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

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR SEASONS HEALTH CARE INC	**483 4TH ST SW , FORMAN, North Dakota, 58032**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS An unannounced onsite investigation survey regarding a complaint was completed on 05/19/26. During the complaint investigation the facility was found noncompliant with regulatory requirements.	F0000		
F0580 SS = D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or	F0580	F0580 – Notify of Changes (483.10(g)(14)(i)-(iv)(15)) Resident #2's medical record was reviewed to ensure provider notification had occurred and appropriate treatment interventions were implemented. Resident #3's medical record was reviewed to ensure provider notification occurred regarding the identified skin tear. Care plans, treatment records, and clinical documentation were reviewed and updated as necessary to reflect current resident needs. An audit of residents with wounds, skin tears, pressure injuries, signs of infection, injuries, falls with injury, and significant changes in condition occurring within the previous 30 days was completed to verify provider notification and documentation requirements had been met. The facility had initiated measures to strengthen provider communication and clinical follow-up processes and has reinforced these processes following the survey. The following actions have been implemented: • Implementation of a DON Communication and Clinical Update Report to improve communication of resident concerns requiring provider review or follow-up. • Revision of the Provider Round Communication List to include additional instructions regarding residents requiring provider review, changes in condition, wounds, skin concerns, injuries, infections, abnormal findings, and follow-up requirements. • Education to be provided to licensed nursing staff regarding timely provider notification requirements,	06/22/2026

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 reverse for further 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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F0580 SS = D	Continued from page 1 (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is NOT MET as evidenced by: 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 include Kozier & 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:	F0580	Continued from page 1 documentation expectations, and escalation of clinical concerns. Due for completion June 22 2026 • Education reinforced that provider notification is required for newly identified wounds, skin tears, deterioration in skin integrity, signs of infection, injuries with the potential for physician intervention, and significant changes in condition. • Review and reinforcement of the Provider Communication and Notification Workflow policy with licensed nursing staff. • Ongoing review and revision of the Provider Communication and Notification Workflow Policy and Procedure. The Director of Nursing or designee will audit a minimum of three resident records weekly for four weeks involving wounds, skin tears, injuries, infections, falls with injury, or significant changes in condition to verify provider notification was completed and documented appropriately. Following completion of the weekly audits, five resident records will be audited monthly for three months. Results will be reviewed through the facility's Quality Assurance and Performance Improvement (QAPI) process. Additional education and corrective action will be implemented as indicated.	06/22/2026

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F0580 SS = D	Continued from page 2 *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	F0580		06/22/2026

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F0580 SS = D	Continued from page 3 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 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.	F0580		06/22/2026
F0689 SS = D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: 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.	F0689	F0689 – Free of Accident Hazards/Supervision/Devices Resident #3 was assessed following the incident and received treatment for the skin tear in accordance with facility policy and provider orders. The resident's transfer status, care plan, and safety interventions were reviewed to ensure they accurately reflected current needs. Additional protective interventions, including the use of Geri Wraps/Geri Sleeves, were implemented to reduce the risk of future skin injury. The resident's care plan was updated to reflect these interventions. Staff involved received education regarding safe PAL Lift transfer practices, protection of resident extremities, and maintaining environmental awareness during transport through doorways and confined spaces. An audit was completed of all residents requiring PAL Lift transfers to verify transfer status, care plans, equipment use, and safety interventions were current and accurately reflected resident needs. Residents identified as having fragile skin or increased risk for skin tears were reviewed for additional protective interventions as appropriate.	06/22/2026

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F0689 SS = D	Continued from page 4 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.	F0689	Continued from page 4 The facility reviewed and reinforced the Policy and Procedure on Using Sit-to-Stand Lifts with licensed nurses and certified nursing assistants. The policy is being reviewed and updated to include: Protection of resident extremities during transfers; Navigation through doorways and confined spaces; Identification of residents at increased risk for skin injury; Reporting and documentation of transfer-related incidents. Policy review and revision will be completed by June 22, 2026. Focused PAL Lift Safety Refresher Education is currently being provided to staff involved in resident transfers, including and will be completed by June 22, 2026 Safe PAL Lift operation; Protection of resident hands, arms, feet, and legs during transfers; Safe navigation through doorways, bathrooms, corners, and confined spaces; Recognition of residents at increased risk for skin tears and injury; Immediate reporting and documentation of transfer-related incidents. The Director of Nursing or designee will conduct a minimum of five PAL Lift transfer observations weekly for four weeks commencing June 4, 2026, to verify compliance with resident-specific transfer requirements and safe transfer practices, including	06/22/2026

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F0689 SS = D		F0689	Continued from page 5 protection of resident extremities during movement through doorways and confined spaces. Following completion of the weekly audits, five PAL Lift transfer observations will be conducted monthly for three months. Results will be reviewed through the facility's Quality Assurance and Performance Improvement (QAPI) program. Additional education and corrective action will be implemented as indicated.	06/22/2026