Electronically Delivered

October 20, 2025

Licensee
Good Samaritan Society-Windom
725 Fuller Drive
Windom, MN 56101

RE: Project Number(s) SL20697016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 10, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20697	A. BUILDING: _____ B. WING _____	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY-WINDOM	725 FULLER DRIVE WINDOM, MN 56101

(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
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL20697016-0 On September 8, 2025, through September 10, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 22 residents; 22 receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A,	0 480		

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0 480	Continued From page 2 existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated September 8, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee	0 480		

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0 480	Continued From page 3 within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the current Minnesota Fire Code Provisions. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During facility tour on September 9, 2025, from 10:07 a.m. through 10:57 a.m., with licensed assisted living director (LALD)-A, director of maintenance (DO)-F and maintenance (M)-G, the surveyor observed exterior doors with exits signs above them that were equipped with magnetic locks. The locks were not capable of being deactivated by a signal or switch located in an	0 775		

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0 775	Continued From page 4 approved location as required in State Fire Code in Minnesota Rules, chapter 7511. During same tour the surveyor observed a one-hour fire rated door in the housing director's office that had the door closer removed so the door did not self-close as designed. LALD-A stated that they wanted the door to remain open so residents and staff would know the director was available. State Fire Code in Minnesota Rules, chapter 7511 requires fire rated doors be maintained to automatically close and latch as designed. During same tour the surveyor observed the dryer vent was disconnected in the laundry room by the mechanical room. Dryer vents must be connected and kept clean to not create a fire hazard. LALD-A, DO-F and M-G verified the above findings while accompanying on the tour and stated they understood the requirements. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident	01620		

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01620	Continued From page 5 executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. (c) Resident reassessment and monitoring must be conducted by a registered nurse: (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a	01620		

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01620	Continued From page 6 facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a registered nurse (RN) completed a comprehensive assessment every 90 days as required for two of two residents (R2, R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on September 8, 2025, at approximately 10:30 a.m., clinical nurse supervisor (CNS)-B stated assessments were completed prior to or on day of admission, 14-days, every 90 days and with significant changes. R2 On September 8, 2025, at 1:30 p.m., unlicensed personnel (ULP)-C was observed administering medications to R2. R2 was admitted on October 13, 2019, and began receiving assisted living services on August 1, 2021.	01620		

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01620	Continued From page 7 R2's service plan dated August 22, 2025, indicated R2's services included bathing, medication management and medication administration. R2's record identified the following assessments: - Nursing Assessment and Level of Care Evaluation dated December 26, 2024; - Uniform Assessment Review dated April 1, 2025, this was 96 days between assessments; - Uniform Assessment Review dated July 8, 2025, this was 98 days between assessments. R3 On September 9, 2025, at 7:58 a.m., ULP-E was observed administering medications to R3. R3 was admitted on June 15, 2024, and received assisted living services. R3's service plan dated June 15, 2024, indicated R3 received medication management and administration services. R3's record identified the following assessments: - preadmission Nursing Assessment and Level of Care Evaluation May 21, 2024; - admission Nursing Assessment and Level of Care Evaluation dated June 20, 2024; - Uniform Assessment Review dated September 27, 2024, this was 99 days between assessments; - Uniform Assessment Review dated November 14, 2024; - Uniform Assessment Review dated February 13, 2025, this was 91 days between assessments; - Uniform Assessment Review dated May 15, 2025, this was 91 days between assessments;	01620		

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01620	Continued From page 8 - Nursing Assessment and Level of Care Evaluation June 23, 2025; - Uniform Assessment Review dated August 13, 2025. On September 10, 2025, at 10:22 a.m. CNS-B stated the assessments were completed more than 90 days apart. The licensee's Resident Medical Record Documentation Requirements- Minnesota dated July 14, 2025, indicated assessments would be completed prior to admission, within 14 days of admission, and "Residents must be reassessed or reviewed by a nurse as needed based on changes in the residents' needs and cannot exceed 90 calendar days from the last date of the assessment." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01620		
01750 SS=E	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident.	01750		

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01750	Continued From page 9 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the resident record specified, in writing, specific instructions for diclofenac gel (pain relief) for two of two residents (R5, R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: On September 8, 2025, at 1:51 p.m., unlicensed personnel (ULP)-C removed R5's diclofenac gel from the medication cart and compared it to the medication administration record (MAR). ULP-C put on gloves, measured 2 grams diclofenac on the measuring strip applied to left shoulder and upper back, measured 2 grams diclofenac on the measuring strip and applied it to the right shoulder and upper back, measured 4 grams and applied half to each knee. R5's service plan dated July 21, 2025, indicated R5 received medication administration services. R5's September 1-9, 2025, MAR included diclofenac gel 1% apply to painful joints topically three times a day. The MAR did not indicate the	01750		

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01750	Continued From page 10 dosage or which joints the diclofenac was to be applied to. R5's physician's order dated June 6, 2025, indicated apply diclofenac gel to affected joints three times a day. The order did not specify the dosage or which joints the diclofenac was to be used on. R2 On September 9, 2025, at 8:16 a.m., ULP-D put on gloves, took the tube of diclofenac gel and put some directly on her glove and applied to R2's left knee, put some more diclofenac gel on their glove and applied to the right knee. R2's service plan dated August 22, 2025, indicated R2's services included bathing, medication management and medication administration. R2's September 1-9, 2025, MAR included diclofenac gel 1% apply to affected areas every day and evening shift and was administered twice a day. The MAR did not indicate the dosage or which "affected areas" the diclofenac was to be used. R2's physician's order dated May 9, 2025, indicated diclofenac gel 1% apply to affected areas every day and evening shift and was administered twice a day. The physician's order did not indicated the dosage or which "affected areas" the diclofenac was to be used. On September 10, 2025, at 10:22 a.m., clinical nurse supervisor (CNS)-B stated staff were trained to use the manufacturers measuring strip when administering diclofenac. The physician	01750		

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01750	Continued From page 11 orders do not specify location so staff are to ask the resident where they would like the diclofenac. In addition, CNS-B stated the dosage was not included on the physicians order and should have been. The licensee's Healthcare Provider Order-Content- Assisted Living policy dated February 10, 2025, indicated: - Review all provider medication orders and assure the following components are written: - Route (e.g., oral, topical, subcutaneous, intramuscular) - Dosage (e.g., 1 tablespoon, 2 tablets) - Dosage ranges are not acceptable orders (e.g., Tylenol 500 mg PO 1 or 2 tablets PRN pain); these orders must be clarified so that only one medication dose option is ordered. - Frequency (e.g., once per day, QID) - Strength (e.g., 500 mg, 100 mg) - Date order was received - The diagnosis/medical reason for prescription medications should be written; PRN or over the counter medications should have the indications for use stated. - Signature of the provider and the date the order is written. In addition, the policy indicated "If an order is missing any of the specific components, the order will need to be clarified with the provider by the nurse for completion." Diclofenac's patient instructions for use dated July 2009 included the following: - Use Voltaren® Gel exactly how your doctor prescribes it for you. Do not apply Voltaren® Gel anywhere other than where your doctor tells you to. - Do not use more than a total of 32 grams of	01750		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20697	A. BUILDING: _____ B. WING _____	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY-WINDOM	725 FULLER DRIVE WINDOM, MN 56101

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01750	Continued From page 12 Voltaren® Gel each day. This means that if you add up the amount of Voltaren® Gel as directed by your doctor, it should not be more than 32 grams in one day. The dose for your hands, elbows or wrists is 2 grams of Voltaren® Gel each time you apply it. - Apply Voltaren® Gel 4 times a day (a total of 8 grams each day). - Do not apply more than 8 grams each day to any one of your affected hands, wrists or elbows. The dose for your knees, ankles or feet is 4 grams of Voltaren® Gel each time you apply it. - Apply Voltaren® Gel 4 times a day (a total of 16 grams each day). - Do not apply more than 16 grams each day to any one of your affected knees, ankles or feet. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01890 SS=F	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were stored at the correct temperature per the	01890		

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	20697	A. BUILDING: _____ B. WING _____	09/10/2025

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01890	Continued From page 13 medication manufacturer recommendations. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On September 8, 2025, at 2:54 p.m., the surveyor observed the facility's medication refrigerator temperature to be 32 degrees Fahrenheit (F). The refrigerator contained latanoprost eye drops, Lantus insulin for multiple residents, and arformoterol tartrate inhalation solution. Medication Refrigerator/Freezer Temperature Log, for the month of September 2025, included temperatures temperatures: - September 1 - 33 degrees F - September 6 - 35 degrees F - September 7 - 33 degrees F The log included acceptable temperatures for food, less than or equal to 41 and another acceptable temp range for equipment/food, 35-40, but did not include an acceptable range for medications. On September 8, 2025, at 2:54 p.m., clinical nurse supervisor (CNS)-B stated the refrigerator temperature should be between 36 and 42 degrees F. Staff should report if the refrigerator temp is not in the correct range.	01890		

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	20697	A. BUILDING: _____ B. WING _____	09/10/2025

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GOOD SAMARITAN SOCIETY-WINDOM	725 FULLER DRIVE WINDOM, MN 56101

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01890	Continued From page 14 Latanaprost prescribing information dated August 2011, indicated "Store unopened bottle(s) under refrigeration at 2° to 8°C (36° to 46°F)". Lantus insulin prescribing information dated June 2022, indicated "Keep new pens in the refrigerator between 36°F to 46°F (2°C to 8°C). Do not freeze. Do not use LANTUS if it has been frozen." Arformoterol prescribing information dated February 2014, indicated "Store BROVANA [arformoterol] Inhalation Solution in the protective foil pouch under refrigeration at 36°-46°F (2°-8°C)" The licensee's Medication Administration and Supporting Process dated March 6, 2025, indicated "The temperature of the medication refrigerator will be monitored daily (usual temperature requirement is 36-46 degrees F)." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
02320 SS=D	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20697	A. BUILDING: _____ B. WING _____	09/10/2025

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02320	Continued From page 15 by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered according to policy and accepted standards of practice for one of two residents (R2) receiving diclofenac gel (pain relief). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On September 9, 2025, at 8:16 a.m. ULP-D put on gloves, took the tube of diclofenac gel and put some directly on her glove and applied to R2's left knee, put some more diclofenac gel on there glove and applied to the right knee. R2's service plan dated August 22, 2025, indicated R2's services included bathing, medication management and medication administration. R2's September 1-9, 2025, MAR included diclofenac gel 1% apply to affected areas every day and evening shift and was administered twice a day. The MAR did not indicate the dosage or which "affected areas" the diclofenac was to be used. R2's physician's order dated May 9, 2025,	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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02320	Continued From page 16 indicated diclofenac gel 1% apply to affected areas every day and evening shift and was administered twice a day. The physician's order did not indicate the dosage or which "affected areas" the diclofenac was to be used. On September 10, 2025, at 10:22 a.m., clinical nurse supervisor (CNS)-B stated staff were trained to use the manufacturers measuring strip when administering diclofenac. The physician orders do not specify location so staff are to ask the resident where they would like the diclofenac. In addition, CNS-B stated the dosage was not included on the physicians order and should have been. The licensee's Healthcare Provider Order-Content- Assisted Living policy dated February 10, 2025, indicated: - Review all provider medication orders and assure the following components are written: - Route (e.g., oral, topical, subcutaneous, intramuscular) - Dosage (e.g., 1 tablespoon, 2 tablets) - Dosage ranges are not acceptable orders (e.g., Tylenol 500 mg PO 1 or 2 tablets PRN pain); these orders must be clarified so that only one medication dose option is ordered. - Frequency (e.g., once per day, QID) - Strength (e.g., 500 mg, 100 mg) - Date order was received - The diagnosis/medical reason for prescription medications should be written; PRN or over the counter medications should have the indications for use stated. - Signature of the provider and the date the order is written. In addition, the policy indicated "If an order is missing any of the specific components, the	02320		

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	20697	A. BUILDING: _____ B. WING _____	09/10/2025

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02320	Continued From page 17 order will need to be clarified with the provider by the nurse for completion." Diclofenac's patient instructions for use dated July 2009 included the following: - Use Voltaren® Gel exactly how your doctor prescribes it for you. Do not apply Voltaren® Gel anywhere other than where your doctor tells you to. - Do not use more than a total of 32 grams of Voltaren® Gel each day. This means that if you add up the amount of Voltaren® Gel as directed by your doctor, it should not be more than 32 grams in one day. The dose for your hands, elbows or wrists is 2 grams of Voltaren® Gel each time you apply it. - Apply Voltaren® Gel 4 times a day (a total of 8 grams each day). - Do not apply more than 8 grams each day to any one of your affected hands, wrists or elbows. The dose for your knees, ankles or feet is 4 grams of Voltaren® Gel each time you apply it. - Apply Voltaren® Gel 4 times a day (a total of 16 grams each day). - Do not apply more than 16 grams each day to any one of your affected knees, ankles or feet. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Good Samaritan Society
725 Fuller Drive
Windom, MN 56101
Cottonwood County
Parcel:

Phone:

License Info

License: HFID 20697

Risk:
License:
Expires on:
CFPM: Shelley L Lovell
CFPM #: FM120014; Exp: 11/26/2026

Inspection Info

Report Number: F1034251135
Inspection Type: Full - Single
Date: 9/8/2025 Time: 11:15:47 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 1
Delivery: Emailed

! **New Order: 4-500 Equipment Maintenance and Operation**
4-501.114E *Priority Level: Priority 1 CFP#: 16*
MN Rule 4626.0805E Provide and maintain a chemical sanitizer other than chlorine, iodine or a quaternary ammonium compound according to the US EPA registered label use instructions.
COMMENT: Sink and Surface Sanitizer coming out of dispenser tested at 0 ppm. Issue was fixed during inspection and new concentration was 272 ppm.
Comply By: Complied On Site Originally Issued On: 9/8/2025

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.18 *Priority Level: Priority 3 CFP#: 53*
MN Rule 4626.1550 Clean all plumbing fixtures such as handwashing sinks, toilets, and urinals.
COMMENT: Clean the mop sink and plumbing coming from ice machine to remove the mold-like substance.
Comply By: 9/12/2025 Originally Issued On: 9/8/2025

Food & Beverage General Comment

Facility has begun cooking on site again on some days. Food is still brought over from nursing home on some days, as well.

A kitchen renovation is planned in the near future to include a new extended hood, steamer, and a griddle. A fact sheet on equipment requirements will be provided with this report.

Employee illness log and fact sheet provided with report.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Mankato District Office inspection report number F1034251135 from 9/8/2025

McKenna Mathews

Establishment Representative

McKenna Mathews, RS
Public Health Sanitarian 2
507-344-2729
mckenna.mathews@state.mn.us

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Temperature Observations/Recordings

Establishment Info

Good Samaritan Society
Windom
County/Group: Cottonwood County

Inspection Info

Report Number: F1034251135
Inspection Type: Full
Date: 9/8/2025
Time: 11:15:47 AM

Food Temperature: Product/Item/Unit: Potatoes**; Temperature Process:** Hot-Holding
Location: Steam Table at 150 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Roast Beef**; Temperature Process:** Hot-Holding
Location: Steam Table at 190 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Milk**; Temperature Process:** Cold-Holding
Location: 2-Door Cooler at 37.2 Degrees F.
Comment:
Violation Issued?: No

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Sanitizer Observations/Recordings

Establishment Info

Good Samaritan Society
Windom
County/Group: Cottonwood County

Inspection Info

Report Number: F1034251135
Inspection Type: Full
Date: 9/8/2025
Time: 11:15:47 AM

Sanitizing Chemical: **Product:** Sink and Surface**; Sanitizing Process:** Dispenser
Location: Mop Sink **Equal To** 0 PPM
Comment: Corrected to 272
Violation Issued?: Yes

Sanitizing Chemical: **Product:** Sink and Surface**; Sanitizing Process:** Spray Bottle
Location: Dishwashing Area **Equal To** 272 PPM
Comment:
Violation Issued?: No