



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
October 4, 2023

Administrator
Good Samaritan Society - Mountain Lake
745 Basinger Memorial Drive
Mountain Lake, MN 56159

RE: CCN: 245549
Cycle Start Date: August 16, 2023

Dear Administrator:

On September 21, 2023, the Minnesota Department of Health, completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

A handwritten signature in black ink that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4384
Email: holly.zahler@state.mn.us



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October 4, 2023

Administrator
Good Samaritan Society - Mountain Lake
745 Basinger Memorial Drive
Mountain Lake, MN 56159

Re: Reinspection Results
Event ID: 1JOL12

Dear Administrator:

On September 21, 2023 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on August 16, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4384
Email: holly.zahler@state.mn.us



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September 6, 2023

Administrator
Good Samaritan Society - Mountain Lake
745 Basinger Memorial Drive
Mountain Lake, MN 56159

RE: CCN: 245549
Cycle Start Date: August 16, 2023

Dear Administrator:

On August 16, 2023, a survey was completed at your facility by the Minnesota Department(s) of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be widespread deficiencies that constitute no actual harm with potential for no more than minimal harm (Level C), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable plan of correction (ePOC) for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. Failure to submit an acceptable ePoC could also result in the termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of a revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Discretionary denial of payment for new Medicare and Medicaid admissions (42 CFR 88.417 (a));
- Per day civil money penalty (42 CFR 488.430 through 488.444).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" and/or an "E" tag), i.e., the plan of correction should be directed to:

Elizabeth Silkey, Unit Supervisor
Mankato District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
12 Civic Center Plaza, Suite #2105
Mankato, Minnesota 56001
Email: elizabeth.silkey@state.mn.us
Office: (507) 344-2742 Mobile: (651) 368-3593

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/lrc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Questions regarding all documents submitted as a response to the Life Safety Code deficiencies (those preceded by a "K" tag) i.e., the plan of correction, request for waivers, should be directed to:

Travis Z. Ahrens
Interim State Fire Safety Supervisor
Health Care & Correctional Facilities/Explosives
MN Department of Public Safety-Fire Marshal Division
445 Minnesota St., Suite 145
St. Paul, MN 55101
Cell: 1-507-308-4189

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read "H. Zahler". The signature is written in a cursive, flowing style.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4384
Email: holly.zahler@state.mn.us

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/18/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245549	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/16/2023
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - MOUNTAIN LAKE			STREET ADDRESS, CITY, STATE, ZIP CODE 745 BASINGER MEMORIAL DRIVE MOUNTAIN LAKE, MN 56159		
(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	
E 000	Initial Comments On 8/14/23-8/16/23, a survey for compliance with Appendix Z, Emergency Preparedness Requirements, §483.73(b)(6) was conducted during a standard recertification survey. The facility was IN compliance. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	E 000			
F 000	INITIAL COMMENTS On 8/14/23-8/16/23, a standard recertification survey was conducted at your facility. A complaint investigation was also conducted. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed with NO deficiencies cited: H55494332C (MN00083547). The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate substantial compliance with the regulations has been attained.	F 000			
F 812 SS=C	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)	F 812		9/20/23	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/15/2023

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 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 812	<p>Continued From page 1</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and observation, the facility failed to ensure proper food safety practices when dietary aide (DA)-A was observed assembling sandwiches with bare hands. This practice had the potential to affect all 43 residents who resided at the facility.</p> <p>Findings include:</p> <p>During an observation and interview on 8/15/23 at 4:07 p.m., DA-A was observed standing at a metal counter toward the back of the kitchen assembling a ham and cheese sandwich with bare hands. DA-A held a piece of wheat bread in bare left hand and buttered it with right hand. Using a bare hand, DA-A removed a slice of ham from a plastic container and set it on top of a piece of bread with cheese that was on a plate.</p>	F 812	<p>Disclaimer Statement: Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. For the purposes of any allegation that the center is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the center's allegation of compliance in accordance with section 7305 of the State Operations Manual. This disclaimer statement applies to all</p>	

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F 812	<p>Continued From page 2</p> <p>DA-A placed the buttered piece of bread from left hand on top of the ham to complete the assembly. DA-A picked up and placed the whole, uncut sandwich in a small plastic bag. Butter had oozed over the edges of the bread and smeared on the inside of the plastic bag. Further, DA-A was observed to pick up a piece of wheat bread with bare left hand and spread peanut butter on it with right hand. DA-A then folded the one piece of bread in half and placed it in a bag; the sandwich had not been cut in half with a knife. When approached, DA-A stated he did not need to wear gloves since he had washed his hands prior to assembling the sandwiches.</p> <p>During an observation and interview on 8/15/23 at 4:14 p.m., observed dietary manager (DM)-B talk to DA-A. After that, DM-B stated cook (C)-C had also observed DA-A assembling sandwiches with bare hands and had immediately informed her. DM-B stated she told DA-A to start over and to wear gloves. DM-B acknowledged "start over" meant DA-A had thrown the sandwiches in a wastebasket and was to assemble more sandwiches.</p> <p>During an interview on 8/15/23 at 4:17 p.m., DA-A stated he had received training on food safety practices and stated he should have worn gloves, but today, "It just went over my head."</p> <p>During an interview on 8/15/23 at 4:21 p.m., DM-B admitted she did not stay in the kitchen to observe DA-A remake the sandwiches and provide coaching, adding she thought C-C had been going to do that. DM-B was informed C-C did not observe DA-A remake the sandwiches. DM-B acknowledged she was responsible for ensuring proper food handling and ensuring staff</p>	F 812	<p>listed citations on the 2567 received on 9/06/2023.</p> <p>F812 <input type="checkbox"/> Food Procurement, Store/Prepare/Serve-Sanitary: CFR(s): 483.60(i)(1)(2)</p> <p>1) What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The employee (DA-A) who was making sandwiches without gloving was immediately instructed by Dietary Manager (DM-B) to throw away the sandwiches, wash hands, glove up, and make new sandwiches. An all-dietary staff meeting was held on August 28th and again on September 6th to review this deficiency and to review the policy titled Hand Washing and Glove Use <input type="checkbox"/> Food and Nutrition Services. This policy is current and up to date as of 6/14/2023.</p> <p>2) How will other residents, having the potential to be affected by the same deficient practice, be identified? All residents have the potential to be affected by the deficient practice. Education on our policy for hand washing and glove use was given to dietary staff by the facility's registered dietician on August 21, 2023. Competencies on proper gloving were completed September 6th, 11th and 12th, 2023.</p> <p>3) What measures will be put into place, or what systemic changes will be made, to ensure that the deficient practice does not</p>	

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F 812	<p>Continued From page 3 provided visually appealing food.</p> <p>During an interview on 8/15/23 at 7:35 p.m., the administrator stated she had been made aware of a DA-A handling food with bare hands and stated she would have expected DA-A to be trained in proper food handling and for his performance to be monitored by DM-B.</p> <p>During an interview on 8/16/23, at 9:45 a.m., DM-B stated DA-A, who had been hired in January 2022, had completed an online food safety module. DA-A's transcript indicated the training titled Basics of Food Safety in Long Term Care Facilities had been completed on 2/8/22. The same training module was due to be completed by 8/31/23. DM-B stated DA-A would have been trained in the kitchen by other dietary aids and assumed was instructed on proper food safety practices, including not touching/handling resident food with bare hands. DM-B stated an orientation/training checklist had not been used to ensure DA-A had been informed how to execute proper food safety practices. DM-B stated she provided some of the orientation for new dietary aids, but not specifically about proper food safety practices. In addition, DM-B stated she did not observe or coach new employees for adherence to proper food safety practices; she relied on other dietary staff to do this.</p> <p>The facility Food Handling policy dated 7/21/23, indicated the purpose was to limit contamination of food served to a highly susceptible population. Food was handled in a manner that minimized the risk of contamination. Foods were never touched with bare hands. Proper utensils such as a tissue, spatula, tongs, and single use gloves were used for food handling.</p>	F 812	<p>recur?</p> <p>All residents have the potential to be affected by the deficient practice. Education was given to dietary staff in the areas of Proper Gloving and Hand Washing on August 21st. All dietary staff completed competencies/return demonstrations on proper gloving September 6th, 11th and 12th, 2023 by the Certified Dietary Manager.</p> <p>4) How will the corrective action be monitored to ensure the deficient practice is being corrected and will not recur? A random audit by the dietary manager and members of the QAPI committee will be conducted 3x/week for 8 weeks, then 2x/week for 4 weeks, then weekly for 4 months and as needed. Findings will be shared with the QAPI committee monthly x3 months for input on the need to increase, decrease or discontinue audits.</p> <p>5) What is the date of completion? September 20, 2023</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 812	Continued From page 4 The facility Hand Washing and Glove Use policy dated 6/14/23 indicated employees would not touch any food with bare hands.	F 812			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

F5549034

PRINTED: 09/05/2023
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245549	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2023
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - MOUNTAIN LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 745 BASINGER MEMORIAL DRIVE MOUNTAIN LAKE, MN 56159
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K 000	<p>INITIAL COMMENTS</p> <p>FIRE SAFETY</p> <p>An annual Life Safety recertification survey was conducted by the Minnesota Department of Public Safety, State Fire Marshal Division on 08/15/2023. At the time of this survey, Good Samaritan Society, Mountain Lake was found in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, Subpart 483.70(a), Life Safety from Fire, and the 2012 edition of National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 Existing Health Care and the 2012 edition of NFPA 99, the Health Care Facilities Code.</p> <p>Main Building of Good Samaritan Society Mountain Lake was constructed as follows: The original building was constructed in 1976, is one-story, has no basement, is fully fire sprinkler protected and was determined to be of Type II(000) construction; The 1995 building addition is one-story, has no basement, is fully fire sprinkler protected and was determined to be of Type II(000) construction; The 2000 building addition is one-story, has no basement, is fully fire sprinkler protected and was determined to be of Type II(000) construction. The 2013 Link Addition. It is one-story in height, has no basement, is fully fire sprinkler protected, and was determined to be of Type II (111) construction. There are no resident sleeping or treatment areas located in Building 02.</p> <p>Main Building is separated from an assisted living facility by a proper two-hour fire wall assembly.</p> <p>The facility has a capacity of 48 beds and had a</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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K 000	Continued From page 1 census of 42 at time of the survey.	K 000			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 6, 2023

Administrator
Good Samaritan Society - Mountain Lake
745 Basinger Memorial Drive
Mountain Lake, MN 56159

Re: State Nursing Home Licensing Orders
Event ID: 1JOL11

Dear Administrator:

The above facility was surveyed on August 14, 2023 through August 16, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and 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/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Elizabeth Silkey, Unit Supervisor
Mankato District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
12 Civic Center Plaza, Suite #2105
Mankato, Minnesota 56001
Email: elizabeth.silkey@state.mn.us
Office: (507) 344-2742 Mobile: (651) 368-3593

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.



Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00755	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/16/2023
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - MOUNTAIN LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 745 BASINGER MEMORIAL DRIVE MOUNTAIN LAKE, MN 56159
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(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
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 8/14/23-8/16/23, a licensing survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure and the following correction orders are issued. Please indicate in your electronic plan of correction you have reviewed these orders and</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/15/23
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Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>identify the date when they will be completed.</p> <p>The following complaint was reviewed during the survey: H55494332C (MN00083547) and NO licensing orders were issued. Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far left column entitled " ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyors findings are the Suggested Method of Correction and Time period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,</p>	2 000		

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2 000	Continued From page 2 "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/RULES. http://www.health.state.mn.us/divs/fpc/profinfo/info/obul.htm . The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. 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.	2 000		
21015	MN Rule 4658.0610 Subp. 7 Dietary Staff Requirements- Sanitary conditi Subp. 7. Sanitary conditions. Sanitary procedures and conditions must be maintained in the operation of the dietary department at all times. This MN Requirement is not met as evidenced by: Based on interview and observation, the facility	21015	Corrected	9/20/23

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21015	<p>Continued From page 3</p> <p>failed to ensure proper food safety practices when dietary aide (DA)-A was observed assembling sandwiches with bare hands. This practice had the potential to affect all 43 residents who resided at the facility.</p> <p>Findings include:</p> <p>During an observation and interview on 8/15/23 at 4:07 p.m., DA-A was observed standing at a metal counter toward the back of the kitchen assembling a ham and cheese sandwich with bare hands. DA-A held a piece of wheat bread in bare left hand and buttered it with right hand. Using a bare hand, DA-A removed a slice of ham from a plastic container and set it on top of a piece of bread with cheese that was on a plate. DA-A placed the buttered piece of bread from left hand on top of the ham to complete the assembly. DA-A picked up and placed the whole, uncut sandwich in a small plastic bag. Butter had oozed over the edges of the bread and smeared on the inside of the plastic bag. Further, DA-A was observed to pick up a piece of wheat bread with bare left hand and spread peanut butter on it with right hand. DA-A then folded the one piece of bread in half and placed it in a bag; the sandwich had not been cut in half with a knife. When approached, DA-A stated he did not need to wear gloves since he had washed his hands prior to assembling the sandwiches.</p> <p>During an observation and interview on 8/15/23 at 4:14 p.m., observed dietary manager (DM)-B talk to DA-A. After that, DM-B stated cook (C)-C had also observed DA-A assembling sandwiches with bare hands and had immediately informed her. DM-B stated she told DA-A to start over and to wear gloves. DM-B acknowledged "start over" meant DA-A had thrown the sandwiches in a</p>	21015		
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21015	<p>Continued From page 4</p> <p>wastebasket and was to assemble more sandwiches.</p> <p>During an interview on 8/15/23 at 4:17 p.m., DA-A stated he had received training on food safety practices and stated he should have worn gloves, but today, "It just went over my head."</p> <p>During an interview on 8/15/23 at 4:21 p.m., DM-B admitted she did not stay in the kitchen to observe DA-A remake the sandwiches and provide coaching, adding she thought C-C had been going to do that. DM-B was informed C-C did not observe DA-A remake the sandwiches. DM-B acknowledged she was responsible for ensuring proper food handling and ensuring staff provided visually appealing food.</p> <p>During an interview on 8/15/23 at 7:35 p.m., the administrator stated she had been made aware of a DA-A handling food with bare hands and stated she would have expected DA-A to be trained in proper food handling and for his performance to be monitored by DM-B.</p> <p>During an interview on 8/16/23, at 9:45 a.m., DM-B stated DA-A, who had been hired in January 2022, had completed an online food safety module. DA-A's transcript indicated the training titled Basics of Food Safety in Long Term Care Facilities had been completed on 2/8/22. The same training module was due to be completed by 8/31/23. DM-B stated DA-A would have been trained in the kitchen by other dietary aids and assumed was instructed on proper food safety practices, including not touching/handling resident food with bare hands. DM-B stated an orientation/training checklist had not been used to ensure DA-A had been informed how to execute proper food safety practices. DM-B stated she</p>	21015		
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21015	<p>Continued From page 5</p> <p>provided some of the orientation for new dietary aids, but not specifically about proper food safety practices. In addition, DM-B stated she did not observe or coach new employees for adherence to proper food safety practices; she relied on other dietary staff to do this.</p> <p>The facility Food Handling policy dated 7/21/23, indicated the purpose was to limit contamination of food served to a highly susceptible population. Food was handled in a manner that minimized the risk of contamination. Foods were never touched with bare hands. Proper utensils such as a tissue, spatula, tongs, and single use gloves were used for food handling.</p> <p>The facility Hand Washing and Glove Use policy dated 6/14/23 indicated employees would not touch any food with bare hands.</p> <p>SUGGESTED METHOD OF CORRECTION: The dietary manager, registered dietician, or administrator, could ensure appropriate food safety practices occurred during food assembly and preparation. The facility could update or create policies and procedures and educate staff on these changes and perform competencies. The dietary manager, registered dietician, or administrator could perform audits and report audit findings to the Quality Assurance Performance Improvement (QAPI) for further recommendations or to determine compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	21015		
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