STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355103	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR SEASONS HEALTH CARE INC	483 4TH ST SW , FORMAN, North Dakota, 58032

(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 (FRI) was started on 08/28/25 and completed on 09/24/25. During the investigation, the facility was found noncompliant with regulatory requirements.	F0000		
F0600 SS = D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is NOT MET as evidenced by: Based on review of a FRI, record review, review of facility policy, and staff interview, the facility failed to ensure residents remained free from abuse for 1 of 1 sampled resident (Resident #2) who experienced unwanted sexual contact from another resident (Resident #1). Failure to protect Resident #2 from sexual abuse may result in psychosocial harm and mental and emotional distress. Findings include: Review of the facility policy titled "Abuse and Neglect" occurred on 08/28/25. This policy, dated 05/13/19, stated, "All residents have the right to be free from verbal, sexual, physical, and mental abuse .	F0600	Individualized care plan interventions were implemented to include behavioral interventions for residents which exhibit sexually oriented behaviors to reduce the threat or occurrence of incidents that may not be consensual between two parties. Resident #2's care-plan interventions were updated to include interventions surrounding disrobing behaviors: Hourly behavioral monitoring, use of distraction through preferred methods (photo albums and reminisce, care for her baby doll, folding laundry, toileting, repositioning and offering nourishment). Resident #1's care-plan updates at the time of the incident included, hourly monitoring of whereabouts and safety, which will continue in the plan of care for each resident involved. Additional updates to include referral and treatment for hypersexuality through Rural Psychiatry Associates. Additionally, resident#2's care-plan was updated to include intervention should hypersexual behaviors occur with any other residents, staff will intervene with safety measures such as implementation of 1:1 supervision and licensed nurses to re-assess at intervals for continuance of 1:1 supervision. A facility audit on 9/16/25 of all residents BIMS scores occurred, the facility identified residents with BIMS scores with <12 and or unable to consent to sexual activity were identified per SSD. Interview-able residents have all been interviewed for any safety concerns that they may have had. All residents with a BIMS score of <12 were identified as at potential risk for harm. A chart audit was completed on 9/16/25 to include review of the 72-hour report from the prior shifts to ensure no other residents have been affected. **	09/25/2025

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 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: 355103	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR SEASONS HEALTH CARE INC	483 4TH ST SW , FORMAN, North Dakota, 58032

(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
F0600 SS = D	Continued from page 1 . . Residents must not be subjected to abuse by anyone, including . . . other residents . . . Sexual abuse includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault . . ." Review of Resident #1's medical record occurred on 08/28/25. Diagnoses included dementia. The Minimum Data Set (MDS), dated 08/20/25, identified severe cognitive impairment. Review of Resident #2's medical record occurred on 08/28/25. Diagnoses included dementia. The MDS, dated 06/01/25, identified severe cognitive impairment. The initial FRI report, received by the SA on 08/25/25 at 11:28 a.m., identified nonconsensual sexual contact between Resident #1 and #2 occurred on 08/23/25. After the third occurrence, the facility initiated one to one (1:1) supervision for Resident #1. The facility's final investigation report, dated 08/25/25, stated, ". . . At approximately 1315 [1:15 p.m.] on August 23, 2025, in the resident lounge area, a staff member found [Resident #1] with his face in the breast area of [Resident #2]. When the staff member asked [Resident #1] what he was doing, he stated, 'I was just talking to her.' [Resident #2] was removed from the lounge area and taken to a location closer to the nurse's station for observation. [Resident #1] was redirected to his room and counseled that this behavior was inappropriate. at 1330 [1:30 p.m.], [Resident #1] was again observed by staff kissing this female resident on the mouth in the lounge area. Noted that [Resident #2] exhibits wander behaviors, and per her normal, routinely strolls into the lounge frequently and back out. This area has the ability for monitoring over the facility camera system. At 1330 [1:30 p.m.] [Resident #2] again removed from the lounge area and into the nurses station for safety. While staff were attending to other residents, [Resident #1] sought out [Resident #2] and at 1345 [1:45 p.m.] was observed touching [Resident #2] inappropriately. [Resident #1] was again immediately redirected to his room. Staff continued monitoring both residents following the series of incidents. . . ." During an interview on the afternoon of 08/28/25, an administrative nurse (#1) reported both residents remain on hourly checks, and no further interactions have occurred. The Facility failed to protect Resident #2 from inappropriate and unwanted sexual contact from Resident #1 and the sexual contact continued two more times	F0600	Continued from page 1 On 9/16/2025 the facility Immediately implemented and educated on the revised facility's Abuse/ Neglect Policy to redefine “Sexual abuse as nonconsensual sexual contact of any type with a resident” On 9/16/2025 the facility implemented a policy/procedure to provide a provision of intermediate 1:1 care, to include a staff calling tree, as well as a weekend on call rotation of department managers, whom will be available to assist with 1:1 cares should the need arise. All staff education was completed on 09/16/25 on the above policy revision. Off duty staff were educated prior to working their next scheduled shift. Mandatory staff education as above included all facility departments on updated Abuse, neglect and exploitation policy as well as “Provision of 1:1 Staffing” policy that was put into effect on 9/16/25. On 9/24/25, MDS Coordinator updated all identified residents' care-plans including Kardexes to ensure staff are able to properly identify residents at risk. An all-staff memo was initiated educating staff on updates to residents identified as "at risk." The immediacy for resident #1 and #2 no longer existed as of 08/23/25. Hourly checks continue for both resident #1 and resident #2. The Director of Nursing or designee will review the facility 72 hour progress note report for a minimum of 3 times per week to identify any potentially at risk for abuse, neglect or exploitation based upon prior said policy. Results of the reviews will be reported by the DON at the quarterly QA meeting. Audits will be conducted for 3 times per week for one month then two times per week for the next two months at which time the interdisciplinary team will determine the frequency of the reviews.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355103	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR SEASONS HEALTH CARE INC	**483 4TH ST SW , FORMAN, North Dakota, 58032**

(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
F0600 SS = D	Continued from page 2 before the facility implemented 1:1 supervision.	F0600		