Electronically Delivered

December 24, 2025

Licensee
Good Samaritan Society- Pipest
903 2nd Avenue Southeast
Pipestone, MN 56164

RE: Project Number(s) SL20656016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 3, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

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

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

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20656	A. BUILDING: _____ B. WING _____	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY- PIPEST	903 2ND AVENUE SE PIPESTONE, MN 56164

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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: SL20656016-0 On December 1, 2025, through December 3, 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 55 residents; 24 receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag."The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
01290 SS=D	144G.60 Subdivision 1 Background studies required	01290		

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01290	Continued From page 1 (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 and received in affiliation with the assisted living license for two of two employees (unlicensed personnel (ULP-D), ULP-C) 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-D ULP-D was hired on August 4, 2025, and	01290		

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01290	Continued From page 2 provided direct care services to the facility's residents. On December 1, 2025, at 12:39 p.m., the surveyor observed ULP-D working independently, passing medications to residents. ULP-D's DHS NETStudy 2.0 identified ULP-D had a background study dated July 30, 2025, for HFID 455, a nursing home owned by the same company. DHS NETStudy roster for HFID 20656, did not include ULP-D. ULP-C ULP-C was hired on August 8, 2025, and provided direct care services to the facility's residents. The licensee's staff schedule for November 16-30, 2025, indicated ULP-C worked on November 18, 21, 22, 23, 25, and 27. ULP-C's DHS NETStudy 2.0 identified ULP-D had a background study dated July 28, 2025, for HFID 455, a nursing home owned by the same company. DHS NETStudy roster for HFID 20656, did not include ULP-C. On December 1, 2025, at 12:27 p.m., licensed assisted living director (LALD)-A stated ULP-C and ULP-D should have been on the facility's NETStudy roster and they had not transferred from the nursing home. LALD-A further stated ULP-C and ULP-D worked without supervision. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		

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01620	Continued From page 3	01620		
01620 SS=D	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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01620	Continued From page 4 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 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: On December 1, 2025, at 12:43 p.m., the surveyor observed unlicensed personnel (ULP)-D administering medications to R3. R3 was admitted on November 10, 2022, and began receiving services on October 24, 2024.	01620		

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01620	Continued From page 5 R3's Service Plan dated October 24, 2024, indicated R3's services included bathing, dressing, and medication administration. R3's Progress Notes dated November 14, 2024, identified "14 day assessment. Resident's condition is stable. Resident is adjusting well to services, medication administration, bathing assist and dressing assist with don/doff TED [thrombo-embolic deterrent] hose. Resident currently checking his own blood sugars and administering insulin r/t [related to] staff unable to do unless insulin is in a pen. Working with pharmacy and provider to get orders and pens paid for by insurance. There is currently no change in residents LOC [level of consciousness]." This did not contain all the required content of a comprehensive assessment. R3's record lacked evidence a a comprehensive assessment with all required content was completed within 14 days of starting services. On December 2, 2025, at 11:26 a.m., clinical nurse supervisor (CNS)-B stated sometimes she did a note and sometimes she completed the uniform assessment for 14 day assessments. R3's record included a progress note for the 14 day assessment. CNS-B stated she was unaware the 14 day assessment was required to be a comprehensive assessment including all the uniform assessment content. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01620		

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01760	Continued From page 6	01760		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure accurate documentation of medication administration for one of one resident (R3) who received insulin. 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 December 2, 2025, at 8:20 a.m., the surveyor observed unlicensed personnel (ULP)-E administering insulin to R3. ULP-E removed a	01760		

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01760	Continued From page 7 NPH insulin pen from the medication cart, entered room and administered 16 units to R3. R3 was admitted on November 10, 2022, and began receiving services on October 24, 2024. R3's Service Plan dated October 24, 2024, indicated R3's services included bathing, dressing, and medication administration. R3's physician orders dated November 10, 2025, indicated an order to increase R3's NPH insulin to 16 units twice a day. R3's medication administration record dated November 1-30, 2025, identified Novolog insulin 14 units was administered twice a day November 1-11, 2025, and Novolog insulin 16 units was administered November 12-30, 2025. On December 3, 2025, at 11:24 a.m., clinical nurse supervisor (CNS)-B stated R3 has always been on NPH insulin not Novolog and it must have been entered into the computer incorrectly; therefore, it would be a documentation error. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01890 SS=E	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated	01890		

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01890	Continued From page 8 drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure time sensitive medications were labeled with the date opened for 3 of 7 residents (R3, R6, 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 a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: On December 2, 2025, at 8:20 a.m., the surveyor observed unlicensed personnel (ULP)-E administering insulin to R3. R3's medication cabinet contained two NPH insulin pens; both open and in use, neither marked with an open date. On December 2, 2025, at 9:00 a.m., the surveyor observed R6's medication cabinet with ULP-E. R6's cabinet contained an open and in use bottle of latanoprost without an open date. On December 2, 2025, at 9:12 a.m., the surveyor observed R5's medication cabinet with ULP-E. R5's cabinet contained an open and in use bottle of latanoprost without an open date. On December 2, 2025, at 9:16 a.m., clinical nurse	01890		

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01890	Continued From page 9 supervisor (CNS)-B stated an open date should have been placed on the insulin pens and the eye drops when they were removed from the refrigerator. NPH insulin prescribing information dated June 2022, indicated when stored at room temperature, NPH can only be used for a total of 14 days. Latanoprost prescribing information dated August 2011, indicated once a bottle is opened for use, it may be stored at room temperature for 6 weeks. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01910 SS=F	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable,	01910		

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01910	Continued From page 10 quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document all required information in the resident's record upon disposition of medications for one of one discharged resident (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a 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: R2's discharge summary dated May 30, 2025, indicated R2 discharged to a hospice house. R2's disposition of medications form indicated "see attached EMAR" (electronic medication administration record). The printed EMAR included the medication, dose, directions for use. The quantity of the medication and transferred to hospice house was written on the EMAR. The disposition of medications did not include a prescription numbers for the medications. On December 1, 2025, at 1:20 p.m., clinical nurse supervisor (CNS)-B stated she was unaware the prescription number had to be included in the disposition of medications.	01910		

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01910	Continued From page 11 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		
01940 SS=E	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 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.	01940		

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01940	Continued From page 12 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 two of two residents (R3 and R7) 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 a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: R3 On December 2, 2025, at 8:20 a.m., the surveyor observed unlicensed personnel (ULP)-E administering medication to R3. ULP-E asked R3 what his blood glucose was and recorded the reading in R3's medication administration record (MAR). The surveyor then observed ULP-E cleaning R3's blood glucose meter and place TED (thrombo-embolic deterrent) stockings (used to increase circulation and decrease swelling) onto R3. R3 was admitted on November 10, 2022, and began receiving services on October 24, 2024. R3's Service Plan Agreement dated January 1, 2025, indicated R3's services were "Healthcare services level 3" and listed all services that may	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20656	A. BUILDING: _____ B. WING _____	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY- PIPEST	903 2ND AVENUE SE PIPESTONE, MN 56164

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01940	Continued From page 13 be provided under that service level. The services included: Medications: assistance with medication passes 4-6 times daily, Health condition monitoring and treatments: diabetes management with assistance with, and/or monitoring of blood sugar checks and/or insulin injections 1-2 times daily, bathing, showering, grooming, dressing, includes assistance with application/removal of TED stockings/hose, escorts to and from meals, behavior cueing and redirection. The Service Plan Agreement was not individualized to the services R3 was receiving. R3's Service Plan Report signed October 24, 2024, indicated R3's services included bathing, dressing, and medication administration. The plan did not include blood glucose monitoring or TED stocking assistance. R3's unsigned, Service Plan Report last reviewed September 15, 2025, indicated R3 requires assistance in applying/removing compression/TED stockings and included R3 had diabetes and staff were to report signs of low or high blood glucose. The plan did not include blood glucose monitoring or cleaning of R3's blood glucose meter. R7 On December 2, 2025, at 9:00 a.m., the surveyor observed ULP-E asking R7 his blood glucose, observing the meter and documenting the results. R7 was admitted to the assisted living on March 15, 2022, and began receiving services on December 19, 2024. R7's Service Plan Agreement dated December 19, 2024, indicated R3's services were	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20656	A. BUILDING: _____ B. WING _____	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY- PIPEST	903 2ND AVENUE SE PIPESTONE, MN 56164

(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 14 "Healthcare services level 3" and listed all services that may be provided under that service level. The services included: Medications: assistance with medication passes 4-6 times daily, Health condition monitoring and treatments: diabetes management with assistance with, and/or monitoring of blood sugar checks and/or insulin injections 1-2 times daily, bathing, showering, grooming, dressing, includes assistance with application/removal of TED stockings/hose, escorts to and from meals, behavior cueing and redirection. R7's Service Plan Report signed December 19, 2024, included R7 had diabetes and staff were to report signs of low or high blood glucose. The plan did not include placing of blood glucose sensor or blood glucose monitoring. On December 5, 2025, at 11:30 a.m., clinical nurse supervisor (CNS)-B stated R7's Service Plan Report should have been signed when TED hose services were added and should have included blood glucose monitoring. CNS-B stated R3's Service Plan Report should have included placement of the blood glucose sensor and monitoring of blood glucose. 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 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		

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

Food & Beverage Inspection Report

Establishment Info

Good Samaritan Society Pipestone
903 2nd Avenue SE
Pipestone, MN 56164
Pipestone
Parcel:

Phone:

License Info

License: HFID 20656

Risk:
License:
Expires on:
CFPM: Kisha Rae Stands
CFPM #: 95405; Exp: 8/29/2027

Inspection Info

Report Number: F7990251019
Inspection Type: Full - Single
Date: 12/2/2025 Time: 10:27:08 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

WE DISCUSSED EMPLOYEE ILLNESS, COOLING, BAREHAND CONTACT PREVENTION AND HANDWASHING. AN EMPLOYEE ILLNESS LOG WAS ONSITE.

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 F7990251019 from 12/2/2025

Benjamin D. Ische

Kisha Rae Stands

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

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Temperature Observations/Recordings

Establishment Info

Good Samaritan Society Pipestone
Pipestone
County/Group: Pipestone

Inspection Info

Report Number: F7990251019
Inspection Type: Full
Date: 12/2/2025
Time: 10:27:08 AM

Food Temperature: Product/Item/Unit: Hot Hold Chicken**; Temperature Process:** Hot-Holding
Location: Steam Table at 162 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Walk In Cooler Cheese**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Reach in Cooler Coleslaw**; Temperature Process:** Cold-Holding
Location: Reach-in Cooler at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Prep Table Diced Tomato**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 36 Degrees F.
Comment:
Violation Issued?: No

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Sanitizer Observations/Recordings

Establishment Info

Good Samaritan Society Pipestone
Pipestone
County/Group: Pipestone

Inspection Info

Report Number: F7990251019
Inspection Type: Full
Date: 12/2/2025
Time: 10:27:08 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 160 Degrees F.
Comment:
Violation Issued?: No