Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered via Email

February 2, 2026

Administrator
Good Samaritan Society - Home Care
200 St. Paul Street
Preston, MN 55965

Re: Event ID: 1DE638-H1

Dear Administrator:

A partial extended survey was completed at your agency on January 22, 2026, for the purpose of assessing compliance with Federal certification. At the time of survey, the survey team from the Minnesota Department of Health - Health Regulation Division, noted one or more deficiencies. Electronically attached is a copy of the Statement of Deficiencies (CMS-2567).

An acceptable plan of correction must contain the following elements:

- The plan of correcting the specific deficiency. The plan should address the processes that led to the deficiency cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective, and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction; and,
- The date by which the correction will be completed.

A provider or supplier is expected to take the steps necessary to achieve compliance within 60 days of the exit interview. If possible, please type your plan of correction to ensure legibility. Please make a copy of the form for your records and return the original to the following address within ten calendar days of your receipt of this notice:

Lynn Nelson, RN, Regional Operations Supervisor
Metro A District Office
Health Regulation Division
Minnesota Department of Health
625 Robert Street N

P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: Lynn.nelson@state.mn.us
Office: 651-201-4392 Mobile: 651-279-5474

**Failure to submit an acceptable written plan of correction of Federal deficiencies within ten calendar days may result in decertification and a loss of Federal reimbursement. Additionally, your continued certification is contingent upon corrective action.**

Please feel free to call me with any questions.

Sincerely,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Office: 651-201-4384
Email: holly.zahler@state.mn.us

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 248009 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 01/22/2026 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GOOD SAMARITAN SOCIETY - HOME CARE | 200 ST PAUL STREET , PRESTON, Minnesota, 55965 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| E0000 | Initial Comments<br><br>A survey for compliance with CMS Appendix Z Emergency Preparedness Requirements, was conducted on 1/20/26 through 1/22/26, during a recertification survey. The facility is in compliance with the Appendix Z Emergency Preparedness Requirements. | E0000 | | |
| G0000 | INITIAL COMMENTS<br><br>On 1/20/26 through 1/22/26, a recertification survey was conducted. This resulted in a partial extended survey at Good Samaritan Society - Home Care. The agency was found to have not met the requirements at 42 CFR. Part 484 for Home Health Agencies.<br><br>The cumulative effects of these findings resulted in the Home Health Agency’s inability to ensure provision of quality of care.<br><br>Unduplicated census previous 12 months: 399<br><br>Total home visits conducted: 4<br><br>List Hours of Operation: 8:00 a.m. to 4:30 p.m.<br><br>List total number of records reviewed: 10 | G0000 | | |
| G0574 | Plan of care must include the following<br><br>CFR(s): 484.60(a)(2)(i-xvi)<br><br>The individualized plan of care must include the following:<br><br>(i) All pertinent diagnoses;<br><br>(ii) The patient's mental, psychosocial, and cognitive status;<br><br>(iii) The types of services, supplies, and equipment required;<br><br>(iv) The frequency and duration of visits to be made;<br><br>(v) Prognosis; | G0574 | | |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| G0574 | Continued from page 1<br>(vi) Rehabilitation potential;<br><br>(vii) Functional limitations;<br><br>(viii) Activities permitted;<br><br>(ix) Nutritional requirements;<br><br>(x) All medications and treatments;<br><br>(xi) Safety measures to protect against injury;<br><br>(xii) A description of the patient's risk for emergency department visits and hospital re-admission, and all necessary interventions to address the underlying risk factors.<br><br>(xiii) Patient and caregiver education and training to facilitate timely discharge;<br><br>(xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient;<br><br>(xv) Information related to any advanced directives; and<br><br>(xvi) Any additional items the HHA or physician or allowed practitioner may choose to include.<br><br>This ELEMENT is NOT MET as evidenced by:<br><br>Based on observation, interview and document review, the agency failed to ensure plans of care included a list of durable medical equipment (DME), including non-routine DME, used to meet patient needs, for 1 of 4 patients (P3) reviewed during home visits.<br><br>Findings include:<br><br>P3's plan of care (POC) for certification period 12/12/25 through 2/9/26, included chronic obstructive pulmonary disease (COPD), type 2 diabetes, acute on chronic systolic congestive heart failure. Skilled nurse orders to preform management and evaluation to observe and assess underlying conditions, complications and the effects of the non-skilled plan of care based on the registered nurse assessment to promote the patient’s recover and medical safety. The list of DME and orders section did not include oxygen or oxygen equipment.<br><br>During a home visit on 1/21/26 at 10:30 a.m., registered nurse case worker (RNCW)-A HH, assessed P3’s | G0574 | | |

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| G0574 | Continued from page 2<br>seated vital signs and respiratory status which were baseline, except for the standing blood pressure which was low at 81/58, (normal blood pressure is less than 120/80). RNCW-A then completed medication set up. P3's bedroom was observed to have an oxygen concentrator and steel portable oxygen cylinder, which were not being used. The steel portable oxygen cylinder was free standing and in an upright position. P3 stated he has not used the oxygen but kept it on hand for emergencies. On P3's bedroom floor approximately 8 feet away from the oxygen, there was a propane heater set up but not running. P3 stated it was used over a week ago when his furnace went out. He stated he wouldn't have used the oxygen with the propane but wasn't sure about storage of the green tank. RNCW-A stated the oxygen was not a current order and would need to talk to the nursing manger.<br><br>During an interview on 1/22/26 at 10:45 a.m., the nursing manager (NM) stated all DME should be included on the POC. The NM stated she knew P3 had oxygen on-hand, but not used currently, and should probably get an order to keep it if the patient wanted and so nursing could continue to educate on safety. The NM stated oxygen teaching was on a previous POC and was not sure why it was discontinued.<br><br>A policy on oxygen use and DME was requested and not provided.<br><br>The American Lung Association Oxygen Therapy: Using Oxygen Safely dated 1/28/26, identified to keep sources of heat and flame at least five feet away from where your oxygen unit is being used or stored. The section titled Oxygen Therapy: Getting Started with Oxygen in Metal Tanks dated 1/28/26, identified single tanks not in carriers or in use should be kept lying flat so they do not fall over. | G0574 | | |
| G0580 | Only as ordered by a physician<br><br>CFR(s): 484.60(b)(1)<br><br>Drugs, services, and treatments are administered only as ordered by a physician or allowed practitioner.<br><br>This ELEMENT is NOT MET as evidenced by:<br><br>Based on observation, interview, and document review, the agency failed to ensure wound care was administered to patients only as ordered by the physician, for 1 of 1 patient (P2), reviewed for wound care.<br><br>Findings include: | G0580 | | |

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| G0580 | Continued from page 3<br><br>P2's plan of care (POC) orders dated 1/14/26, identified a certification period of 12/10/25 through 2/7/26. P2's diagnoses included pressure ulcer of sacral region and right buttock stage 4 (wound that extends through skin and underlying tissues exposing muscle, tendon, or bone), pressure ulcer of left buttock unstageable (wound that cannot be accurately assessed due to the presence of necrotic tissue), unspecified open wound right hip, pressure ulcer of other site stage 2 (partial thickness skin loss, presenting as shallow open wound), paraplegia (condition that causes partial or complete paralysis of the lower half of the body) and dementia. Skilled nurse orders to observe and assess integumentary status to identify changes and intervene to minimize complications, provide skilled teaching related to altered skin integrity including pathophysiology, nutrition, and medication regimen. Skilled nurses were to report significant changes in status to physician for early intervention.<br><br>P2's wound care orders dated 1/14/26, included in the POC identified wound care for the right hip, sacral, right and left ischial wounds: remove old dressing, cleanse with Vashe (prescription-only product that cleans, irrigates, moistens and debrides acute and chronic wounds) and gauze. Apply new Vashe moistened gauze, 4x4 gauze, Optilock (a non-adherent, super absorbent dressing), ABD pad (padded highly absorbent dressing), and tape. Change twice daily.<br><br>During a home visit on 1/21/26 at 8:30 a.m., registered nurse case worker (RNCW)-A removed the left ischial wound dressing which was packed with gauze. Family member (FM)-A was also present to help with positioning. After about an arm's length of gauze packing was removed from the wound, tunneling could be seen with moderate amount of reddish-brown drainage. RNCW-A cleaned the wound with gauze and Vashe. FM-A and RNCW-A had a conversation and decided to pack the wound with dry gauze instead of wet gauze as ordered. RNCW-A proceeded to pack the wound with about an arm's length of dry gauze, covered with Optilock, ABD pad and tape. RNCW-A stated they had packed the wounds dry in the past when the wounds were too wet with drainage, and they should probably have an order for the dry dressing as needed. FM-A and RNCW-A stated the wounds were chronic and progress on wound healing fluctuated over the years.<br><br>During an interview on 1/22/26 at 10:45 a.m., the nursing manager (NM) stated wound care should be provided according to current orders. | G0580 | | |

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| G0580 | Continued from page 4<br><br>A policy for wound care was requested and not provided. | G0580 | | |

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February 2, 2026

Administrator
Good Samaritan Society - Home Care
200 St. Paul Street
Preston, MN 55965

Re: Enclosed State Licensing Orders
Event ID: 1DE638-H1

Dear Administrator:

A survey of the Home Care Provider named above was completed on January 22, 2026, for the purpose of assessing compliance with State licensing regulations. At the time of survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these regulations that are issued in accordance with Minnesota Statutes, sections 144A.43 to 144A.482.

In accordance with Minnesota Statute section 144A.477, for home care providers that are licensed to provide home care services and are also certified for participation in Medicare as a home health agency under Code of Federal Regulations, title 42, part 484, with survey and enforcement by the Minnesota Department of Health as an agent for the United States Department of Health and Human Services, the requirements under Minnesota Statute section 144A.477 subd. 2 (1) to (16) are considered equivalent to the federal requirements. Because your facility is a certified home health agency, violations of the requirements under Minnesota Statute section 144A.477 subd. 2 (1) to (16) may lead to enforcement actions under Minnesota Statute section 144A.474. If your facility fails to comply with all the federal deficiencies issued as a result of this Department's survey completed on January 22, 2026, the findings supporting the federal violations shall be considered violations of the applicable licensure requirements. The notice of termination from the Medicare program by the Centers for Medicare and Medicaid Services (CMS) or the failure to attain compliance with the federal regulations within the time periods approved by CMS may constitute grounds for the revocation, suspension or nonrenewal of the license.

State licensing orders are delineated on the attached Minnesota Department of Health order form. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes for home care providers.

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 that are in violation of the state statute after the statement, "This MN requirement is not met as evidenced by."

We urge you to review these orders carefully.  If you have questions, please contact the supervisor listed below.  When all orders are corrected, the order form should be signed and returned to this office at:

Lynn Nelson, RN, Regional Operations Supervisor
Metro A District Office
Health Regulation Division
Minnesota Department of Health
625 Robert Street N
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: Lynn.nelson@state.mn.us
Office: 651-201-4392 Mobile: 651-279-5474

**DOCUMENTATION OF ACTION TO COMPLY**

In accordance with Minnesota Statutes, section 144A.474, subd. 8 (c), by the correction order date, the home care provider must document in the provider's records any action taken to comply with the correction order.  The commissioner may request a copy of this documentation and the home care provider's action to respond to the correction orders in future surveys, upon a complaint investigation, and as otherwise needed.

**CORRECTION ORDER RECONSIDERATION PROCESS**

In accordance with Minn. Stat. 144A.474, subd. 12, you have one opportunity to challenge the correction order issued, including the level and scope, and any fine(s) assessed.

**The written request for reconsideration and all supporting documents must be received by the Commissioner within 15 calendar days of the correction order receipt date.**

The Commissioner shall respond in writing to the request within 60 days of the date the provider requests a reconsideration.  Any documentation received after the 15 calendar days will not be considered.  You are required to send your written request and all supporting documents to Health.Homecare@state.mn.us; or, if you prefer you can mail it to:

**Home Care Correction Order Reconsideration Process**

Minnesota Department of Health
Health Regulation Division
625 Robert St. N
St. Paul, MN 55164-0975
Telephone 651-201-4200
Health.CM-Cert@state.mn.us

Failure to correct state licensing correction orders may result in enforcement actions in accordance with the provisions of Minnesota Statutes, sections 144A.43 to 144A.482.

Please feel free to call me with any questions.

Sincerely,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Office: 651-201-4384
Email: holly.zahler@state.mn.us

Minnesota State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING | (X3) DATE SURVEY COMPLETED<br>**01/22/2026** |
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| 00000 | Initial Comments<br><br>On 1/20/26 through 1/22/26, a recertification survey was conducted. The following licensing orders are being issued as a result of the survey.<br><br>*****ATTENTION*****<br><br>HOME CARE PROVIDER LICENSING CORRECTION ORDER<br><br>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order has been issued pursuant to a survey.<br><br>Determination of whether a violation has been 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. | 00000 | | |
| 01245 | TB Infection Control<br><br>CFR(s): 144A.4798, Subd. 1<br><br>(a) A home care provider must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. This program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.<br><br>(b) The home care provider must maintain written evidence of compliance with this subdivision.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on interview and document review, the licensee failed to maintain a tuberculosis (TB) prevention | 01245 | | |

Office of Primary Care and Health Systems Management

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
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| 01245 | Continued from page 1<br>program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included TB history screening; for two of five employees (PTA and HHA). The licensee failed to ensure TB baseline testing of either a two-step tuberculin skin test (TST) or interferon-gamma release assay (IGRA) blood test for three of five employees (PTA, RNCW-B and HHA).<br><br>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client'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 clients).<br><br>Findings include:<br><br>Physical therapy assistant (PTA) had a hire date of 12/20/24. There was no assessment of symptoms or history. PTA's first step TST was read negative on 12/16/24, but no second step TST was documented.<br><br>Registered nurse case worker (RNCW)-B had a hire date of 9/30/25. The symptom and history assessment identified she had a negative step two TST on 6/11/24 at a different healthcare agency. RNCW-B's new hire first step TST was read negative on 10/8/25, but no second step TST was documented.<br><br>Home health aide (HHA) had a hire date of 9/6/22. There was no screening history or TST documented.<br><br>The licensee's TB Risk Assessment Worksheet dated 10/7/25, identified the county had a low rate of TB. Human resources and the administrator were responsible for TB screening records.<br><br>During an interview on 1/22/26 at 10:37 a.m., the administrator stated they followed their policy which identified only a one step TST was required if there was a negative test documented in the past year, therefore a second step was not always completed.<br><br>The licensee's policy dated 6/1/25, identified new employees would have baseline TB screening according to current CDC recommendations and guidelines and state specific TB control program guidelines. Prior to or upon hire, all employees would be screened for symptoms of active TB disease and have a baseline TST or single IGRA. Employees who received a documented negative TB skin test in the past 12 months would be required to | 01245 | | |

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| 01245 | Continued from page 2<br>have a single TB skin test only, which conflicted with the CDC and state specific guidance. This test represents the second step of TST. If using TST, a two step Mantoux method should be used. This involves administering the initial test upon hire which was read within 48 to 72 hours by a nursing professional or physician/practitioner. If the first TST was negative the second TST should be placed one to three weeks after the placement of the first test or per state regulations and read 48-72 hours after administration.<br><br>Regulations for Tuberculosis Control in Minnesota Health Care Settings from the Minnesota Department of Health (MDH) dated 7/2013 identified health care workers of a licensed home care agency who entered patient rooms or treatment rooms whether a patient was present or not, were required to have TB screening completed. TB screening consisted of three components:<br><br>1. Assessing current symptoms of active TB disease,<br><br>2. Assessing TB history, and<br><br>3. Testing for the presence of infection with Mycobacterium tuberculosis by administering either a two-step TST or single IGRA.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days. | 01245 | | |