Electronically Delivered

July 1, 2026

Licensee
Good Samaritan Society - Battle Lake
605 North Lake Avenue
Battle Lake, MN 56515

RE: Project Number(s) SL30610016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 3, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH notedviolations 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.

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,

Jessie Chenze

State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30610	A. BUILDING: _____ B. WING _____	06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - BATTL	605 NORTH LAKE AVENUE BATTLE LAKE, MN 56515

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL30610016-0 On June 1, 2026, through June 3, 2026, 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 36 residents; 17 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=F	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 interview and record review, the licensee failed to ensure the employee's current background study clearance was affiliated with the correct health care facility identification number (HFID) for one of eight employees (unlicensed personnel (ULP)-E). This had the potential to affect all residents living within the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include:	01290		

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01290	Continued From page 2 During the entrance conference on June 1, 2026, at 9:58 a.m., licensed assisted living director (LALD)-A stated the licensee was aware of required contents in an employee record. ULP-E was hired on March 24, 2026, to provide direct care services to residents at the assisted living facility. The licensee's NETStudy 2.0 Roster Report printed June 1, 2026, at 4:09 p.m., indicated ULP-E was affiliated to the licensee's roster on June 1, 2026 (after the surveyor initiated the survey). ULP-E's employee record contained a background study with the HFID 146 for the licensee's sister skilled nursing facility and not the correct HFID 30610 for the licensee. On June 2, 2026, at 1:08 p.m., administrator (A)-G stated the licensee's talent advisors at the corporate office were responsible for completing employee background studies. A-G further stated A-G reviewed the licensee's NETStudy 2.0 roster and A-G realized ULP-E was not affiliated with the licensee's HFID. A-G contacted the licensee's talent advisors to add ULP-E to the licensee's NETStudy 2.0 roster and then provided the updated NETStudy 2.0 roster to the surveyor. The licensee's Hiring and Screening- Enterprise policy dated March 28, 2025, indicated any employee who transfers to a new position/location or employees shared between locations may be required to have additional verifications depending on licensure and/or background check requirements and receiving locations state laws. No further information was provided.	01290		

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01290	Continued From page 3 TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01530 SS=D	144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De- (a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; (2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and the initial two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for	01530		

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01530	Continued From page 4 consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of two employees (licensed practical nurse (LPN)-C) received the required amount of mental illness and de-escalation training within the required time frame. 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: The licensee held an assisted living license effective August 1, 2025. During the entrance conference on June 1, 2026, at 9:58 a.m., licensed assisted living director (LALD)-A stated the licensee was aware of required contents in an employee record. LPN-C was hired on July 12, 2005, and began to provide direct care services to residents at the	01530		

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01530	Continued From page 5 assisted living facility effective August 1, 2021. LPN-C's Transcript Report dated January 1, 2025, to December 31, 2025, included all trainings LPN-C had completed for the licensee, however, the transcript lacked two hours of mental illness and de-escalation training. On June 2, 2026, at 1:20 p.m., clinical nurse supervisor (CNS)-B stated all employees were assigned to complete mental illness and de-escalation training on the licensee's online training program. LALD-A stated LPN-C's transcript indicated the mental illness and de-escalation courses were not completed. LALD-A further stated some employees had issues completing courses on the licensee's online training program. The licensee's Required Training for All Employees, Minnesota- Assisted Living policy dated March 17, 2026, indicated two hours of mental illness and de-escalation training at hire was required. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting	01640		

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01640	Continued From page 6 agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the service plan was revised to reflect the current services provided for one of two residents (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: During the entrance conference on June 1, 2026, at 9:57 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment and therapy services to residents at the facility.	01640		

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01640	Continued From page 7 R3's diagnoses included congestive heart failure (CHF), hypertension (HTN- high blood pressure), and diabetes. On June 2, 2026, at 7:00 a.m., the surveyor observed unlicensed personnel (ULP)-F apply a foot drop brace to each of R3's feet. ULP-F stated R3 wore a brace on each foot to prevent drop foot (inability or difficulty to lift the front part of the foot causing the toes to drag along the ground while walking). R3's Service Agreement (service plan) dated December 1, 2025, indicated R3's services included to assist with brace, shoes, and socks daily, however, R3's service plan lacked application and removal of the foot drop brace to each of R3's feet. On June 3, 2026, at 11:58 a.m., CNS-B stated R3 used to wear an AFO (ankle-foot orthosis used to support the ankle) on R3's left foot, however, R3 had gone to (facility name) and started to wear a brace on each foot for drop foot, and CNS-B did not receive the updated paperwork from R3 or R3's son. CNS-B further stated R3's service plan should have been revised to remove R3's AFO from services and add R3's drop foot braces to services provided. The licensee's Resident Service Plan, AL (assisted living)- Enterprise policy dated October 2, 2025, indicated the service plan is updated according to changes in the resident assessment and condition, at least annually or per state regulations. No further information was provided.	01640		

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01640	Continued From page 8 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by:	01940		

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01940	Continued From page 9 Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of two residents (R3) who had treatments or therapies managed by the licensee. 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: During the entrance conference on June 1, 2026, at 9:57 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment and therapy services to residents at the facility. R3's diagnoses included congestive heart failure (CHF), hypertension (HTN- high blood pressure), and diabetes. R3's Service Agreement (service plan) dated December 1, 2025, indicated R3's services included to assist with brace, shoes, and socks daily. R3's prescriber orders lacked orders to apply and remove a foot brace to each foot to prevent drop foot (inability or difficulty to lift the front part of the foot causing the toes to drag along the ground while walking). R3's Nursing Assessment and Level of Care	01940		

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01940	Continued From page 10 Evaluation- AL (assisted living)- V3 dated January 6, 2026, indicated R3 had a physical therapy referral for weakness and foot drop. In addition, R3 wore a left foot brace. R3's Uniform Assessment Review- MN (Minnesota)- AL (assisted living)-V2 dated March 12, 2026, indicated CNS-B had reviewed all components of the Uniform Assessment as required and there have been no changes in R3's condition. On June 2, 2026, at 7:00 a.m., the surveyor observed unlicensed personnel (ULP)-F apply a foot drop brace to each of R3's feet. ULP-F stated R3 wore a brace on each foot to prevent drop foot. R3's record lacked a treatment plan including the following required content: -documentation of specific resident instructions relating to the treatments or therapy administration; -identification of treatment or therapy task that would be delegated to ULPs; -procedures for notifying a registered nurse (RN) when a problem arose; and -any resident-specific requirements relating to documentation of treatment or therapy received, verification that all treatment or therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. On June 3, 2026, at 11:58 a.m., CNS-B stated R3 used to wear an AFO (ankle-foot orthosis used to support the ankle) on R3's left foot, however, R3 had gone to (facility name) and started to wear a brace on each foot for drop foot, and CNS-B did not receive the updated paperwork from R3 or	01940		

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01940	Continued From page 11 R3's son. CNS-B further stated any time a resident received services for a treatment from the licensee, CNS-B developed a treatment plan as required. The licensee's Treatment and Therapy Management Services- Minnesota policy dated December 3, 2025, indicated the licensed nurse will document the healthcare provider's order for treatment and therapy activities in the eMAR (electronic medication administration record) or eTAR (electronic treatment administration record) and are subject to the same documentation requirements as medications/other orders as outlined in the assisted living policies and procedures. The documentation in the eMAR or eTAR will include the following components: -specific resident instructions relating to the treatment or therapy administration; -signature and title of the person who administered the treatment or therapy; -the date and time of the administration; -instruction on notifying the RN or appropriate licensed health professional when a problem arises with treatment and therapy services; -any resident-specific requirements relating to documentation of treatment and therapy services received, verifications that all treatment and therapy were administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions; and -treatment or therapy management record must be current and updated when there are any changes. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		

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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
01950	Continued From page 12	01950		
01950 SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and 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) specified, in writing, specific instructions for one of two residents (R3) receiving treatment management services. 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	01950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30610	A. BUILDING: _____ B. WING _____	06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - BATTL	605 NORTH LAKE AVENUE BATTLE LAKE, MN 56515

(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
01950	Continued From page 13 situation has occurred only occasionally). The findings include: During the entrance conference on June 1, 2026, at 9:57 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment and therapy services to residents at the facility. R3's diagnoses included congestive heart failure (CHF), hypertension (HTN- high blood pressure), and diabetes. R3's Service Agreement (service plan) dated December 1, 2025, indicated R3's services included to assist with brace, shoes, and socks daily. R3's prescriber orders lacked orders to apply and remove a foot brace to each foot to prevent drop foot (inability or difficulty to lift the front part of the foot causing the toes to drag along the ground while walking). R3's Nursing Assessment and Level of Care Evaluation- AL (assisted living)- V3 dated January 6, 2026, indicated R3 had a physical therapy referral for weakness and foot drop. In addition, R3 wore a left foot brace. R3's Uniform Assessment Review- MN (Minnesota)- AL (assisted living)-V2 dated March 12, 2026, indicated CNS-B had reviewed all components of the Uniform Assessment as required and there have been no changes in R3's condition. On June 2, 2026, at 7:00 a.m., the surveyor observed unlicensed personnel (ULP)-F apply a foot drop brace to each of R3's feet. ULP-F stated	01950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30610	A. BUILDING: _____ B. WING _____	06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - BATTL	605 NORTH LAKE AVENUE BATTLE LAKE, MN 56515

(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
01950	Continued From page 14 R3 wore a brace on each foot to prevent drop foot. R3's record included Dressing assist (assistance) with Socks, Shoes and Brace Daily dated May 5, 2026, through June 1, 2026, however, R3's record lacked documentation of application and removal of R3's drop foot brace to each foot daily. R3's record lacked specific instructions for when ULPs should notify the RN when a problem arises regarding each of R3's drop foot braces and communicated with the ULP about the individual needs of R3. On June 3, 2026, at 11:58 a.m., CNS-B stated R3 used to wear an AFO (ankle-foot orthosis used to support the ankle) on R3's left foot, however, R3 had gone to (facility name) and started to wear a brace on each foot for drop foot, and CNS-B did not receive the updated paperwork from R3 or R3's son. CNS-B further stated any time a resident received services for a treatment from the licensee, CNS-B developed a treatment plan as required. The licensee's Treatment and Therapy Management Services- Minnesota policy dated December 3, 2025, indicated education employees about the administration of treatments or therapies currently ordered for the residents included: -specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and -communicated with ULPs about the individual needs of the resident. No further information was provided.	01950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30610	A. BUILDING: _____ B. WING _____	06/03/2026

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GOOD SAMARITAN SOCIETY - BATTL	605 NORTH LAKE AVENUE BATTLE LAKE, MN 56515

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01950	Continued From page 15 TIME PERIOD OF CORRECTION: Seven (7) days	01950		
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure treatment services were documented as administered as prescribed, or to document the reason they were not provided for one of two residents (R3) receiving treatments. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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GOOD SAMARITAN SOCIETY - BATTL	605 NORTH LAKE AVENUE BATTLE LAKE, MN 56515

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01960	Continued From page 16 During the entrance conference on June 1, 2026, at 9:57 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment and therapy services to residents at the facility. R3's diagnoses included congestive heart failure (CHF), hypertension (HTN- high blood pressure), and diabetes. R3's Service Agreement (service plan) dated December 1, 2025, indicated R3's services included to assist with brace, shoes, and socks daily. R3's prescriber orders lacked orders to apply and remove a foot brace to each foot to prevent drop foot (inability or difficulty to lift the front part of the foot causing the toes to drag along the ground while walking). R3's Nursing Assessment and Level of Care Evaluation- AL (assisted living)- V3 dated January 6, 2026, indicated R3 had a physical therapy referral for weakness and foot drop. In addition, R3 wore a left foot brace. R3's Uniform Assessment Review- MN (Minnesota)- AL (assisted living)-V2 dated March 12, 2026, indicated CNS-B had reviewed all components of the Uniform Assessment as required and there have been no changes in R3's condition. On June 2, 2026, at 7:00 a.m., the surveyor observed unlicensed personnel (ULP)-F apply a foot drop brace to each of R3's feet. ULP-F stated R3 wore a brace on each foot to prevent drop foot. R3's record included Dressing assist (assistance)	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30610	A. BUILDING: _____ B. WING _____	06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - BATTL	605 NORTH LAKE AVENUE BATTLE LAKE, MN 56515

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01960	Continued From page 17 with Socks, Shoes and Brace Daily dated May 5, 2026, through June 1, 2026, however, R3's record lacked documentation of application and removal of R3's drop foot brace to each foot daily. On June 3, 2026, at 11:58 a.m., CNS-B stated R3 used to wear an AFO (ankle-foot orthosis used to support the ankle) on R3's left foot, however, R3 had gone to (facility name) and started to wear a brace on each foot for drop foot, and CNS-B did not receive the updated paperwork from R3 or R3's son. CNS-B further stated any time a resident received services for a treatment from the licensee, CNS-B developed a treatment plan, which included documentation for each treatment. The licensee's Treatment and Therapy Management Services- Minnesota policy dated December 3, 2025, indicated documentation in the eMAR (electronic medication administration record) or eTAR (electronic treatment administration record) will include signature and title of the person who administered the treatment or therapy, and the date and time of administration. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30610	A. BUILDING: _____ B. WING _____	06/03/2026

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01970	Continued From page 18 provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for one of two residents (R3) who received treatments managed by the provider. 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: During the entrance conference on June 1, 2026, at 9:57 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment and therapy services to residents at the facility. R3's diagnoses included congestive heart failure (CHF), hypertension (HTN- high blood pressure), and diabetes. R3's Service Agreement (service plan) dated December 1, 2025, indicated R3's services included to assist with brace, shoes, and socks daily. R3's Nursing Assessment and Level of Care	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30610	A. BUILDING: _____ B. WING _____	06/03/2026

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01970	Continued From page 19 Evaluation- AL (assisted living)- V3 dated January 6, 2026, indicated R3 had a physical therapy referral for weakness and foot drop (inability or difficulty to lift the front part of the foot causing the toes to drag along the ground while walking). In addition, R3 wore a left foot brace. R3's Uniform Assessment Review- MN (Minnesota)- AL (assisted living)-V2 dated March 12, 2026, indicated CNS-B had reviewed all components of the Uniform Assessment as required and there have been no changes in R3's condition. R3's record included Dressing assist (assistance) with Socks, Shoes and Brace Daily dated May 5, 2026, through June 1, 2026, however, R3's record lacked documentation of application and removal of R3's drop foot brace to each foot daily. On June 2, 2026, at 7:00 a.m., the surveyor observed unlicensed personnel (ULP)-F apply a foot drop brace to each of R3's feet. ULP-F stated R3 wore a brace on each foot to prevent drop foot. R3's prescriber orders lacked orders to apply and remove a foot brace to each foot to prevent drop foot daily. On June 3, 2026, at 11:58 a.m., CNS-B stated R3 used to wear an AFO (ankle-foot orthosis used to support the ankle) on R3's left foot, however, R3 had gone to (facility name) and started to wear a brace on each foot for drop foot, and CNS-B did not receive the updated paperwork from R3 or R3's son. CNS-B further stated any time a resident received services for a treatment from the licensee, CNS-B developed a treatment plan,	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01970	Continued From page 20 which included a prescriber order for each treatment. The licensee's Treatment and Therapy Management Services- Minnesota policy dated December 3, 2025, indicated a licensed nurse is responsible for assuring that current, authorized healthcare provider orders for treatments and therapies administered by assisted living employees are kept and maintained in the resident medical record, that changes to orders are addressed in the resident's service plan and service agreement and that orders are properly communicated to employees [sic]. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		

Fergus Falls District Office
Minnesota Department of Health
2313 College Way
Fergus Falls , MN 56537
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

GOOD SAMARITAN SOCIETY BATTLE
605 North Lake Ave
Battle Lake, MN 56515
Otter Tail County
Parcel:

Phone:

License Info

License: HFID 30610

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F1064261070
Inspection Type: Full - Single
Date: 6/1/2026 Time: 12:01:09 PM
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

1. The Certified Food Manager should be routinely conducting self-inspections to ensure that employees are following proper food handling practices.

2. Educate employees on the importance of reporting to management any illness they have or have had recently. Management should exclude any workers ill with vomiting or diarrhea from handling food, and they should keep an up-to-date employee illness log.

3. There should be a Person in Charge at the establishment during all hours of operation. This person should ensure that employees are practicing good hand washing procedures, including being knowledgeable about when hand washing should be done and how to properly wash hands.

4. Employees should use spatula, tongs, deli tissue, gloves, or some other approved means to prevent any direct bare hand contact with ready to eat foods.

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 Fergus Falls District Office inspection report number F1064261070 from 6/1/2026

Kimberly Bredeson

Establishment Representative

Kim Bredeson,
Public Health Sanitarian 2
218-332-5144
kimberly.bredeson@state.mn.us

Fergus Falls District Office
Minnesota Department of Health
2313 College Way
Fergus Falls , MN 56537

Temperature Observations/Recordings

Establishment Info

GOOD SAMARITAN SOCIETY BATTLE
Battle Lake
County/Group: Otter Tail County

Inspection Info

Report Number: F1064261070
Inspection Type: Full
Date: 6/1/2026
Time: 12:01:09 PM

Food Temperature: Product/Item/Unit: PUDDING**; Temperature Process:** Cold-Holding
Location: Salad Bar at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: CARROTS**; Temperature Process:** Cold-Holding
Location: Salad Bar at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: RICE**; Temperature Process:** Hot-Holding
Location: Serving Line at 146 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: BROCCOLI**; Temperature Process:** Hot-Holding
Location: Serving Line at 195 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: SWEET AND SOUR CHICKEN**; Temperature Process:** Hot-Holding
Location: Serving Line at 146 Degrees F.
Comment:
Violation Issued?: No

Fergus Falls District Office
Minnesota Department of Health
2313 College Way
Fergus Falls , MN 56537

Sanitizer Observations/Recordings

Establishment Info

GOOD SAMARITAN SOCIETY BATTLE
Battle Lake
County/Group: Otter Tail County

Inspection Info

Report Number: F1064261070
Inspection Type: Full
Date: 6/1/2026
Time: 12:01:09 PM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 161 Degrees F.
Comment: ENSURE TEMP DOES NOT DROP BELOW 160F
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: Dishwashing Area **Equal To** 400 PPM
Comment:
Violation Issued?: No