STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355109	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Souris Valley Care Center	300 Main St S Velva, ND 58790

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on record review, review of facility policy, and staff interview, the facility failed to notify the resident's physician for 1 of 1 sampled resident (Resident #3) reviewed for falls. Failure to notify the resident's physician of changes in condition promptly may prevent the physician from altering treatment/care.Findings include:Review of the facility policy titled Fall Prevention and Management occurred on 12/17/25. This policy, revised 10/14/25, stated, . For residents with suspected head injury, physicians should be notified by phone and not fax.Review of Resident #3's medical record occurred on 12/17/25. Diagnoses included Alzheimer's disease, dementia, and repeated falls. A care plan review, dated 09/29/25, identified falls, and gait/balance problems.Review of Resident #3's progress notes identified the following:* 12/06/25 at 6:40 a.m., Safety Event. Resident came up to the nursing station and stated, 'I fell in my room and hit my head and I have another knot on the back of my head.' She stated that 'He' helped her back to bed. Upon writer's assessment, resident was found to have a knot with bruising to the rt. [right] back of her head . Fax sent to Dr. [Doctor].* 12/06/25 at 2:07 p.m., Communication/Visit with Physician. notified by email . All neuro's [neurological] and VS [vital signs] have been stable.* 12/09/25 at 3:06 p.m., Communication/Visit with Physician . resident has had eight falls since 10-7-2025, six of them have been since 11-20-2025.During an interview the afternoon of 12/17/25, an administrative staff member (#1) confirmed the facility failed to notify Resident #3's physician by phone regarding a head injury 12/06/25.

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
	355109	A. Building B. Wing	01/07/2026

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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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, review of facility policy, and staff interview, the facility failed to review and revise care plans to reflect the residents' current status for 1 of 9 sampled residents (Resident #2). Failure to update care plans limited the staff's ability to communicate needs and ensure continuity of care. Findings include:Review of the facility policy titled Care Plan occurred on 12/17/25. This policy, dated December 1, 2025, stated, . Each resident will have an individualized, person-centered, comprehensive plan of care that will include measurable goals and timetables directed toward achieving and maintaining the resident's optimal medical, nursing, physical, functional, . needs.The interdisciplinary team will review care plans at least quarterly. Care plans also will be reviewed, evaluated and updated when there is a significant change in the resident's condition.Review of Resident #2's care plan, revised 11/01/24, identified assistance of one staff member required for bed mobility, positioning up in bed, turning from side to side, oral care, dressing, and transfers between surfaces, and assistance of two staff members required to move from lying to sitting and sitting to lying positions. Resident #2's Minimum Data Set (MDS), dated [DATE], identified no impairment of the upper and lower extremity, independent with oral hygiene, dressing upper and lower body, bed mobility, sitting to standing, toilet transfers, and wheelchair mobility.The facility failed to update Resident #2's care plan for an improvement in physical mobility and ADL status.During an interview on 12/17/25 at 2:50 p.m. an administrative staff member (#1) confirmed facility staff failed to update Resident #2's care plan to reflect her current functional ability.