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on observation, record review, and resident and staff interview, the facility failed to review and revise care plans to reflect the residents' current status for 3 of 13 sampled residents (Resident #3, #5, and #22). Failure to update care plans limited the staff's ability to communicate needs and ensure continuity of care. Findings include: - Review of Resident #3's medical record occurred on all days of survey and identified a diagnosis of Parkinson's Disease. A physician's order, dated 10/18/23 and discontinued on 11/15/24, stated, Resting hand splint to L [left] hand daily. On in AM [morning] and off at HS [hour of sleep-bedtime] as nursing measure for left hand contracture. The current care plan stated, I need assistance with my ADL [activities of daily living] . Brace to my left hand and arm, On in am, off at hs. The facility failed to update Resident #3's care plan with discontinuation of the left hand and arm splint. During an interview on 02/19/26 at 12:30 p.m., an administrative nurse (#1) confirmed the facility failed to update Resident #3's care plan. - Review of Resident #5's medical record occurred on all days of survey. The current physician's orders identified Lasix (a diuretic medication) used for kidney disease. Resident #5's care plan failed to include problems, goals, and interventions for diuretic use. During an interview on 02/19/26 at 10:25 a.m., an administrative nurse (#4) confirmed Resident #5's care plan failed to address the use of diuretics. -Review of Resident #22's medical record occurred on all days of survey. Diagnoses included macular degeneration and bilateral cataracts. The current care plan stated, I am at risk for decrease in ADL due to weakness and impaired vision. A physician's consult report, dated 08/21/25, stated, . Eye screening and eye low vision testing; explained lamp use, ordered yellow fitover sunglasses, please encourage him to look just to the left of things, this gives him the best vision. Keep retina appointments as directed. RTC [return to clinic] to low vision clinic prn [as needed]. Observation on 02/17/26 at 4:47 p.m. showed Resident #22 in the activity room with a four-wheeled walker and two flashlights on the walker's seat. The resident voiced a concern regarding lack of vision in one eye and 95% [percent] gone in the other eye. During an interview on 02/18/26 at 5:35 p.m., an administrative nurse (#1) confirmed Resident #22's care plan lacked specific interventions recommended by the physician and the use of a flashlight by the resident.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observation, record review, review of facility policy, review of manufacturer's instructions for use, and staff interview, the facility failed to ensure staff followed standards of care for 1 of 1 resident (Resident #3) observed for insulin administration. Failure to administer rapid acting insulin within the time specified by the manufacturer may result in a hypoglycemic (low blood sugar) reaction. Findings include:Review of the facility policy titled Timely Administration of Insulin occurred on 02/19/26. This undated policy stated, . Insulin administration will be coordinated with mealtimes . unless otherwise specified in the physician order . Administer insulin at appropriate times.Prescribing information for Insulin Aspart, found at https://www.novo-pi.com/insulinaspart, stated, . This product is NovoLog(R) (insulin aspart) . Insulin Aspart is rapid acting human insulin analog indicated to improve glycemic control in adults . Preparation and Administration Instructions . Inject Insulin Aspart subcutaneously within 5-10 minutes before a meal .Review of Resident #3's medical record occurred on 02/18/26. Diagnoses included diabetes mellitus. Observation on 02/18/26 at 11:30 a.m. showed a nurse (#2) administered 6 units of Insulin Aspart to Resident #3 per physician's order. When asked when the resident will have lunch the nurse replied, At noon. Staff assisted the resident to the dining room table at 11:44 a.m., at 12:08 p.m. an unidentified dietary aide assisted the resident to drink half a glass of unsweetened lemonade. The resident received the noon meal at 12:14 p.m., 44 minutes after receiving a rapid acting insulin. During an interview on 2/19/26 at 12:30 p.m., an administrative nurse (#1) stated she expected staff to administer a rapid acting insulin no sooner than 15 minutes prior to a meal.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, review of facility policy, review of the Centers for Disease Control and Prevention (CDC) guidelines and recommendations, and staff interview, the facility failed to offer the pneumococcal vaccine to 2 of 5 residents (Resident #4 and #22) reviewed for immunization status. Failure to offer the recommended pneumococcal conjugate vaccines (PCV) and pneumococcal polysaccharide vaccine (PPSV) to all residents, provide education to residents and their legal representatives, and document the administration or refusal has the potential for non-immunized residents to contract pneumonia and spread the infection to other residents, visitors, and staff. Findings include:Review of the facility policy titled Infection Prevention and Control Program occurred on 02/19/26. This policy, dated 01/02/25, stated, . Influenza and Pneumococcal Immunization: . b. Residents will be offered the pneumococcal vaccines recommended by the CDC upon admission, unless contraindicated or received the vaccines elsewhere. c. Education will be provided to the residents and/or representatives regarding the benefits and potential side effects of the immunizations prior to offering the vaccines. d. Residents will have the opportunity to refuse the immunizations. e. Documentation will reflect the education provided and details regarding whether or not the residents received the immunizations.Review of the CDC: Pneumococcal Vaccine Recommendations webpage https://www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/index.html, Clinical guidance for implementing pneumococcal vaccine recommendations for adults aged 19 years or greater, dated October 2024, stated, for adults aged 50 years or older who previously received the following vaccines:*PCV13 at any age and PPSV23 at age [less than] 65 years, CDC recommended: A single dose of PCV21 or PCV20 [more than or equal to] 5 years after the last pneumococcal vaccine dose. *PCV13 at any age and PPSV23 at age [more than or equal to] 65 years, CDC recommended: Shared clinical decision-making . of either a single dose of PCV21 or PCV20 . - Review of Resident #4's medical record occurred on 02/19/26 and identified the resident received the PCV13 and PPSV23 vaccines more than 5 years ago and the PPSV23 prior to age [AGE]. The record lacked evidence the facility assessed Resident #4's pneumococcal immunization status and offered the PCV21 or PCV 20 vaccine.- Review of Resident #22's medical record occurred on 02/19/26 and identified the resident received the PCV13 and PPSV23 vaccines more than 5 years ago after age [AGE]. The record lacked evidence the facility assessed Resident #22's pneumococcal immunization status, discussed further vaccination with the provider, or offered the PCV21 or PCV20 vaccine.The facility failed to follow the CDC recommendations for pneumococcal vaccine administration. During an interview on 02/19/26 at 12:50 p.m., an administrative nurse (#1) stated she was not aware if the facility offered the PCV 21 or PCV 20 vaccines to Residents #4 and #22.