STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355067	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY SENIOR LIVING ON COLUMBIA	**2900 14TH AVE S , GRAND FORKS, North Dakota, 58201**

(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 The standard Medicare/Medicaid recertification survey started on 08/03/26 and concluded 08/06/26.	F0000		08/20/2026
F0689 SS = G	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, facility reported incident (FRI) review, and staff interview, the facility failed to ensure each resident received adequate supervision to prevent accidents for 1 of 4 sampled residents (Resident #15) who had a fall with major injury. Failure to provide adequate supervision during personal cares resulted in a fall with a head injury and hospitalization. This citation is considered past non-compliance based on review of the corrective action the facility implemented immediately following the incident. Findings include: The surveyor determined a deficient practice existed on 10/25/25. The facility immediately implemented corrective action, continued with staff education and monitoring, and completed corrective action on 10/31/25. Review of Resident #15's medical record occurred on all days survey. The current care plan stated ". . . I need two staff to turn/roll side to side in bed . . . assist of two with toileting . . . at risk for falls . . . unaware of safety needs . . . "	F0689	"Past Noncompliance - no plan of correction required"	08/20/2026

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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F0689 SS = G	Continued from page 1 Review of progress notes showed on 10/25/25 at 1:00 a.m., " . . . resident had a fall from his bed during cares/toileting, and he is care planned AO2 [assist of two] staff and at this time AO1 [assist of one] staff was assisting . . . resident is on blood thinners and sent to ER for further evaluation . . . " Resident #15's hospital history and physical dated 10/25/25 at 4:01 a.m., stated, " . . . acute right frontal subdural hematoma [bleeding near the brain] . . ." and identified an admission to the hospital's critical care unit. Review of the FRI investigation, dated 10/30/25, showed an undated written statement from a certified nurse aide (CNA) (#3) which stated " . . . I stopped to change soiled brief of the resident . . . he began to kick his legs off the bed, I . . . put his legs back on the bed . . . resident once again kicked legs off the bed. I went to the other side, but resident slid off and hit the end table . . . I did not follow the care plan for brief change which resulted in this incident . . . " Based on the following information, non-compliance at F689 is considered past non-compliance. The facility implemented the corrective action for the deficient practice by: - The facility educated CNA (#3) immediately following the incident and educated all other staff by 10/31/25 on resident safety and always follow the care plan. - The facility conducted facility wide audits after the incident to verify compliance and continued with results reported to the Quality Assurance Performance Improvement (QAPI) committee. On 08/06/26, interviews with five CNA's (# 4, #5, #6, #7, #8) verified education received on following care plans to ensure resident safety.	F0689		08/20/2026
F0584 SS = D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.	F0584	The fans for Residents 17, 13, 50, and 91 were cleaned on August 5, 2026. All visibly dusty fans in resident rooms throughout the building were cleaned on August 5. All Environmental Services Housekeeping staff received retraining on the facility's policy on cleanliness of fans on August 17 through August 20.	08/20/2026

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F0584 SS = D	Continued from page 2 The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is NOT MET as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to provide housekeeping services to maintain a safe, clean, comfortable and homelike environment for 1 of 1 sampled residents (Resident #17) and 3 supplemental residents (Resident #13, #50 and #91) observed with unclean fans. Failure to clean resident personal fans does not promote a homelike living environment or enhance the residents' quality of life. Findings include: Review of the facility policy titled “Fans” occurred	F0584	Continued from page 2 The policy on fans was revised to add a monthly frequency to clean resident room fans. Fans were added to the housekeeping monthly cleaning task list. The Assistant Director of Environmental Services is responsible to ensure that all fans are cleaned on a monthly and as needed basis and that a summary of the monthly fan cleaning will be reviewed at the Quality Review Team meeting monthly for twelve months.	08/20/2026

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F0584 SS = D	Continued from page 3 on 08/05/26. This policy, dated 07/16/26, stated, ". . . Approved resident room fans shall be cleaned and maintained to minimize dust accumulation . . . ." Observations on 08/03/26 at 2:35 p.m. showed the following; * A white table fan coated with a layer of dust on the grates blowing toward Resident #50's bed. * A small white fan with a thick coating of dust on the grates blowing toward Resident #13's bed. Observations on 08/04/26 showed the following; * At 1:55 p.m., a small white fan with a thick coating of dust on the grates blowing toward Resident #17's bed. * At 4:40 p.m., a black tower fan with a thick coating of dust on the grates blowing toward Resident #91's bed. During an interview on 08/05/26 8:59 a.m., an administrative staff (#1) stated environmental services staff were responsible for keeping the fans clean.	F0584		08/20/2026