Electronically Delivered

January 15, 2026

Licensee
Good Samaritan Society - Jackson
1508 North Highway
Jackson, MN 56143

RE: Project Number(s) SL30319016

Dear Licensee:

On December 29, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on November 5, 2025. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

CLN

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December 15, 2025

Licensee
Good Samaritan Society - Jackson
1508 North Highway
Jackson, MN 56143

RE: Project Number(s) SL30319016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 5, 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.

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 - 0780 - 144g.45 Subd. 2 (a) (1) - Fire Protection And Physical Environment - $500.00
St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - $1,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $1,500.00**. 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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

CLN

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ____ B. WING ____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	**1508 NORTH HIGHWAY JACKSON, MN 56143**

(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: SL30319016-0 On November 3, 2025, through November 5, 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 28 residents; 26 receiving services under the Assisted Living Facility license. 1290: An immediate correction order was issued on November 3, 2025, at a level 3/Widespread (I). The licensee took immediate action; however, the scope and level remains at I.	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, existing floor, wall, and ceiling finishes are	0 480		

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0 480	Continued From page 2	0 480		

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 November 4, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 730 SS=D	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;	0 730		

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0 730	Continued From page 4 (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to complete a discharge summary for one of one discharged resident (R3) and failed to documentation of treatment for one of one resident (R10). 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: R3 R3's Progress Notes dated April 10, 2025, indicated R3 was transferred to the hospital and on April 30, 2025, the facility was notified by the family R3 required more therapy and supervision of her care and would not be returning to the facility.	0 730		

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0 730	Continued From page 5	0 730		

R3's Notice of Resident Change indicated R3 moved out of the facility on April 31, 2025, to live with family after a future discharge from the skilled nursing facility.

R3's record lacked a discharge summary with all the required content.

On November 5, 2025, at 9:26 a.m., licensed assisted living director (LALD)-A stated they were unable to find a discharge summary for R3 in her record.

R10
On November 4, 2025, at 8:27 a.m., the surveyor observed ULP-G putting thromobo-embolic deterrent (TED) stockings (used to increase circulation and decrease swelling in the lower extremities) on R10.

R10 was admitted on May 24, 2025.

R10's Service Agreement Modification indicated R10 began receiving TED hose assistance on October 7, 2025.

R10's documentation of TED hose assistance was printed on November 5, 2025, and included documentation for November 5, 2025. No further documentation was provided.

On October 5, 2025, at 9:40 a.m., licensed assisted living director (LALD)-A stated R10 recently started TED hose assistance, and it had not been added for staff to document.

No further information was provided.

TIME PERIOD FOR CORRECTION: Twenty-one

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0 730	Continued From page 6 (21) days	0 730		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms inside resident sleeping rooms. This had the potential to directly	0 780		

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0 780	Continued From page 7 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 November 4, 2025, from 8:34 a.m. through 9:14 a.m., with licensed assisted living director (LALD)-B and maintenance tech (MT)-H, the surveyor observed that smoke alarms were not provided in the bedrooms in resident rooms 304, 208, 206, 209, 218 and 311. MT-H stated that all resident rooms were the same and did not have smoke alarms in the bedrooms. Smoke alarms are required to be installed inside all sleeping rooms. All required smoke alarms must be interconnected so activation of one alarm activates all alarms throughout the resident unit. LALD-B and MT-H verified the above findings while accompanying on the tour and stated they understood the requirements. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780		
01060 SS=D	144G.52 Subd. 9 Emergency relocation	01060		

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01060	Continued From page 8 (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's	01060		

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01060	Continued From page 9 refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with all the required content to the resident, legal representative, and designated representative, for an emergency relocation for one of one resident (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 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: R3's Progress Notes dated April 10, 2025, indicated R3 was transferred to the hospital and on April 30, 2025, the licensee was notified by the family. R3 required more therapy and supervision of her care and would not be returning to the facility. On November 5, 2025, at 9:26 a.m., licensed assisted living director (LALD)-B stated they could not find evidence of an emergency transfer notice or notifications given to R3, R3's responsible party, or the ombudsman. No further information was provided.	01060		

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01060	Continued From page 10 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		
01290 SS=I	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a background study was submitted through Department of Human Services (DHS) NETStudy 2.0 and received in affiliation with the assisted living license for one of one employee (unlicensed personnel (ULP)-E). In addition, the licensee failed to ensure a background study was affiliated with this licensee's health facility identification (HFID) 30319 for two of two employees (clinical nurse supervisor (CNS)-D and ULP-F). This resulted in an immediate order on November 3, 2025.	01290		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

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01290	Continued From page 11	01290		

This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), 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:

ULP-E
ULP-E was hired on January 3, 2018, and began providing direct care services under the licensee's Assisted Living license on August 1, 2021.

On November 3, 2025, at 11:34 a.m., the surveyor observed ULP-E working independently administering medications to R1 in her apartment.

The licensee's NETStudy roster provided on November 3, 2025, indicated ULP-E had a COVID-19 study, which expired on December 31, 2022.

CNS-D
CNS-D was hired by a sister facility on July 18, 2000, and began providing services for this licensee (HFID 30319) on October 1, 2025.

CNS-D was licensed as a registered nurse on July 7, 2015.

CNS-D was affiliated with five other HFIDs with the same company but was not affiliated to HFID 30319 until after the NETStudy roster was requested by the surveyor on November 3, 2025.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ______ B. WING ______	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

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01290	Continued From page 12 ULP-F ULP-F was hired by the licensee on August 14, 2025, and provided direct care services to the licensee's residents. The licensee's staff schedule for October 2025, indicated ULP-F worked independently October 1, 2, 4, 5, 7, 8, 9, 10, 13, 24, 15, 16, 18, 19, 21, 22, 27, 28, and 29, 2025. The licensee's staff schedule for November 2025, indicated ULP-F worked independently November 1, 2, 2025. The licensee's NETStudy roster did not include ULP-F. ULP-F had a NETStudy affiliated with the licensee's long term care facility HFID 303 on August 7, 2025. ULP-F was not affiliated with HFID 30319. On November 3, 2025, at 1:36 p.m., licensed assisted living director (LALD)-C stated they were unaware ULP-D's background study was expired. In addition, they were unaware ULP-F was not affiliated to the assisted living license. LALD-C had requested CNS-D be affiliated, but it had not been completed until today. At 3:21 p.m., LALD-C stated ULP-F and CNS-D worked independently and without direct supervision at the facility. The licensee's Hiring and Screening - Enterprise policy dated March 28, 2025, indicated human resources will conduct background checks on all new employees and transfers prior to beginning employment or transferring to a new position. All offers of employment are contingent upon successful completion of the background check. No further information was provided.	01290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ______ B. WING ______	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

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01290	Continued From page 13 TIME PERIOD FOR CORRECTION: Immediate On November 3, 2025, the licensee took immediate action to mitigate risk; however, the scope and level remains at I.	01290		
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the	01440		

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	30319	A. BUILDING: ______ B. WING ______	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	**1508 NORTH HIGHWAY JACKSON, MN 56143**

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01440	Continued From page 14 registered nurse (RN) conducted direct supervision of staff performing delegated nursing or therapy tasks within 30 days of first providing those services for one of two unlicensed personnel (ULP)-G). 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: ULP-G was hired on April 9, 2024, to provide direct care services. On November 3, 2025, at 3:01 p.m., the surveyor observed ULP-G administering medications to R11. ULP-G's record lacked evidence an RN conducted direct supervision of staff performing delegated nursing or therapy tasks within 30 days of first providing services. On November 5, 2025, at 2:30 p.m., licensed assisted living director (LALD)-C stated they could not find evidence a 30-day supervision had been completed for ULP-G. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01440		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ______ B. WING ______	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	**1508 NORTH HIGHWAY JACKSON, MN 56143**

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01620	Continued From page 15	01620		
01620 SS=E	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 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	01620		

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	30319	A. BUILDING: ______ B. WING ______	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	**1508 NORTH HIGHWAY JACKSON, MN 56143**

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01620	Continued From page 16 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 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 the registered nurse (RN) completed a comprehensive assessment within 14 days of starting services for two of two residents (R1, R2), failed to complete a comprehensive assessment every 90 days as required for one of two residents (R1), failed to complete a comprehensive assessment after a change of condition for one of one resident (R1), and failed to complete a comprehensive assessment after falls for one of one resident (R9). 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).	01620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ______ B. WING ______	11/05/2025

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GOOD SAMARITAN SOCIETY - JACKSON	**1508 NORTH HIGHWAY JACKSON, MN 56143**

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01620	Continued From page 17	01620		

The findings include:

R1
R1 was admitted to the facility and began receiving services on March 28, 2025.

On November 4, 2025, at 9:28 a.m., the surveyor observed unlicensed personnel (ULP)-G administering medications to R1 and put on R1's orthotic brace.

R1's service plan dated March 28, 2025, indicated R1's services indicated "level of care 4" and listed all services that may be provided under that service level. The services included:
- Level of care 4
  - 24/7 licensed nurse available to medication aides or-universal workers for questions and concerns
  - RN Level of Care evaluation: minimally
    - upon admission, annually, and with change in condition and/or as required by state regulations or licensee policy
  - Healthcare coordination: managing physician orders, may include appointment scheduling
  - Vital signs/weight monitoring monthly or more often
  - Medications: assistance with medication passes 4-6 times a day (includes staff tracking/management of controlled medications and monitoring/management of anticoagulant therapy)
  - Health condition monitoring and treatment: diabetes management with assistance with and/or monitoring blood sugar and/or Insulin injections 3 or more times a day. Includes management and monitoring of nebulizer treatments, oxygen, BIPAP/CPAP (Bilevel positive air pressure/Continuous positive airway pressure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ____ B. WING ____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

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01620	Continued From page 18	01620		

- used with sleep apnea) and catheter care
- Nutrition: set up assistance and cueing from staff opening cartons/cutting meat
- Bathing assistance: limited bathing shower assistance up to 2 x/week
- Dressing/undressing: hands on assistance with AM and PM dressing: resident is able to perform some tasks independently, includes assistance with TED (thrombo-embolic deterrent) hose (increases circulation and decreases swelling in lower extremities)
- Toileting: incontinence assistance at least daily: includes catheter care
- Cognition: daily assistance with reorientation/redirection and cueing due to cognitive impairment and/or reassurance in response to fear, anxiety or paranoia
- Mobility/transferring: one-person hands on physical assistance
- Safety risk: required or requested checks every 4-7 hours: additional fall risk interventions

R1's service plan modification dated July 16, 2025, indicated R1 began receiving medication administration services.

R1's unsigned, Service Plan Report dated April 15, 2025, indicated R1's services included cuing and hands on assist with bathing, cuing and hands on assist with dressing, mild memory loss with cues and reminders for activities and meals, escorts to and from meals with a wheelchair, laundry and bed making. The Plan further indicated R1 self-administered medications and was independent with incontinent care, grooming, transferring and resident was capable of self preservation and would need assist out of the building in an emergency.

R1's unsigned, Service Plan Report dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ______ B. WING ______	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

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01620	Continued From page 19 October 8, 2025, indicated the following changes had been made to R1's services: - July 16, 2025, staff were to assist every morning with placement of orthotic brace - July 8, 2025, a grab bar for assistance in and out of bed was initiated - July 8, 2025, R1 was capable of self-preservation but would need staff assistance with a wheelchair to evacuate due to mobility. - July 16, 2025, medication management and medication administration by the facility staff was added to the Plan. R1's progress notes identified the following - on June 3, 2025, there was a request from R1's physical therapy provider to assist R1 with brace placement; and - on June 24, 2025, a meeting occurred and discussion of additional help including med-box set up by the facility nurse and assistance from the ULPs to place a brace daily. - An July 16, 2025, at 5:18 p.m., a registered nurse and R1's daughter discussed cares and the following decision was made: "Plan to start medication administration tomorrow morning." R1's record included the following assessments: - April 15, 2025, 14 day assessment - this was 18 days after R1 began receiving services - July 8, 2025, Uniform Assessment Review that indicated the following: 1. "I have reviewed all components of the Uniform Assessment as required and there have been no changes in the resident's condition." Although, changes in condition and changes in services were noted in R1's progress notes and Service Plan Report, a full comprehensive assessment was not completed. - October 8, 2025, Uniform Assessment Review, that indicated the following:	01620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ______ B. WING ______	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

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01620	Continued From page 20 1. "I have reviewed all components of the Uniform Assessment as required and there have been no changes in the resident's condition"; this was 92 days between assessments. Although, changes in condition and changes in services were noted in R1's progress notes and Service Plan Report, a full comprehensive assessment was not completed. R2 R2 was admitted and began receiving services on September 2, 2025. On November 4, 2025, at 7:12 a.m., the surveyor observed ULP-G administering medications to R2. R2's Service Agreement dated September 18, 2025, indicated R2's services indicated "level of care 2" and listed all services that may be provided under that service level. The services included: - medication administration one to three times per day - bathing and dressing assistance with cuing and set-up R2's record included the following assessments: - August 28, 2025 a pre-admission assessment; and - September 18, 2025, Nursing Assessment and Level of Care Evaluation - AL - V 3, this was 16 days after R2 began receiving services. R9 R9 was admitted and began receiving services on October 6, 2023. R9's progress notes indicated the following: - On July 20, 2025, at 9:35 a.m., R9's "Factual	01620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ______ B. WING ______	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

(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
01620	Continued From page 21	01620		

account of what happened, including resident's statement if available : unable to communicate what happened in detail- wife usually able to tell staff however she wasn't in the room at the time of fall." R9 was able to use a chair to get himself up off the floor and denied injuries.
- On August 14, 2025, at 4:00 p.m., R9's family reported R9 fell on August 13, 2025, around supper time. R9 "demonstrated to nurse that the chart swiveled away from him and he ended up on his knees. Wife witnessed this and helped him into his recliner chair." Family planned to bring R9 a new recliner that was stationary.

R9's Post Fall Nursing Evaluation dated July 24, 2025, indicated R9 did not have any injuries and had normal range of motion after the fall.

R9's record lacked evidence of a description of the fall on July 20, 2025, or a post fall assessment was completed to include a root cause analysis and interventions to prevent further falls.

On November 4, 2025, at 11:10 a.m., licensed assisted living director (LALD)-C stated the 14-day and 90 day assessments were completed late and should have been completed timely, the 14 day was late and should have been done timely. LALD-C further stated when new services of medication administration and assistance with brace were initiated, it would indicate a change in condition and a uniform assessment should have been completed.

On November 4, 2025, at 11:35 a.m., LALD-C stated R9 had several falls and only had one post fall assessment and what was documented in the progress notes, which did not include a root cause analysis. The registered nurse should have

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ______ B. WING ______	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

(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
01620	Continued From page 22 completed a focused assessment to include a root cause analysis and interventions to prevent further falls after each incident. The licensee's Resident Assessment policy dated June 13, 2025, indicated residents will be thoroughly assessed by a registered nurse and/or licensed nurse to ensure resident health concerns and needs are addressed in a timely and appropriate manner and that the assisted living community (ALC) can adequately meet the residents needs. This assessment will be used to make an informed decision regarding the ALC's ability to provide appropriate care throughout their stay. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01620		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ______ B. WING ______	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	**1508 NORTH HIGHWAY JACKSON, MN 56143**

(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
01640	Continued From page 23	01640		

services required by the current service plan.
(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.
(e) Staff providing services must be informed of the current written service plan.

This MN Requirement is not met as evidenced by:
Based on observation, interview, and record review, the licensee failed to ensure service plan modifications were completed and signed when the resident's services changed for one of one residents (R1).

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:

R1 was admitted to the facility and began receiving services from the licensee on March 28, 2025.

On November 4, 2025, at 9:28 a.m., the surveyor observed unlicensed personnel (ULP)-G administering medications to R1 and put on R1's orthotic brace.

R1's Service Plan Agreement dated March 28, 2025, indicated R1's services indicated "level of care 4" and listed all services that may be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ___ B. WING ___	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

(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
01640	Continued From page 24	01640		

provided under that service level. The services included:
- Level of care 4
  - 24/7 licensed nurse available to medication aides or-universal workers for questions and concerns
  - RN Level of Care evaluation: minimally
    - upon admission, annually, and with change in condition and/or as required by state regulations or licensee policy
  - Healthcare coordination: managing physician orders, may include appointment scheduling
  - Vital signs/weight monitoring monthly or more often
  - Medications: assistance with medication passes 4-6 times a day (includes staff tracking/management of controlled medications and monitoring/management of anticoagulant therapy)
  - Health condition monitoring and treatment: diabetes management with assistance with and/or monitoring blood sugar and/or Insulin injections three or more times a day. Includes management and monitoring of nebulizer treatments, oxygen, BIPAP/CPAP (Bilevel Positive air pressure/Continuous positive air pressure - used for sleep apnea) and catheter care
  - Nutrition: set up assistance and cueing from staff opening cartons/cutting meat
  - Bathing assistance: limited bathing shower assistance up to 2 x/week
  - Dressing/undressing: hands on assistance with AM and PM dressing: resident is able to perform some tasks independently, includes assistance with TED (thrombo-embolic deterrent) stockings (used to increase circulation and decrease swelling in lower extremities)
  - Toileting: incontinence assistance at least

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ______ B. WING ______	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

(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
01640	Continued From page 25	01640		

daily: includes catheter care
- Cognition: daily assistance with reorientation/redirection and cueing due to cognitive impairment and/or reassurance in response to fear, anxiety or paranoia
- Mobility/transferring: one-person hands on physical assistance
- Safety risk: required or requested checks every 4-7 hours: additional fall risk interventions

R1's unsigned Service Plan Report dated April 15, 2025, indicated R1's services included cuing and hands on assist with bathing, cuing and hands on assist with dressing, mild memory loss with cues and reminders for activities and meals, escorts to and from meals with a wheelchair, laundry and bed making. The Plan further indicated R1 self-administered medications and was independent with incontinent care, grooming, transferring and resident was capable of self preservation and would need assist out of the building in an emergency.

R1's service plan modification dated July 16, 2025, indicated R1 began receiving medication administration services.

R1's unsigned Service Plan Report dated October 8, 2025, indicated the following changes had been made to R1's services:
- July 16, 2025, staff were to assist every morning with placement of orthotic brace
- July 8, 2025, a grab bar for assistance in and out of bed was initiated
- July 8, 2025, R1 was capable of self-preservation but would need staff assistance with a wheelchair to evacuate due to mobility.
- July 16, 2025, medication management and medication administration by the facility staff was added to the Plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ____ B. WING ____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

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01640	Continued From page 26 R1's progress notes identified the following - on June 3, 2025, there was a request from R1's physical therapy provider to assist R1 with brace placement; and - on June 24, 2025, a meeting occurred and discussion of additional help including med (medication)-box set up by the facility nurse and assistance from the ULPs to place a brace daily. - On July 16, 2025, at 5:18 p.m., a registered nurse and R1's daughter discussed cares and the following decision was made: "Plan to start medication administration tomorrow morning." Although changes to services were made on July 8, 2025, per progress notes and the unsigned Service Plan Report, a new service plan or modification was not signed by the resident and the licensee in agreement with the services provided. In addition, the Service Plan Modification did not include the placement of the orthotic brace as indicated in progress notes and on the unsigned Service Plan Report. On November 4, 2025, at 11:10 a.m., licensed assisted living director (LALD)-C stated the Service Plan Agreement would indicate the package and everything included in that package. The Service Plan Report would include the resident's specific services each resident received. When R1's Service Plan Report was changed to include additional services such as medication administration and orthotic brace assistance, the document should be printed and signed by the resident or responsible party in agreement with the services being provided. The licensee's Resident Service Plan policy dated October 2, 2025, indicated the Service Plan must be printed and then signed and dated by the	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ______ B. WING ______	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

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01640	Continued From page 27 resident and the ALC [assisted living community] manager or licensed nurse according to state regulations. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01700 SS=D	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications.	01700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ______ B. WING ______	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

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01700	Continued From page 28	01700		

This MN Requirement is not met as evidenced by:
Based on observation, interview, and document review, the licensee failed to have a medication assessment for one of two residents (R1) that included all the required content.

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:

R1 was admitted to the facility and began receiving services from the licensee on March 28, 2025.

On November 4, 2025, at 9:28 a.m., the surveyor observed unlicensed personnel (ULP)-G administering medications to R1.

R1's service plan dated March 28, 2025, indicated R1's services indicated "level of care 4" and listed all services that may be provided under that service level. The services included:
- Level of care 4
  - 24/7 licensed nurse available to medication aides or-universal workers for questions and concerns
  - RN Level of Care evaluation: minimally
    - upon admission, annually, and with change in condition and/or as required by state regulations or licensee policy

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ______ B. WING ______	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

(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
01700	Continued From page 29 - Medications: assistance with medication passes 4-6 times a day (includes staff tracking/management of controlled medications and monitoring/management of anticoagulant therapy) R1's record included a Self-Administration of Medication Evaluation dated April 11, 2025, which indicated R1 could safely self-administer medications and was independent in medication administration. R1's unsigned Service Plan Report dated April 15, 2025, indicated R1 self-administered medications. R1's progress notes identified the following - An July 16, 2025, at 5:18 p.m., a registered nurse and R1's daughter discussed cares and the following decision was made: "Plan to start medication administration tomorrow morning." R1's service plan modification dated July 16, 2025, indicated R1 began receiving medication administration services. R1's unsigned Service Plan Report dated October 8, 2025, indicated the following changes had been made to R1's services: - July 16, 2025, medication management and medication administration by the facility staff was added to the Plan. R1's record included the following assessments: - April 15, 2025, 14 day assessment - which indicated R1 was independent with taking her medications, and resident or responsible party	01700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ______ B. WING ______	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	**1508 NORTH HIGHWAY JACKSON, MN 56143**

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01700	Continued From page 30 were educated about risks for diversion. The assessment did not include an identification and review of all medications the resident is known to be taking, including indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues as required. - July 8, 2025, Uniform Assessment Review that indicated the following: 1. "I have reviewed all components of the Uniform Assessment as required and there have been no changes in the resident's condition." - October 8, 2025, Uniform Assessment Review, that indicated the following: 1. "I have reviewed all components of the Uniform Assessment as required and there have been no changes in the resident's condition". Although, the progress note and service plan report dated July 16, 2025, indicated R1 was starting medication administration services, a new medication assessment to include the required content was not completed. On November 4, 2025, at 11:10 a.m., licensed assisted living director (LALD)-C stated when new services of medication set-up and medication administration started, it would indicate a change in condition and a uniform assessment should have been completed to include the medication assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01700		
01790 SS=F	144G.71 Subd. 10 Medication management for residents who will	01790		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ______ B. WING ______	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

(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
01790	Continued From page 31 (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the	01790		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ________ B. WING ________	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

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01790	Continued From page 32 medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) trained and ensured competency for two of two employees (unlicensed personnel (ULP)-E, ULP-G) providing medications for residents with unplanned time away from home when the licensed nurse was not available. 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).	01790		

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	30319	A. BUILDING: ______ B. WING ______	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

(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
01790	Continued From page 33 The findings included: ULP-E ULP-E was hired on January 3, 2018, to provide direct care services to the licensee's residents. On November 3, 2025, at 11:34 a.m., the surveyor observed ULP-E administering medications to a resident. ULP-G ULP-G was hired on April 9, 2024, to provide direct care services to the licensee's residents. On November 3, 2025, at 3:01 p.m., the surveyor observed ULP-G administering medications to a resident. ULP-E and ULP-G's employee record lacked evidence of competencies for providing medications to residents with medication management who have unplanned time away from home. On November 5, 2025, at 2:30 p.m., licensed assisted living director (LALD)-C stated staff would follow the policy for setting up medications for unplanned time away, and the nurse did not complete competency testing with any of the staff. The licensee's Medication Management During a Leave of Absence/Temporary Absence policy dated July 16, 2025, indicated: - Each medication sent with a resident for a leave of absence/temporary absence from the ALC [assisted living community] must be in individual containers or envelopes identified with the resident's name and medication name or	01790		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ______ B. WING ______	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	**1508 NORTH HIGHWAY JACKSON, MN 56143**

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01790	Continued From page 34 medication should be packaged according to state regulations. 6. Employees will document on the electronic medical record (EMR), PN - Leave of Absence (AL), the date and time that the resident left on the leave of absence, the person who accompanied them on the leave, along with the resident's anticipated date and time of return. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01790		
01830 SS=D	144G.71 Subd. 14 Renewal of prescriptions Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to renew prescriptions at least every 12 months for one of one resident (R5). 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).	01830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ______ B. WING ______	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

(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
01830	Continued From page 35 The findings include: On November 4, 2025, at 7:02 a.m., the surveyor observed unlicensed personnel (ULP)-G administering medications to R5. The licensee's Current Resident Roster indicated R5 was admitted on May 16, 2024. R5's service plan dated July 18, 2024, indicated R5 received medication administration services. R5's medication administration record dated November 1-5, 2025, indicated R5 received the following medications administered by staff: - atorvastatin (cholesterol) - Preservision (eye health) R5's physician orders were dated May 13, 2024, greater than 12 months ago. On November 5, 2025, at 1:45 p.m., licensed assisted living director (LALD)-C stated the physician orders dated May 13, 2024, were the most current orders they could find in R5's record for those medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01830		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ______ B. WING ______	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	**1508 NORTH HIGHWAY JACKSON, MN 56143**

(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
01940	Continued From page 36 statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure an individual treatment management plan was developed for one of two residents (R1) receiving a treatment. 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	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ____ B. WING ____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

(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
01940	Continued From page 37	01940		

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:

R1 was admitted to the facility and began receiving services from the licensee on March 28, 2025.

On November 4, 2025, at 9:28 a.m., the surveyor observed unlicensed personnel (ULP)-G put on R1's orthotic brace.

R1's Service Plan Agreement dated March 28, 2025, indicated R1's services indicated "level of care 4" and listed all services that may be provided under that service level. The services included:
- Level of care 4
  - 24/7 licensed nurse available to medication aides or-universal workers for questions and concerns
  - RN Level of Care evaluation: minimally
    - upon admission, annually, and with change in condition and/or as required by state regulations or Good Samaritan policy
  - Healthcare coordination: managing physician orders, may include appointment scheduling
  - Vital signs/weight monitoring monthly or more often
  - Medications: assistance with medication passes 4-6 times a day {includes staff tracking/management of controlled medications and monitoring/management of anticoagulant therapy
  - Health condition monitoring and treatment: diabetes management with assistance with and/or monitoring blood sugar and/or Insulin

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ______ B. WING ______	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

(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
01940	Continued From page 38	01940		

injections 3 or more times a day. Includes management and monitoring of nebulizer treatments, oxygen, BIPAP/CPAP and catheter care

- Nutrition: set up assistance and cueing from staff opening cartons/cutting meat
- Bathing assistance: limited bathing shower assistance up to 2 x/week
- Dressing/undressing: hands on assistance with AM and PM dressing: resident is able to. perform some tasks independently, includes assistance with TED hose
- Toileting: incontinence assistance at least daily: includes catheter care
- Cognition: daily assistance with reorientation/redirection and cueing due to cognitive impairment and/or reassurance in response to fear, anxiety or paranoia
- Mobility/transferring: one-person hands on physical assistance
- Safety risk: required or requested checks every 4-7 hours: additional fall risk interventions

R1's Service Plan Agreement did not include the placement of the orthotic brace.

R1's progress notes identified the following
- on June 3, 2025, there was a request from R1's physical therapy provider to assist R1 with brace placement.

R1's service plan modification dated July 16, 2025, indicated R1 began receiving medication administration services. It did not include the orthotic brace placement.

R1's unsigned Service Plan Report dated October 8, 2025, indicated the following changes had been made to R1's services:
- July 16, 2025, staff were to assist every morning with placement of orthotic brace

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ______ B. WING ______	11/05/2025

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GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

(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
01940	Continued From page 39 On November 4, 2025, at 11:10 a.m., licensed assisted living director (LALD)-C stated the Service Plan Agreement would indicate the package and everything included in that package. The Service Plan Report would include the resident's specific services each resident received. When R1's Service Plan Report was changed to include additional services such as orthotic brace assistance, the document should be printed and signed by the resident or responsible party in agreement with the services being provided. The licensee's Resident Service Plan policy dated October 2, 2025, identified "The Service Plan must be printed and then signed and dated by the resident and the ALC [assisted living community] manager or licensed nurse according to state regulations." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01940		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30319	A. BUILDING: ______ B. WING ______	11/05/2025

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GOOD SAMARITAN SOCIETY - JACKSON	1508 NORTH HIGHWAY JACKSON, MN 56143

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01970	Continued From page 40	01970		

by:
Based on observation, interview, and record review, the licensee failed to ensure they had treatment orders for two of two residents (R1, R10) receiving treatments.

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:

R1
R1 was admitted to the facility and began receiving services from the licensee on March 28, 2025.

On November 4, 2025, at 9:28 a.m., the surveyor observed unlicensed personnel (ULP)-G administering medications to R1 and put on R1's orthotic brace.

R1's Service Plan Agreement dated March 28, 2025, indicated R1's services indicated "level of care 4" and listed all services that may be provided under that service level. The services included:
- Level of care 4
 - 24/7 licensed nurse available to medication aides or-universal workers for questions and concerns
 - RN Level of Care evaluation: minimally
  - upon admission, annually, and with

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01970	Continued From page 41 change in condition and/or as required by state regulations or Good Samaritan policy - Healthcare coordination: managing physician orders, may include appointment scheduling - Vital signs/weight monitoring monthly or more often - Medications: assistance with medication passes 4-6 times a day {includes staff tracking/management of controlled medications and monitoring/management of anticoagulant therapy - Health condition monitoring and treatment: diabetes management with assistance with and/or monitoring blood sugar and/or Insulin injections 3 or more times a day. Includes management and monitoring of nebulizer treatments, oxygen, BIPAP/CPAP and catheter care - Nutrition: set up assistance and cueing from staff opening cartons/cutting meat - Bathing assistance: limited bathing shower assistance up to 2 x/week - Dressing/undressing: hands on assistance with AM and PM dressing: resident is able to. perform some tasks independently, includes assistance with TED hose - Toileting: incontinence assistance at least daily: includes catheter care - Cognition: daily assistance with reorientation/redirection and cueing due to cognitive impairment and/or reassurance in response to fear, anxiety or paranoia - Mobility/transferring: one-person hands on physical assistance - Safety risk: required or requested checks every 4-7 hours: additional fall risk interventions R1's Service Plan Agreement did not include the placement of the orthotic brace.	01970		

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01970	Continued From page 42 R1's progress notes identified the following - on June 3, 2025, there was a request from R1's physical therapy provider to assist R1 with brace placement. R1's unsigned Service Plan Report dated October 8, 2025, indicated the following changes had been made to R1's services: - July 16, 2025, staff were to assist every morning with placement of orthotic brace R1's record lacked a physician's order for the orthotic leg brace. R10 On November 10, 2025, at 8:27 a.m., the surveyor observed ULP-G placing TED (thrombo-embolic deterrent) stockings (used to increase circulation and decrease swelling) on R10. R10's Service Plan Modification signed October 7, 2025, indicated R10 began receiving TED stocking assistance. The surveyor was provided a physician's order signed November 4, 2025, after it was requested by the surveyor. On November 4, 2025, at 11:10 a.m., licensed assisted living director (LALD)-C stated they could not find an order for R1's brace. On November 5, 2025, at 9:40 a.m., LALD-C stated R10 had recently started the TED stocking assistance and they were unable to find a physician's order; therefore, the nurse obtained one. No further information was provided.	01970		

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	30319	A. BUILDING: ______ B. WING ______	11/05/2025

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01970	Continued From page 43 TIME PERIOD FOR CORRECTION: Seven (7) days	01970		
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 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 one residents (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 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 November 4, 2025, at 7:12 a.m., the surveyor observed unlicensed personnel (ULP)-G administering medications to R2. ULP-G removed atorvastatin (cholesterol) from the bubble pack,	02320		

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02320	Continued From page 44	02320		

broke it in half stated that is how the resident preferred it, and administered the medication to R2.

R2's medication administration record (MAR) dated November 1-4, 2025, indicated atorvastatin 40 mg give one tablet by mouth in the morning. The MAR did not indicate the pill was to be broken in half.

R2's physician orders dated August 28, 2025, indicated atorvastatin 40 mg give one tablet by mouth in the morning. The orders did not indicate the pill was to be broken in half.

On November 5, 2025, at 9:37 a.m., licensed assisted living director (LALD)-C stated R2's MAR did not include any instruction to break the atorvastatin.

On November 5, 2025, at 10:15 a.m., LALD-C stated clinical nurse supervisor (CNS)-D spoke with pharmacy and a pharmacist said it was ok to break pill; therefore, CNS-B updated the MAR with instructions ok to break. Staff should not have been breaking the pill in half without a nurse instructing to do so.

The licensee's Medication Administration and Supporting Process- Jackson AL policy dated September 4, 2025, indicated "Provision of Medications Unlicensed Personnel (ULP) Responsibilities:
· Administer medication(s) to clients as delegated by the Nurse."

No further information provided.

TIME PERIOD FOR CORRECTION: Seven (7) days

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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	License Info	Inspection Info
GOOD SAMARITAN SOCIETY JACKSON 1508 NORTH HIGHWAY Jackson, MN 56143 Jackson County Parcel: Phone:	License: HFID 30319 Risk: License: Expires on: CFPM: CFPM #: ; Exp:	Report Number: F7990251018 Inspection Type: Full - Single Date: 11/4/2025 Time: 10:14:38 AM Duration: minutes Announced Inspection: Total Priority 1 Orders: 1 Total Priority 2 Orders: 0 Total Priority 3 Orders: 3 Delivery:

New Order: 2-100 Supervision
2-102.12AMN *Priority Level: Priority 3 CFP#: 2*
MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.
COMMENT: EMPLOY AT LEAST ONE CERTIFIED FOOD PROTECTION MANAGER.
Comply By: 12/4/2025 Originally Issued On: 11/4/2025

New Order: 3-600 Food Identity
3-602.11B1 *Priority Level: Priority 3 CFP#: 37*
MN Rule 4626.0435B1 Label all packaged foods with the common name or adequately descriptive identity statement.
COMMENT: LABEL ALL BULK CONTAINERS. AT THE TIME OF INSPECTION AN UNLABELED CAMBRO CONTAINER WAS FOUND IN THE DISH AREA AND STAFF DID NOT KNOW WHAT THE CONTENTS WAS. IT WAS DISCARDED.
Comply By: 11/4/2025 Originally Issued On: 11/4/2025

New Order: 4-500 Equipment Maintenance and Operation
4-501.11AB *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.
COMMENT: REPLACE TORN DOOR GASKETS ON TRUE 2 DOOR REACH IN COOLER.
Comply By: 11/18/2025 Originally Issued On: 11/4/2025

! **New Order: 4-600 Cleaning Equipment and Utensils**
4-602.11C *Priority Level: Priority 1 CFP#: 16*
MN Rule 4626.0845C Clean food-contact surfaces of equipment and utensils used for TCS foods, at least every 4 hours.
COMMENT: CLEAN AND MAINTAIN CLEAN THE PIERCING EDGE OF THE CAN OPENER.
Comply By: 11/4/2025 Originally Issued On: 11/4/2025

Food & Beverage General Comment

WE DISCUSSED EMPLOYEE ILLNESS, COOLING, HANDWASHING, AND BAREHAND CONTACT PREVENTION. WE ALSO DISCUSSED THE IMPORTANCE OF RECEIVING TEMPERATURE LOGGING ON FOODS CATERED INTO THE KITCHEN.

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 F7990251018 from 11/4/2025

Briana Grunewald

Benjamin D. Ische

Ben Ische,
Public Health Sanitarian Supervisor
507-344-2710
ben.ische@state.mn.us

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

Temperature Observations/Recordings

Establishment Info	Inspection Info
GOOD SAMARITAN SOCIETY JACKSON	Report Number: F7990251018
Jackson	Inspection Type: Full
County/Group: Jackson County	Date: 11/4/2025
	Time: 10:14:38 AM

Equipment Temperature: **Product/Item/Unit:** 2 Door True Reach In Cooler**; Temperature Process:** Ambient Air
Location: Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** 1 Door True Reach In Cooler**; Temperature Process:** Ambient Air
Location: Cooler at 41 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 JACKSON
Jackson
County/Group: Jackson County

Inspection Info

Report Number: F7990251018
Inspection Type: Full
Date: 11/4/2025
Time: 10:14:38 AM

Sanitizing Chemical: **Product:** Chlorine**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 50 PPM
Comment:
Violation Issued?: No