STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1)PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8084	A. BUILDING: _____ B. WING _____	11/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUGUSTA PLACE - A PROSPERA COMMUNITY	316 VERSAILLES AVE BISMARCK, ND 58503

(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) COMPLETE DATE
B 000	INITIAL COMMENTS For the unannounced complaint survey started and completed on 11/03/25, the sample included two (2) residents for complete review and one (1) closed record for review. In addition, the sample included five (5) supplemental residents to verify specific concerns during the survey. Tier II citations included B950, B1120, and B1540.	B 950	33-03-24.1-09,5 GOVERNING BODY The corrective action accomplished is that all residents administered subcutaneous insulin by medication assistants I, II will be reviewed to ensure proper delegation and documentation to include competency validation specific to insulin administration. All residents that receive subcutaneous insulin administration by medication assistants have the potential to be affected.	12/3/2025
B 950	33-03-24.1-09,5 GOVERNING BODY 5. The governing body shall ensure sufficient trained and competent staff are employed to meet the residents' needs. Staff must be in the facility, awake and prepared to assist residents twenty-four hours a day. This State Licensing Rule is not met as evidenced by: Based on policy review, employee competency review, and staff interview, the facility failed to comply with the North Dakota Administrative Code (NDAC), Chapter 33-43-01, "Nurse Aide Training, Competency Evaluation, and Registry," for 2 of 2 medication assistants (MA) (#4 and #5) reviewed. Failure to ensure only qualified staff administered subcutaneous insulin increases the risk for adverse consequences. Findings include: NDAC, Section 33-43-01-16 "Specific Delegation of Medication Administration" stated, ". . . 2. The		Measures put into place to ensure this practice will not recur: An in-service education program and review of the proper delegation and documentation to include competency validation specific to insulin administration by medication assistants I, II will be provided to all basic care nursing staff responsible for administration and delegation of subcutaneous insulin by the Director of Nursing or designee. All medication assistants I, II will have appropriate delegation and competency validation specific to insulin administration completed with them by a licensed nurse prior to administering subcutaneous insulin to residents. This delegation will include documentation of training specific to each resident the medication aide is delegated to assist with insulin administration. The QAPI Coordinator, or designee will conduct random audits weekly x4, monthly x3 and then quarterly as deemed necessary to monitor compliance and ensure only qualified staff to include delegation and competency validation of all medication assistants I, II administering subcutaneous insulin medications.	

Health Response and Licensure

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	11/21/2025

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B 950	Continued From page 1. individual on the department's nurse aide [registry] is taught by a licensed nurse for each specific client's medication administration which includes verbal and written instruction . . . 3. . .. is observed by a licensed nurse administering the medication to the specific client until competency is demonstrated. 4. . .. has been verified as competent by a licensed nurse . . . 5. Documentation of that individual . . . has received the training related to the receipt of special delegation of medication administration for each client must be maintained and updated when further instruction is received as necessary to implement a change." Section 33-43-01-17 "Routes or Types of Medication Administration" states, ". . . 3. Medication assistants I and II may administer medications by the following routes only when specifically delegated by a licensed nurse for a specific client: . . . Subcutaneous . . . " Review of the facility policy titled, "Medication Administration" occurred on 11/03/25. This policy, dated 07/18/25, stated, ". . . When specifically delegated by a licensed nurse for a specific client, the Medication Assistant I may administer medications by the following routes . . . subcutaneous . . . See Medication Assistant I Scope of Duties . . . for steps required for nurse delegation. . .." Review of the facility's competency forms titled "Medication: Insulin Administration, Insulin Pens" occurred on the afternoon of 11/03/25. The competency forms for MAs (4 and #5) failed to identify insulin administration competencies. During an interview on the morning of 11/03/25, an administrative staff member (3) stated she was unable to locate the training/competency for specific delegation of insulin administration	B 950	Results will be evaluated and monitored for effectiveness to ensure correction is achieved and solutions are sustained by the QAPI Committee during scheduled meetings with immediate corrective action implemented if concerns are identified. Corrective action will be completed by 12/03/2025.	

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B 950	Continued From page 2. for any of the MAs employed by the facility. During an interview on the afternoon of 11/03/25, an administrative staff member (7) stated she was not aware MAs required competencies related to individual residents and specific to residents' current insulin dose.	B 950		
B1120	33-03-24.1-11,2 EDUCATION PROGRAMS 2. On an annual basis, all employees shall receive inservice training in at least the following: a. Fire and accident prevention and safety. b. Mental and physical health needs of the residents, including behavior problems. c. Prevention and control of infections, including universal precautions. d. Resident rights. This State Licensing Rule is not met as evidenced by: Based on review of employee education records and staff interviews, the facility failed to ensure completion of annual training for 2 of 2 employee education files reviewed (Employee #4 and #5). Failure to provide employees with relevant training limits the staff's ability to develop or enhance job skills needed to meet the needs of residents. Findings include: Review of education records for two employees	B1120	33-03-24.1-11,2 EDUCATION PROGRAMS Annual training for behavior problems and mental and physical health needs of residents by Employee #4 has been completed. Employee #5 has terminated PRN status. The facility has determined that all residents have the potential to be affected. An audit of all basic care nursing staff education was conducted to ensure annual education requirements have been met as assigned for behavior problems, mental and physical health needs of residents and residents rights to develop and enhance job skills needed to meet the needs of residents. An in-service education program and review of required annual training requirements to include training for behavior problems, mental and physical health needs of residents and residents rights as assigned will be provided to all basic care nursing staff by the Senior Living Manager or designee. The QAPI Coordinator, or designee will conduct random audits monthly x3 and then quarterly as deemed necessary to monitor compliance and ensure ongoing completion of required annual training requirements as assigned for behavior problems, mental and physical health needs of residents and residents rights.	12/3/2025

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B1120	Continued From page 3 occurred on 11/03/25. This review found Employee #4 and #5 lacked annual training in mental and physical health needs of residents, including behavior problems, and Employee #5 lacked annual training in residents rights. During an interview on 11/03/25 at 1:02 p.m., an administrative staff member (#1) confirmed the employees lacked the required annual education in the above areas		Results will be evaluated and monitored for effectiveness to ensure correction is achieved and solutions are sustained by the QAPI Committee during scheduled meetings with immediate corrective action implemented if concerns are identified. Corrective action will be completed by 12/03/2025.	12/3/2025
B1540	33-03-24.1-15,4 PHARMACY/MED ADM SERVICES 2. All medications used by residents which are administered or supervised by staff must be: a. Properly recorded by staff at the time of administration. b. Kept and stored in original containers labeled consistently with state laws. c. Properly administered. This State Licensing Rule is not met as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to follow professional standards of practice for medication administration for 5 of 5 supplemental residents (Residents #4, # 5, 6, #7, and #8) observed during medication administration. Failure to accurately label insulin pens with the correct dosage and with an open and/or discard date may result in an inaccurate dose and subtherapeutic medication effect, and failure to prepare medications for administration as close to the time of administration as possible increases the risk of the residents getting the wrong medication.	B1540	B1540 33-03-24.1-15,4 PHARMACY/MED ADM SERVICES Resident #4's insulin pen has been accurately labeled with the correct dosage per provider order and with an open and/or discard date. MA (#4) received just-in-time education regarding appropriately timed preparation of medications. Resident's #5, #6, #7, and #8 medication preparation now occurs as close to the time of administration as possible. The facility has determined that all residents with provider orders for the use of insulin pen medications and all residents that require preparation of medications for administration have the potential to be affected. Measures put into place to ensure this practice will not recur: An in-service education program and review of the professional standards of practice for medication administration will be provided to all basic care nursing staff responsible for assisting with medication administration by the Senior Living Nurse Manager or designee to include:	

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B1540	Continued From page 4. Findings include: The facility policy titled, "Insulin Preparation and Administration," dated 08/13/25, stated, ". . . 4. Procedure: a. Verify provider order, the expiration date and the number of days the pen has been open. . .." Review of the facility policy, "Medication Administration - North Dakota" occurred on 1103/25. This policy, dated 07/18/25, stated, ". . . PROCEDURE: . . . B. Medication aide [MA] I will: . . . Prepare, administer, and document all medications as given . . ." Review of manufacturer's guidelines for "Lantus SoloStar Pen" (insulin) occurred on 11/03/25. The guidelines stated, "After 28 days, throw . . . pen away . . ." Review of Resident #4's medical record occurred on 11/03/25, and identified a physician's order, "Lantus SoloStar subcutaneous solution pen-injector . . . Inject 44 units subcutaneously one time a day . . ." Observation on 11/03/25 at 3:13 p.m. showed Resident #4's insulin pen label stated, "Lantus 46 units under the skin one time a day with breakfast." The label lacked accurate dosage information and open and/or discard dates. During an interview the morning of 11/03/25, a MA (#4) confirmed Resident #4's insulin pen lacked the correct dosage information. In a separate interview with a MA (#6), the MA confirmed the insulin pen also lacked an open and/or discard date.	B1540	• Accurate labeling of insulin pens with the correct dosage per provider order and with an open and/or discard date. • Preparation of medications for administration as close to the time of administration as possible. The QAPI Coordinator, or designee will conduct random audits weekly x4, monthly x3 and then quarterly as deemed necessary to monitor compliance and ensure: • Resident medication labels for insulin pens have the correct dosage per provider order and with an open and/or discard date; and • Medications are prepared for administration as close to the time administered as possible. Results will be evaluated and monitored for effectiveness to ensure correction is achieved and solutions are sustained by the QAPI Committee during scheduled meetings with immediate corrective action implemented if concerns are identified. Corrective action will be completed by 12/03/2025.	

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B1540	Continued From page 5. - Observation of a MA (#4) preparing medications for Residents #5, #6, #7, and #8, occurred on 11/03/25 between 10:55 a.m. and 11:16 a.m. The MA opened each resident's locked medication cabinet in their room and removed a paper medication cup with medications inside. The MA showed the surveyor the unit-dose packaging card that she took each pill from earlier in the morning. The MA (#4) then placed the pills into a small paper envelope with the resident's name, sealed the envelope, and placed it into a zippered pouch. The MA stated she would then give the pills to the residents at lunch time. The MA (#4) stated "I know we are not supposed to pre-dish" the medication. The MA (#4) indicated she did it because she was busy and working alone. Observation on 11/03/25 between 11:56 p.m. and 12:00 p.m. showed the MA (#4) administered medications from the labeled envelopes to Residents #5, #6, #7, and #8. During an interview on 11/03/25 at 1:02 p.m., an administrative nurse (#2) confirmed staff should not pre-dish medications.	B1540		