STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355031	A. BUILDING _____ B. WING _____	C 12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MINOT HEALTH AND REHAB, LLC	600 S MAIN ST MINOT, ND 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
F 000	INITIAL COMMENTS An unannounced onsite investigation survey regarding a facility reported incident was completed on December 02, 2024. During the investigation the facility was found noncompliant with regulatory requirements.	F 000		
F 600 SS=G	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 facility reported incident, record review, review of facility policy, and staff interviews, 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. Failure to protect the resident from sexual abuse placed the resident at risk for mental and emotional distress. This citation is considered past noncompliance based on review of the corrective actions the facility implemented immediately following the incident.	F 600	Past noncompliance: no plan of correction required.	

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

Electronically Signed | 12/17/2024

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 600	Continued From page 1 Findings include: Review of the facility policy titled "Abuse, Neglect and Exploitation" occurred on 12/02/24. This policy, revised 07/15/22, stated, ". . . It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse . . . 'Sexual Abuse' is non-consensual sexual contact of any type with a resident. . . ." Review of the facility reported incident, dated 11/27/24, stated, "[Staff member #2] was walking in the hall and noticed [Resident #1] had his Right [sic] hand down [Resident #2's] pants in the front." - Review of Resident #1's medical record occurred on 12/02/24. A quarterly Minimum Data Set (MDS), dated 10/12/24, identified the resident as cognitively intact. Resident #1's nursing progress note dated 11/27/24 3:32 p.m. stated, "Resident to resident incident reported by [staff member name] who witnessed incident between resident and other resident residing in [resident room number]. Incident reported to nursing staff, ED [Executive Director], and Social services. Local law enforcement notified of incident. This social worker attempted to interview resident, resident would not acknowledge or answer questions, laying in bed. Resident placed on temporary 1 to 1. This Social worker attempted to notify DPOA [durable power of attorney] no answer, unable to leave message. PCP [primary care physician]	F 600		

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F 600	Continued From page 2 notified of incident." - Review of Resident #2's medical record occurred on 12/02/24. Diagnosis included dementia and Parkinson's disease. An admission MDS, dated 09/02/24, identified the resident with severely impaired cognition. Resident #2' nursing progress note dated 11/27/24 at 5:22 p.m. stated, "Resident to resident incident observed by [staff title] which was reported to nursing staff, ED, and Social service. Resident was safely removed from vicinity of the other resident of [room number]. Local law enforcement was contacted by this social worker. Mood assessment completed-assessment score [number shows] s/s [signs and symptoms] of minor depression noted. Resident was able to briefly describe the incident. resident [sic] reports she does not feel in danger, and is not scarred [sic] of the other resident. Resident continues with normal routine. Daughter [name] notified of incident, PCP notified of incident. Resident to be monitored for any alterations in mood, behavior or changes in routine." During an interview on 12/02/24 at 10:30 a.m. an administrative staff member (#1) reported Resident #1 remained on 1 to 1 monitoring by staff and the resident was planning to discharge home on 12/03/24. During an interview on 12/02/24 at 12:08 p.m. staff member (#2) confirmed on 11/27/24 around 2:00 p.m. staff member (#2) was down the hall and saw Resident #1 in the hall with his wheelchair "side to side" with Resident #2.	F 600		

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F 600	Continued From page 3 Resident #1's right hand was down the front of Resident #2's pants. Resident #2 looked "distressed and was swatting [Resident #1] away." Resident #1 started laughing and moved away before the staff member could get there. The facility failed to protect Resident #2 from non-consensual sexual contact. Based on the following information, non-compliance at F600 is considered past non-compliance. The facility implemented corrective actions for the resident affected by the deficient practice and put measures in place to ensure the deficient practice does not reoccur by: * Immediately implemented 1 to 1 staff supervision/monitoring for Resident #1. * Moved Resident #1's roommate to another room. * Reeducated staff regarding 1 to 1 supervision and on the abuse, neglect, and exploitation policy. * Interviewed other residents to determine if any other abuse occurred. * Reported the concern to the North Dakota Department of Health and Human Services, * Reported the concern to local Police Department. The surveyor determined a deficient practice existed on 11/27/24. The facility implemented corrective action and staff education on 11/27/24.	F 600		