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 06/15/2026

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 a facility reported incident and a complaint was completed on June 15, 2026. During the complaint investigation the facility was found noncompliant with regulatory requirements.	F0000		
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. 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);	F0584	Immediate action(s) taken for the resident(s) found to have been affected include: On 6/15/26 the DON ensured that the toilet was flushed in the room of Resident #___1_____. Identification of other residents having the potential to be affected was accomplished by: Facility residents have the potential to be affected by this practice. Actions taken/systems put into place to reduce the risk of future occurrence include: The facility staff were re-educated on the Homelike Environment policy starting 6/22/26. The education included cleanliness of bedpans/urinals and proper storage of as well as making sure toilets are flushed, rooms as whole are clean and odor free along with proper storage of room items. How the corrective action(s) will be monitored to ensure the practice will not reoccur: The resident rooms will be audited for Homelike Environment to include a safe, clean, and comfortable environment. Bed pans/Urinals will be inspected for cleanliness and proper storage. Toilets will be inspected to make sure they are clean and are flushed. Resident rooms, including bathrooms, to be inspected for overall cleanliness, proper storage of items, and odor free. Audits to start week of	06/29/2026

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

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 06/15/2026

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
F0584 SS = D	Continued from page 1 §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, resident and family interview, and staff interview, the facility failed to ensure a clean and homelike environment for 1of 3 sampled residents (Resident #1) dependent on staff assistance for toileting. Failure to maintain a clean and sanitary bathroom does not promote a homelike living environment or enhance the resident's quality of life. Findings include: Review of the facility policy titled "Safe and Homelike Environment" occurred on 06/15/26. This undated policy, stated, ". . . the facility will provide a safe, clean, comfortable and homelike environment . . . services will be provided as necessary to maintain a sanitary, orderly and comfortable environment. . . . Minimize odors . . . reporting lingering odors and bathrooms needing cleaning . . ." During an interview on 06/15/26 at 9:38 a.m., Resident #1 reported she does not use the bathroom, but staff assist her with a bed pan for toileting needs. The resident's spouse, in attendance during the interview, stated, "the staff do not always flush the toilet after they empty the bed pan." He also stated there are times he arrives at the room in the morning, notices an odor in the bathroom, and finds bowel movement in the toilet. Observation of the resident bathroom/toilet at 9:48 a.m. showed the bathroom door closed. When the surveyor opened the door, a urine odor was detected, and the toilet bowl contained urine colored water. Resident #1 reported staff assisted her with the bed pan prior to breakfast. During an interview on 06/15/26 at 4:30 p.m., an administrative staff member (#1) stated staff are expected to flush the toilet after emptying a bedpan and/or after resident toileting.	F0584	Continued from page 1 6/28/26 5 x per week x 4 weeks, then 4 x per week x 3 weeks, then 3 x per week x 2 weeks, then 2 x per week x 1 week. Results will be reviewed by the Risk Management/Quality Assurance Committee until such time consistent substantial compliance has been achieved as determined by the committee. Findings of this audit will be discussed with the Resident Council.	06/29/2026