STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355031	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MINOT HEALTH AND REHAB, LLC	**600 S MAIN ST , MINOT, North Dakota, 58701**

(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 facility reported incidents and complaints was completed on April 30, 2026. During the report investigation the facility was found compliant and during the complaints investigation the facility was found noncompliant with regulatory requirements.	F0000		
F0557 SS = D	Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is NOT MET as evidenced by: Based on observation, review of facility policy, and resident and staff interview, the facility failed to promote care in a manner that maintained or enhanced residents' dignity for 2 of 4 sampled residents (Resident #11 and #14) who required assistance with personal hygiene/care. Failure to assist with personal hygiene and appropriately clothe residents does not promote the resident's mental well-being or dignity. Findings include: Review of the facility policy titled "Promoting/Maintaining Resident Dignity" occurred on 04/30/26 at 10:25 a.m. This undated policy stated, ". . . Groom and dress residents according to resident preference. . . ." Review of the facility policy titled "Grooming a Resident's Facial Hair" occurred on all days of survey. This undated policy stated, ". . . assist resident with grooming facial hair to help maintain	F0557	“Observation on 4/29/26 at 11:20 am, showed noticeable facial hair of resident #11.” Facility provided an electric razor to resident #11 on 5/22/26. Care plan updated to include prefers to use an electric razor, shave daily. Resident’s facial hair was shaved by C.N.A on 5/22/26. Facility residents that have facial hair are potentially affected by the alleged practice. Audit completed on 5/22/26 that resident facial hair is groomed per their preference. Education for nursing staff started on 5/15/26 by Director of Nursing regarding “Grooming a resident’s facial hair.”, and “Promoting and Maintaining resident’s dignity.” Policy. Director of Nursing or designee will audit resident facial hygiene and grooming Starting on 5/25/26: 5x a week for 4 weeks, 3x per week for 4 weeks, 4x a week for 4 weeks or until substantial compliance is maintained. Results of audits will be brought to QAPI for review and recommendation. “Observation on 4/29/26 at 1313, a nurse (#6) and a CNA (#7) transferred resident (#14) from the wheelchair to the bed, completed perineal cares, applied a clean brief, and without pulling up the resident’s pants, covered the resident with a blanket. CNA #6 and #7 educated to ensure residents are	05/24/2026

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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F0557 SS = D	Continued from page 1 proper hygiene. . . ." Observation on 04/29/26 at 11:20 a.m., showed noticeable facial hair of Resident #11. During an interview on 04/29/26 at 11:20 a.m., Resident #11 identified a preference to have facial hair shaved and "Preferred an electric razor but the facility only had a straight razor." During an interview on 04/29/26 at 3:02 p.m., an administrative staff member (#1) stated all residents are shaved per resident preference and shaving materials are provided. During an observation on 04/29/26 at 1:13 p.m., a nurse (#6) and a certified nurse assistant (CNA) (#7) transferred Resident #14 from the wheelchair to the bed, completed perineal cares, applied a clean brief, and without pulling up the resident's pants, covered the resident with a blanket. During an interview on 04/30/26 at 10:15 a.m., an administrative staff member (#1) stated she expected staff to pull up or take off residents' pants in bed per resident preference.	F0557	Continued from page 1 placed in a dignified manner while in bed. Facility residents are potentially affected by the alleged practice. Audit of residents while in bed completed on 5/22/26. Education for nursing staff started on 5/15/26 by Director of Nursing regarding “Promoting and Maintaining resident’s dignity.” policy. Director of Nursing or designee will audit how clothes are situated on residents while in bed. Starting on 5/25/26: 5x a week for 4 weeks, 3x per week for 4 weeks, 4x a week for 4 weeks or until substantial compliance is maintained. Results of audits will be brought to QAPI for review and recommendation.	05/24/2026
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 observation, record review, review of facility policy, and staff interview, the facility failed to properly utilize assistive devices necessary to prevent accidents and/or injury for 1 of 1 sampled resident (Resident #2) observed during a pivot transfer. Failure to utilize gait-belts placed residents at risk for falls and/or injury. Findings include: Review of the facility policy titled "Safe Resident	F0689	Observation on 04/29/26 at 10:37 a.m., Two CNAS (#4 and #5) assisted a resident (#2) to the toilet without a gait belt. Resident (#2) was transferred back into the wheelchair by CNA (#4), CNA (#4) placed her hands around resident (#2) ribcage while assisting back into the wheelchair. Care plan was reviewed: resident assist of 2 staff with gait belt on 5/22/26. DON ensured gait belt was in room and available. Facility residents are potentially affected by the alleged practice. Transfer status in care plans for facility residents reviewed on 5/22/26 and updated if needed. Resident rooms audited to ensure gait belts available in rooms. Education to facility CNAS started on 5/15/26, by Director of Nursing regarding “Use of Gait Belt policy.”. Director of Nursing or designee will audit transfers Starting on 5/25/26: 5x a week for 4 weeks, 3x per week for 4 weeks, 4x a week for 4 weeks or until substantial compliance is maintained.	05/24/2026

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F0689 SS = D	Continued from page 2 Handling/Transfers" occurred on 04/30/26. This undated policy stated, ". . .It is the policy of this facility to ensure that residents are handled and transferred safely to prevent or minimize risk for injury . . . Resident lifting and transferring will be performed according to the resident's individual plan of care. . . ." Review of Resident #2's medical record occurred on all days of survey. Diagnoses included Parkinson's disease, muscle weakness, unsteadiness on feet, and abnormalities of gait and mobility. The current care plan stated, ". . . Transfer: Stand pivot, 2 [staff] assist with gait belt . . ." During an observation on 04/29/26 at 10:37 a.m., two certified nurse aides (CNAs) (#4 and #5) wheeled Resident #2 in front of the toilet. The resident utilized the grab bars to transfer from the wheelchair to the toilet with visible shakiness and an unsteady gait. The CNA (#4) assisted the resident to the toilet. After completion, the CNA (#4) cued the resident to stand and applied a clean brief and pants. The CNA (#4) placed her hands around Resident #2's ribcage and assisted to the wheelchair. The CNA (#4) failed to use a gait belt during the transfers. During an interview on 04/30/26 at 11:43 a.m., a CNA (#4) confirmed they failed to use a gait belt during toileting cares. During an interview on 04/30/26 at 10:15 a.m., three administrative staff members (#1, #2, and #3) stated they expect the facility staff to utilize a gait belt during transfers as care planned.	F0689	Continued from page 2 Results of audits will be brought to QAPI for review and recommendation.	05/24/2026
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention	F0880	"Observation on 4/29/26 at 1302, CNA (#5) removed a full body mechanical lift from resident (#1) room and failed to disinfect it." Mechanical lifts and vital sign machines were disinfected on 5/22/26 Facility residents that require the use of shared equipment are potentially at risk. Reminder sign added to shared equipment to disinfect after each use. Education was provided on 5/15/26, by Director of	05/24/2026

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F0880 SS = D	Continued from page 3 and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens.	F0880	Continued from page 3 Nursing regarding “Cleaning and Disinfecting Resident Care Equipment.” Director of Nursing or designee will audit disinfection of shared equipment Starting on 5/25/26: 5x a week for 4 weeks, 3x per week for 4 weeks, 4x a week for 4 weeks or until substantial compliance is maintained. Results of audits will be brought to QAPI for review and recommendation. Observation on 4/29/26 at 11:13 a.m., Resident (#11) on enhanced barrier precautions. Two CNAS (#4 and #5) entered resident (#11) room and completed cares with only gloves in use. Facility CNAs educated that resident #11 is on EBP. Facility residents are potentially at risk. On 5/22/26 facility residents reviewed for appropriateness of enhanced barrier precautions and CDC signage on doors. Education was provided on 5/15/26, by Director of Nursing regarding “Enhanced Barrier Precautions policy.” Director of Nursing or designee will audit enhanced barrier precautions have appropriate PPE, starting on 5/25/26: 5x a week for 4 weeks, 3x per week for 4 weeks, 4x a week for 4 weeks or until substantial compliance is maintained. Results of audits will be brought to QAPI for review and recommendation. Observation on 4/29/26 at 11:13 a.m., Resident (#11) Two CNAS (#4 and #5) entered resident (#11) to assist with personal cares, CNA (#5) removed soiled linen from the bed and placed them directly on the floor. CNA #5 was reeducated on how to handle soiled linen Residents that currently reside at the facility are potentially affected by the alleged practice. Soiled or contaminated linens must be directly placed into a plastic bag, once removed from the resident or bed.	05/24/2026

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F0880 SS = D	Continued from page 4 Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to follow standards of infection control for 2 of 4 sampled residents (Resident #1 and #11) observed during cares and storage of resident supplies. Failure to follow infection control practices while handling soiled linen, while providing cares for resident in enhanced barrier precautions (EBP), and disinfecting shared equipment has the potential to spread infection throughout the facility. Findings include: Review of the facility policy titled "Infection Prevention and Control Program" occurred on 04/30/26. This undated policy stated, ". . . all reusable . . . equipment requiring . . . disinfection . . . shall be cleaned in accordance with our current procedures . . ." Review of the facility policy titled "Safe Resident Handling/Transfers" occurred on 04/30/26. This undated policy, stated, ". . .The lifts will be cleaned and disinfected according to manufacturer's instructions and after each resident use." Review of the facility policy titled “Enhanced barrier precautions” (EBP) occurred on 04/30/26. This undated policy, stated, ". . .EBP refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities. . . ." -Observation on 04/29/26 at 1:02 p.m., a certified nurse aide (CNA) (#5) removed a full body mechanical lift from Resident #1's room and failed to disinfect it. When asked how often facility staff clean the full body mechanical lifts, The CNA (#5) stated lifts and wheelchairs are cleaned by the night shift. -Observation on 04/29/26 at 11:13 a.m. identified	F0880	Continued from page 4 Education was provided on 5/15/26, by the Director of Nursing regarding “Handling Soiled Linen.” Director of Nursing or designee will audit handling of soiled linens starting on 5/25/26: 5x a week for 4 weeks, 3x per week for 4 weeks, 4x a week for 4 weeks or until substantial compliance is maintained. Results of audits will be brought to QAPI for review and recommendation.	05/24/2026

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F0880 SS = D	Continued from page 5 Resident #11 on EBP. Two CNAs (#4 and #5) entered Resident #11's room and applied gloves. The CNA (#5) placed the soiled linen from the floor into a bag. A nurse (#8) entered the resident's room and instructed the CNAs to apply personal protective equipment (PPE). The CNA (#5) applied a gown, removed Resident #11's soiled linen from the bed and placed it on the floor again. The nurse (#8) stated the soiled linens should be placed in a bag and not on the floor. During an interview on 04/30/26 at 10:15 a.m., an administrative staff member (#1) stated staff are expected to disinfect the full body mechanical lift after every use, avoid placing soiled linen on the floor, and wear gowns when entering rooms requiring EBP precautions.	F0880		05/24/2026