STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355122	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Richardton Health Center Inc	8885 Highway 10 Richardton, ND 58652

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 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 and review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.20.1), the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 2 of 12 sampled residents (Residents #3 and #4). 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: The Long-Term Care Facility RAI User's Manual, revised October 2025, pages 3-4, stated, . Coding Instructions for N0350A. Enter in Item N0350A, the number of days during the 7-day look-back period . that insulin injections were received. - Review of Resident #3's medical record occurred on all days of survey. A physician's order, dated 10/31/25, identified weekly Mounjaro pen injections (a non-insulin hypoglycemic medication). The annual MDS, dated [DATE], showed item N0350A coded as the resident received an insulin injection during the look back period. The medical record lacked documentation the resident received an insulin injection.^ ^ - Review of Resident #4's medical record occurred on all days of survey. A physician's order, dated 09/29/25, identified weekly Mounjaro pen injections. The quarterly MDS, dated [DATE], showed Item N0350A coded as the resident received an insulin injection during the look back period. The medical record lacked documentation the resident received an insulin injection.^

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, review of facility policy, and staff interview, the facility failed to establish a system to account for all controlled medications and failed to effectively manage medication inventory stored in 1 of 1 medication storage rooms. Failure to assure controlled medications in the medication refrigerator are accounted for, and expired medications in the emergency medication kit are removed and replaced has the potential for loss or diversion of controlled medications and risk of administering medications that may be ineffective or harmful to the resident.Findings include:Review of the facility policy titled, Controlled Substance Administration & Accountability, occurred on 12/17/25. This policy, dated 07/18/19 stated, . Controlled substances are stored in a separate compartment of the medication cart or refrigerator lock box. Two licensed nurses account for all controlled substances and access keys at the end of each shift.Review of the facility policy titled, [Name of drugstore] Policies and Procedures, occurred on 12/17/25. This undated policy stated, . Emergency kit is maintained by pharmacy.Observation of the medication storage area occurred on 12/17/25 at 10:46 a.m. with a nurse (#5) and an administrative nurse (#2). Observation identified the following: A locked box in the medication refrigerator that contained three syringes of Ativan (a controlled medication for anxiety), one box of oral Ativan with a resident label, and one box of oral Ativan as part of the emergency medication kit. A list of medications on the outside of the cabinet door identified medications contained in the emergency medication kit and their expiration dates. The medication list identified a Lupin inhaler with an expiration date of 11/25. Upon request, the facility nurse (#5) opened the locked emergency medication kit which contained Lupin (Albuterol) inhaler with an expiration date on the label of 11/30/25.During an interview on the morning of 12/17/25 at 10:48 a.m., an administrative nurse (#2), confirmed facility staff do not count the Ativan in the medication refrigerator unless a dose is removed and agree it should be counted routinely. The nurse (#2) also confirmed the Lupin inhaler in the emergency kit as outdated, and pharmacy should have replaced.