STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355059	A. BUILDING _____ B. WING _____	C 05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSOURI SLOPE	2425 HILLVIEW AVE BISMARCK, ND 58501

(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
F 000	INITIAL COMMENTS A complaint survey started on 05/19/25 and concluded on 05/21/25.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, review of the facility investigation, review of facility policy, and staff	F 609	1. For Resident #1, Vice President of Resident Services provided completed	5/23/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/04/2025

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 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.

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F 609	Continued From page 1 interview, the facility failed to ensure all alleged violations involving possible abuse and/or neglect were reported immediately to officials including the State Survey Agency (SSA) for 1 of 1 sampled resident (Resident #1) who sustained significant bruising to the left lower leg. Failure to immediately report alleged violations to the SSA placed Resident #1 and other residents at risk for possible abuse and/or neglect and further injury. Findings include: Review of the facility policy titled "Abuse" occurred on 05/21/25. This policy, dated September 2024, stated, ". . . Neglect: Failure to provide goods and services necessary to avoid physical harm . . . The Vice President of Resident Services, or his/her designee shall immediately (within 24 hours) report all allegations of staff resident abuse, neglect . . . to the Stote [sic] Survey and Certification Agency and will report the results of the investigation to the State Survey and Certification Agency within tive [sic] (5) working days ot [sic] the incident. . . ." Review of Resident #1's medical record occurred on all days of survey. Diagnoses included atrial fibrillation and localized edema (swelling that occurs when fluid builds up in the body's tissues). Physician's orders, dated April 24-May 1, 2025, included aspirin (helps prevent blood clots from forming) 81 milligrams (mg) daily and enoxaparin (an anticoagulant) 70 mg every 12 hours for 25 days. Resident #1's care plan, dated 04/24/25, stated, ". . . use caution during transfers and bed mobility to prevent striking arms, legs, and hands against	F 609	allegation investigation to surveyor onsite on day of survey on May 19, 2025. 2. All residents have the potential to be affected. 3. Vice President of Resident Services reviewed prohibition of abuse, neglect, or misappropriation of property policy on May 20, 2025. 4. The Infection Preventionist/QAPI Director will be responsible to monitor/audit. The Infection Preventionist/QAPI Director will compile QAPI data and monitor to ensure all alleged violations involving possible abuse and/or neglect are reported immediately to the state survey agency. The first quality assurance monitor was completed on May 20, 2025. QAPI monitoring will be performed weekly for four weeks, monthly for three months, and then quarterly thereafter for one year. After that time, continuation of monitoring will be determined by facility performance. Monitoring will continue until performance demonstrates sustained compliance and discontinuation is approved by the QAPI committee and medical director. If concerns are identified, immediate action will be taken to re-educate staff. Monitoring results will be reviewed by the QAPI committee at each scheduled meeting.	

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F 609	Continued From page 2 any sharp or hard surface . . ." A progress note, dated 05/01/25, stated, "3:14 a.m., Resident requested PRN [as needed] pain medication r/t [related to] left leg pain. this nurse came to bedside for assessment and to discuss intervention options. Upon assessment it was noted that the LEFT Calf was with new localized onset edema, hot to the touch, pain rated by resident as 'the worst,' significant bruising was noted to interior left mid-calf to knee bend. . . . MD [medical doctor] [was] contacted . . . and gave the order to send to ER [emergency room] by ambulance at this [sic] is the non-surgical leg with no previous known issues . . ." A progress noted, dated 05/01/25 at 8:15 a.m., stated, "Called [hospital], resident has been admitted. It was found that [the] resident has an active bleed in the left, lower extremity . . ." The facility's "Final Investigation Report," dated 05/05/25, stated, ". . . Day CNA [certified nurse aide] on 04/30/25 indicates that the resident reported her leg got twisted the night before . . . CNA does not remember seeing any bruising to the left leg that day. . . ." During an interview on 05/21/25 at 4:30 p.m., an administrative nurse (#4) confirmed the facility failed to report this incident to the SSA.	F 609		