STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355122	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHARDTON HEALTH CENTER INC	**8885 HIGHWAY 10 , RICHARDTON, North Dakota, 58652**

(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 The standard Medicare/Medicaid recertification survey started on 12/15/25 and concluded on 12/17/25.	F0000		12/23/2025
F0641 SS = D	Accuracy of Assessments CFR(s): 483.20(g)(h)(i)(j) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. §483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. §483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed. §483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. §483.20(j) Penalty for Falsification. §483.20(j)(1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than $5,000 for each assessment. §483.20(j)(2) Clinical disagreement does not constitute a material and false statement.	F0641	1. Corrective Action Accomplished: How you fixed the problem for residents already affected. 1. For Resident #3 and #4 immediate action was taken by correcting the MDS to accurately reflect the current clinical status of residents per RAI guidelines on 12/23/25. 2. Identify Other Affected Residents: How you found others who might have been affected. 1. A facility-wide audit be conducted for all residents receiving hypoglycemic medications. All charts reviewed and to ensure compliance. 3. Measures to Prevent Recurrence (Systemic Change): What permanent changes you're making. 1. A policy review of "Accurate Resident Assessment" will be reviewed and updated to ensure accuracy of coding on MDS. Residents on hypoglycemic medications including insulin will be reviewed by classification. Any future MDS related questions will now be asked directly via e-mail to the State Health Response and Licensure representative for LTC. 4. Monitoring Performance: How you'll ensure the fix sticks. 1. MDS staff will be educated on proper MDS documentation beginning on 12/17/25. Resident records will be reviewed, and necessary updates will be completed. MDS staff will be educated on accurate MDS documentation specifically recognition and documentation of hypoglycemic medications. The MDS coordinator will create an audit to ensure that each MDS has accurate information. This audit will be performed weekly x 4, biweekly x 4, and monthly thereafter. Upcoming MDS assessments will portray an accurate depiction of the resident's current status. 5. Completion Date: An explicit date for when each part	12/23/2025

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

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F0641 SS = D	Continued from page 1 This REQUIREMENT is NOT MET as evidenced by: Based on record review and review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.20.1), the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 2 of 12 sampled residents (Residents #3 and #4). Failure to accurately complete the MDS does not allow each resident's assessment to reflect their current status and may affect the accurate development of a comprehensive care plan and the care provided to the residents. Findings include: The Long-Term Care Facility RAI User's Manual, revised October 2025, pages 3-4, stated, ". . . Coding Instructions for N0350A. Enter in Item N0350A, the number of days during the 7-day look-back period . . . that insulin injections were received. . . ." - Review of Resident #3's medical record occurred on all days of survey. A physician's order, dated 10/31/25, identified weekly Mounjaro pen injections (a non-insulin hypoglycemic medication). The annual MDS, dated 09/28/25, showed item N0350A coded as the resident received an insulin injection during the look back period. The medical record lacked documentation the resident received an insulin injection. - Review of Resident #4's medical record occurred on all days of survey. A physician's order, dated 09/29/25, identified weekly Mounjaro pen injections. The quarterly MDS, dated 10/03/25, showed Item N0350A coded as the resident received an insulin injection during the look back period. The medical record lacked documentation the resident received an insulin injection.	F0641	Continued from page 1 of the correction is done. 1. 12/23/2025	
F0755 SS = D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.	F0755	Corrective Action Accomplished: How you fixed the problem for residents already affected. Discussion with medical director and director of nursing will take place to determine what the standard of practice should be with regarding Ekit medications. Policy for Controlled Substance Administration and Accountability and the policy for Policy for Medication Storage will be reviewed and updated. No other residents were affected by the deficient practice. Identify Other Affected Residents: How you found others who might have been affected. No other residents were affected by the deficient	12/23/2025

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F0755 SS = D	Continued from page 2 §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is NOT MET as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to establish a system to account for all controlled medications and failed to effectively manage medication inventory stored in 1 of 1 medication storage rooms. Failure to assure controlled medications in the medication refrigerator are accounted for, and expired medications in the emergency medication kit are removed and replaced has the potential for loss or diversion of controlled medications and risk of administering medications that may be ineffective or harmful to the resident. Findings include: Review of the facility policy titled, "Controlled Substance Administration & Accountability", occurred on 12/17/25. This policy, dated 07/18/19 stated, ". . . Controlled substances are stored in a separate compartment of the medication cart or refrigerator lock box. . . Two licensed nurses account for all controlled substances and access keys at the end of each shift. . . ." Review of the facility policy titled, "[Name of drugstore] Policies and Procedures", occurred on 12/17/25. This undated policy stated, ". . . Emergency kit is maintained by pharmacy. . . ." Observation of the medication storage area occurred on 12/17/25 at 10:46 a.m. with a nurse (#5) and an administrative nurse (#2). Observation identified the	F0755	Continued from page 2 practice. Measures to Prevent Recurrence (Systemic Change): What permanent changes you're making. Discussion with medical director and director of nursing will take place to determine what the standard of practice should be with regarding Ekit medications. Policy for Controlled Substance Administration and Accountability and the policy for Policy for Medication Storage will be reviewed and updated. No refrigerated Ekit controlled substances for emergent purposes will be kept on supply. Monitoring Performance: How you'll ensure the fix sticks. Director of Nursing or designee will conduct weekly QA's for 4 weeks, then biweekly for four weeks, then monthly thereafter. Completion Date: An explicit date for when each part of the correction is done. 12/23/2025	

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F0755 SS = D	Continued from page 3 following: A locked box in the medication refrigerator that contained three syringes of Ativan (a controlled medication for anxiety), one box of oral Ativan with a resident label, and one box of oral Ativan as part of the emergency medication kit. A list of medications on the outside of the cabinet door identified medications contained in the emergency medication kit and their expiration dates. The medication list identified a Lupin inhaler with an expiration date of 11/25. Upon request, the facility nurse (#5) opened the locked emergency medication kit which contained Lupin (Albuterol) inhaler with an expiration date on the label of 11/30/25. During an interview on the morning of 12/17/25 at 10:48 a.m., an administrative nurse (#2), confirmed facility staff do not count the Ativan in the medication refrigerator unless a dose is removed and agree it should be counted routinely. The nurse (#2) also confirmed the Lupin inhaler in the emergency kit as outdated, and pharmacy should have replaced.	F0755		