



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 21, 2026

Administrator

GOOD SAMARITAN SOCIETY - SPECIALTY CARE COMMUNITY

3815 WEST BROADWAY AVENUE

ROBBINSDALE, MN 55422

RE: CCN: 245279

Cycle Start Date: April 2, 2026

Dear Administrator:

On April 2, 2026, 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.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division

Minnesota Department of Health

Kamala.Fiske-Downing@state.mn.us

Office: 651-201-4112



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Administrator

GOOD SAMARITAN SOCIETY - SPECIALTY CARE COMMUNITY
3815 WEST BROADWAY AVENUE
ROBBINSDALE, MN 55422

Re: Reinspection Results
Event ID: 22C98A-H2

Dear Administrator:

On May 15, 2026 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 April 2, 2026. 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 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245279	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/02/2026
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - SPECIALTY CARE COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 3815 WEST BROADWAY AVENUE , ROBBINSDALE, Minnesota, 55422	
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F0000	<p>INITIAL COMMENTS</p> <p>From 3/31/26 to 4/2/26, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed: H52799820C (1967788) and H52792720C (2706011).</p> <p>As a result of the investigation deficiencies were cited at F557, F585, and F744.</p> <p>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.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F0000		05/08/2026
F0744 SS = E	<p>Treatment/Service for Dementia</p> <p>CFR(s): 483.40(b)(3)</p> <p>§483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and document review the facility failed to assess, develop and implement person-centered care plans to meet the needs of 6 of 16 residents (R1, R2, R3, R5, R7 and R8) reviewed who received treatment and services</p>	F0744	<p>A comprehensive resident care plan review was completed, including treatments and services related to dementia for R1, R2, R3, R5, F7 and R8 by DNS or designee on date. Care plans were updated as appropriate by 4/24/2026.</p> <p>All residents who display or are diagnosed with dementia have the potential to be affected by this deficient practice. Specifically residents in the secured unit were reassessed and new Special Care Unit Screening assessment was completed for those residents. Care plans for these residents were reviewed and updated as applicable, to ensure person center interventions that address dementia and behaviors to include triggers and effective interventions.</p>	05/08/2026

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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F0744 SS = E	<p>Continued from page 1 related to dementia.</p> <p>Findings include:</p> <p>R1</p> <p>R1's care plan included diagnosis dementia with behavior disturbances. R1's care plan indicated the following areas of concern and interventions:</p> <p>3/24/26 impaired cognitive function/dementia with impaired decision-making, agitation, irritability, cue, orient, and supervise as needed (PRN) and reassess resident for needs like hunger, thirst, toileting needs, discomfort</p> <p>3/24/26 activity of daily living (ADL) deficits: bathing, dressing, oral care, personal hygiene, toilet use, and transfers; one staff to assist with ADLs, and set-up assistance for eating</p> <p>3/24/26 at risk for falls; monitor for significant changes in gait, mobility, balance, and lower extremity joint function, with an actual fall on 3/25/26</p> <p>3/24/26 monitor closely during meals for chewing/ swallowing difficulties</p> <p>3/26/26 difficulty playing cards, socializing and prefers time in room, "Enjoys socializing."</p> <p>3/31/26 behavioral symptoms related to dementia, combative during cares, resistance to redirection, swinging out at staff, throwing items, and swearing; redirect resident to sit in common area with book/magazine, signage on R1's door to indicate which room was his, divert attention, remove from the situation, and take to an alternate location as needed (PRN)</p> <p>R1's progress notes indicated the following:</p> <p>On 3/28/26 at 1:08 p.m., indicated R1 went into R2's room, staff heard a loud noise and went into R2's room and found R1 on the floor with R2 stomping on R1's face. R1 got up and wandered around in the common area.</p> <p>On 3/28/26 at 2:20 p.m., R1 wandered around the unit into other residents' rooms, removed clothes and items from his room and scattered them in the dining room. R1 attempted to tilt another resident from a chair and pushed staff when they intervened.</p>	F0744	<p>Continued from page 1</p> <p>To ensure deficient practice will not recur, education on policy: Guidelines Using Activities as Behavioral Interventions – Special Care unit, Safety Practices for Special Care Unit Activities, and Therapeutic Recreation Services was completed with the Social Services/Activities Supervisor. All Nursing staff will receive training on Treatment and Services for Dementia, using facility policy Dementia Care Guidelines-Rehab/Skilled. A review of the facility activities calendar was completed on 4/9/2026 and a new programming to include increased activities on the secured unit has been created with a start date of 5/4/2026.</p> <p>To ensure compliance is maintained, random observation of activities will be completed by the Administrator or designee weekly x 4 and monthly x 3 at various times of day. Results will be brought to the QAPI committee for further recommendations.</p> <p>Compliance date 5/8/2026.</p>	05/08/2026

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F0744 SS = E	<p>Continued from page 2</p> <p>On 3/28/26 at 9:03 p.m., R1 was more aggressive, carried tables, wanted to climb on the tables, pushed lounge chairs out of place, and wanted to hit the window by the TV with a chair.</p> <p>On 3/30/26 at 7:56 p.m., after FM-A left, R1 began kicking windows, broke the blinds, and did not respond to redirection. Staff provided 1:1 supervision hoping R1 would calm down, but when dinner was delivered, R1 threw his dinner plate, picked up a trash can and threw it in the direction of another resident, and picked up a pole and swung it in the direction of other residents. 911 was called and R1 was transferred to the hospital.</p> <p>3/31/26 at 1:16 p.m., interdisciplinary team (IDT) review note indicated R1 had behaviors, medications were used to manage resident with diagnoses that included dementia with behavioral agitation and indicated the current behavior management plan and medications were not effective. The progress noted indicated R1 was in the most appropriate unit and room the facility had to offer and presented risk to the unit related to wandering and difficulty to redirect.</p> <p>4/1/26 at 11:17 a.m., R1 walked about the unit, exit-seeking, was difficult to redirect and struck out at staff during redirection to leave a peer's room. Staff continue to supervise and redirect as needed.</p> <p>4/1/26 at 12:13 p.m., R1 continued to wander into other rooms and took belongings from closets and bathrooms. Staff offered to assist R1 with toileting, R1 refused, and then urinated in a garbage can. Offering snacks and diversional activity was ineffective.</p> <p>4/1/26 at 12:33 p.m., resident intermittently unplugged the unit camera, and made threats to punch the unit radio and staff had to follow resident. R1 punched a structural column, and hit books on the table. Close monitoring by staff to continue.</p> <p>4/1/26 at 12:57 p.m., nurse practitioner was updated on R1's mood and behavior and continued to be very agitated. Close supervision continued to keep residents and peers safe.</p> <p>R1's Activities Initial Review Assessment dated 3/26/26 indicated R1 enjoyed being outside, reading in the evening, watching occasional TV, watching war movies, football, and playing cards.</p>	F0744		05/08/2026

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<p>F0744 SS = E</p>	<p>Continued from page 3 R1's Preferences Evaluation dated 3/26/26 indicated it was very important to have books, newspapers, and magazines to read, preferred action/adventure books and a local newspaper. It was very important to have music.</p> <p>R1's medical record failed to include a behavior assessment to indicate possible triggers and effective interventions for R1's behaviors.</p> <p>During an interview on 3/31/26 at 3:23 p.m., licensed practical nurse (LPN)-A stated he knew R1 was returning to the unit on the evening of 3/31/26 and anticipated the unit would have a lot of "action." R1 would likely be raiding trays in the kitchen. LPN-A stated on 3/28/26, R1 went into R2's room, R2 did not like it, so R2 pushed R1 which caused R1 to fall. R1 often went into other residents' rooms and liked to go into the kitchen area to play with the dishes. "They all look normal, but their minds aren't working correctly so anything is possible." LPN-A stated staff could not predict what the residents would do, but there were always behaviors which included residents wandering into other resident rooms and taking things that did not belong to them, hitting staff, swearing, and hollering on the unit. LPN-A stated, "When [residents] fight, we separate them and take them to their rooms. They don't know what they've done, they have already forgotten."</p> <p>During an interview on 3/31/26 at 3:31 p.m., nursing assistant (NA)-A stated staff tried to stop R1 from entering other residents' rooms and tried to get R1 out of the rooms right away when he did get in the rooms. "He keeps us very busy. We have to watch him all the time." NA-A stated with resident-to-resident altercations, physical or verbal, staff had to get between them to try to distract attention away from each other. NA-A stated he was supposed to report resident altercations to the nurse and nurse manager who would come to the unit and talk to the staff and residents and update care plans depending upon the specific altercation. NA-A stated on 3/30/26, R1 took a table and tried to hit staff with it, and staff intervened by taking the table away. "We had to try hard to protect the other [residents]." NA-A stated during the incident on 3/30/26, R1 was hitting a window with any object he could find, and with his fist. The nurse administered as needed (PRN) Haldol (antipsychotic) and Benadryl, NA-A felt these medications didn't work and seemed to make the behavior worse. The nurse called 9-1-1 for help.</p>	<p>F0744</p>		<p>05/08/2026</p>

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<p>F0744 SS = E</p>	<p>Continued from page 4 NA-A stated the care planned interventions for R1 and R5 were to follow and redirect them. NA-A stated following and redirecting did not stop R1's or R5's behaviors.</p> <p>During an interview on 4/1/26 at 11:29 a.m., FM-A stated she went to the facility the day R1 admitted, on 3/23/26. When FM-A arrived at the unit R1 was in another resident's room. On 3/24/26, FM-A noted R1 was wandering on the unit, with the aide in another resident's room and a nurse on the unit. FM-A observed R1 go into another resident's room, the staff observed this but did not redirect R1 out of the other resident's room. On 3/28/26, when FM-A visited, she observed a nurse and another staff on the unit. The nurse was doing their job, and the other staff was standing near the desk for nearly two hours, not interacting with residents. FM-A stated during all her visits, there did not appear to be any activities on the unit. FM-A stated she was going to try to visit daily because FM-A felt the care R1 was receiving was minimal and did not meet R1's needs when it came to R1's behaviors. FM-A told the nurse manager on 3/30/26, the unit needed more staff. R1 was taken to the hospital on 3/30/26. FM-A stated the explanation given by the facility was the facility could not manage R1's behaviors.</p> <p>R2</p> <p>R2's care plan included diagnoses dementia with agitation and post-traumatic stress disorder (PTSD). R2's care plan indicated the following areas of concern and interventions:</p> <p>3/26/26 impaired cognitive function/dementia; cue, reorient, and supervise PRN</p> <p>3/26/26 ADL deficits: bathing and dressing; staff set-up and supervise bath, set-up assistance for eating, cues and reminders with set-up assistance PRN for personal hygiene</p> <p>3/26/26 behavior symptoms: pacing and wandering into rooms; intervene as necessary to protect the rights and safety of others, divert attention, remove from situation and take to alternate location PRN, redirect resident</p> <p>3/26/26 assist to cut up food and open packaging at meals</p> <p>3/31/26 sign on bedroom door that indicated, "[R2]'s room"</p>	<p>F0744</p>		<p>05/08/2026</p>

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F0744 SS = E	<p>Continued from page 5</p> <p>R2's Activities Initial Review dated 3/27/26 indicated R2 liked work tasks, going on walks and wished to participate in group activities. R2 wanted 1:1 time with staff and liked independent activities.</p> <p>R2's Resident Preferences Evaluation dated 3/27/26, indicated it was somewhat important to have books, newspapers, and magazines to read and preferred action/adventure, drama, mystery and Western books. The evaluation indicated it was very important to be around animals and get fresh air when the weather was good, and somewhat important to listen to rock music.</p> <p>R2's medical record failed to include a behavior assessment to indicate possible triggers and effective interventions for R2's behaviors.</p> <p>During an interview on 4/1/26 at 11:33 a.m., FM-B stated staff was notified R2 didn't like others in his room, and part of R2's care plan was to keep others out of his room. FM-B stated she wondered where all the staff were, and if staff were watching the residents, another resident should not be able to go into R2's room.</p> <p>During an interview and observation on 4/1/26 at 2:57 p.m., registered nurse (RN)-A stated R1 and R2 had an altercation on 3/28/26, after R1 went into R2's room. The intervention to keep others out of R2's room was to put mesh across R2's doorway with a stop sign on it to remind residents to stay out of R2's room. RN-A showed the mesh was in place but was inside R2's closed room door. There was no mesh with stop sign on the front of the door where it could be seen without having to first open the door. RN-A stated the mesh being inside the door defeated the purpose. R2 stated it felt like the mesh was in place to keep him in his room, so RN-A removed the mesh stop sign and stated she would have to find another intervention to keep residents out of R2's room.</p> <p>R3</p> <p>R3's admission MDS dated 1/6/26, indicated R3 was cognitively intact with fluctuating disorganized thinking. R3 had physical behaviors directed towards others one-to-three days during the assessment</p>	F0744		05/08/2026

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<p>F0744 SS = E</p>	<p>Continued from page 6 seven-days look-back period. These behaviors put the resident at risk for physical illness or injury and significantly disrupted the care or living environment of other residents. R3 walked independently for short distances but required supervision for walking 50 feet or more. R3's diagnoses included dementia.</p> <p>R3's care plan indicated the following areas of concern and interventions:</p> <p>1/2/26 a history of an altercation when a resident walked into his room; intervene to protect the rights and safety of others</p> <p>1/2/26 ADL deficits: dressing, eating, personal hygiene; set-up for ADLs and provide oral care reminders</p> <p>1/5/26 experienced physical aggression on the unit by peer on the unit</p> <p>1/5/26 monitor closely while eating for chewing/swallowing difficulties, coughing, choking</p> <p>1/20/26 at risk of falls; resident advised to not bend over to pick up dropped objects; had an actual fall on 2/3/26 while trying to pull up pants in the bathroom</p> <p>2/13/26 behavior symptoms, history of resident-to-resident altercation after a resident walked into his room; intervene as necessary to protect the rights and safety of others, divert attention, remove from situation and take to alternate location PRN</p> <p>R3's progress notes indicated the following:</p> <p>12/30/25 at 8:32 p.m., R3 transferred from Good Sam Society in Albert Lea with diagnoses of dementia and diabetes.</p> <p>1/1/26 at 1:40 p.m., R2 was confused to time and place.</p> <p>1/1/26 at 9:59 p.m., a family member noticed a bruise below the left eye measuring 1 centimeter (cm) by 3 cm. It was an unwitnessed injury and it was not clear how it happened. R2 removed the window screen and opened the window early and could have been the cause of the injury.</p> <p>1/2/26 at 1:14 p.m., during a skin inspection R2 reported he was hit in the eye when he hit another resident back and they were both falling to the</p>	<p>F0744</p>		<p>05/08/2026</p>

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<p>F0744 SS = E</p>	<p>Continued from page 7 ground. R2 was unclear when it happened. There were no reports of incidents of this nature since admission.</p> <p>R3's Activity Interest Data Collection Tool dated 1/5/26 indicated R3 enjoyed taking rides in the community, fishing, hunting, shopping, being outdoors, hiking, listening to music, and auto racing.</p> <p>R3's medical record failed to include a behavior assessment to indicate possible triggers and effective interventions for R3's behaviors.</p> <p>During an interview on 3/31/26 at 2:48 p.m., R3 stated [date unknown] R1 came in his room and tried to take his pillow, so R3 forced R1 out of his room. R1 did drop the pillow, but came back two more times to try to take it. R3 stated R1 came into his room another day and urinated on his floor. Another night, R1 tried to crawl in R3's bed. R3 stated staff intervened after the altercation over the pillow. R3 stated he was told to push his call light when other residents came to his room and staff would come to remove them. R3 wanted to know how staff could keep other residents out of his room, before they tried to enter.</p> <p>R5</p> <p>R5's admission MDS dated 2/4/26, indicated severe cognitive impairment, and physical behaviors and wandering four-to-six days during the assessment seven-days look-back period. R5 required staff assistance with all ADLs, mobility and transfers, utilized a wheelchair for some mobility, and required staff supervision for ambulation and was frequently incontinent of bowel and bladder. R5's diagnoses included dementia with agitation.</p> <p>R5's care plan indicated the following areas of concern and interventions:</p> <p>1/29/26 impaired cognition and behavior related to dementia; interventions to break tasks into one step at a time, cue, reorient, and supervise PRN</p> <p>1/29/26 impaired physical mobility; staff supervision when ambulating due to impaired gait; use wheelchair as needed with increased weakness and fatigue</p>	<p>F0744</p>		<p>05/08/2026</p>

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<p>F0744 SS = E</p>	<p>Continued from page 8</p> <p>1/29/26, at risk of falls, with a fall on 3/19/26 from wandering on the unit; encourage to lay down after meals</p> <p>1/30/26 ADL deficits: bathing, dressing, personal hygiene, toilet use, and transfers; assistance of one staff for ADLS and set-up assistance for eating</p> <p>1/30/26 potential for pressure ulcer development; remind/ assist to turn/reposition at least every two hours</p> <p>2/2/26 monitor closely while eating and report chewing and swallowing difficulties</p> <p>2/13/26 wandering around the unit and in/out of rooms; offer to sit down at table with drink/snack, offer to bring to room for a nap, provide diversional activities (newspaper, books)</p> <p>2/13/26 behavior symptoms with hallucinations and agitation with periods of agitation, wandering around the unit in and out of rooms</p> <p>2/17/26 behavior symptoms; intervene as necessary to protect the rights and safety of others, divert attention, remove from the situation and take to alternate location PRN, and anticipate needs and assess for needs during presence of behaviors</p> <p>2/25/26 monitor closely for whereabouts and redirect back to common area or his room as needed.</p> <p>R5's Activity and Interest Data Collection dated 2/2/26, indicated R5's current interests included baseball, football, restaurants, being outdoors, and listening to county music.</p> <p>R5's medical record failed to include a behavior assessment to indicate possible triggers and effective interventions for R5's behaviors.</p> <p>During an observation on 3/31/26 at 3:26 p.m., R5 opened the door to R6's room and looked in and then walked away and entered R7's room. NA-A redirected R5 from R7's room.</p> <p>During an interview and observation on 3/31/26 at 3:31 p.m., NA-A intervened to keep R5 from entering R7's room. When NA-A walked away, R5 entered</p>	<p>F0744</p>		<p>05/08/2026</p>

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<p>F0744 SS = E</p>	<p>Continued from page 9 R7's room anyway. NA-A came back and asked R5 to leave R7's room and redirected R5 to his own room, NA-A then walked away. R5 re-opened R7's room door, and NA-A intervened again, asking R5 to leave the area. NA-A walked with R5 to the dining area and discussed the weather with him. When the NA-A walked away, R5 left the dining room and entered another resident's room. R5 shut the door behind himself. NA-A redirected R5 out of the other resident's room. NA-A stated R5's care plan interventions indicated he was supposed to follow R5 and redirect him as needed. Further, the NA-A stated R1's care plan had the same intervention, to floor and redirect as needed. NA-A stated R5 needed staff with him a lot to keep him out of other resident rooms.</p> <p>During an observation on 3/31/26 at 3:49 p.m., NA-A asked LPN-A if he had seen R5; R5 was located in a sitting area on the unit.</p> <p>R7</p> <p>R7's quarterly MDS dated 3/7/26, indicated severe cognitive impairment, wandering behavior one-to-three days during the seven-days look-back period, required substantial assistance with a shower, and was always incontinent of bowel and bladder. R7 had diagnoses that included diabetes, and encephalopathy (disease, damage, or malfunction of the brain that alters its function, leading to confusion, memory loss and personality changes).</p> <p>R7's Activity Interest Data Collection Tool dated 11/26/25, indicated interests which included sports, fishing, camping, restaurants, shopping, reading, singing, playing the trombone, painting, photography, landscaping, BINGO, and playing cards.</p> <p>R7's care plan indicated the following areas of concern and interventions:</p> <p>12/8/21 ADL deficit: assistance with bed mobility, transfers, and meal set-up</p> <p>12/22/21 impaired cognition related to vascular dementia; cue, orient, and supervise PRN</p> <p>1/31/22 bladder incontinence; provide incontinence care upon rising, before and after meals, at bedtime,</p>	<p>F0744</p>		<p>05/08/2026</p>

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<p>F0744 SS = E</p>	<p>Continued from page 10 and PRN</p> <p>3/31/23 alteration in activity involvement; pursue his leisure interests and provide reminders of activities, encourage and monitor independent interests, assist with resources as needed</p> <p>6/29/24 ADL deficit: ambulation; assistance of one staff as needed, used walker independently, but was forgetful in using it; cues and reminders to use the walker</p> <p>9/25/24 ADL deficits: dressing, personal hygiene, and transfers; assistance of one staff, resident able to assist with cueing and additional time to perform task and guided maneuvering for dressing, may require one staff assistance for transfers as needed with generalized weakness/fatigue</p> <p>11/30/24 ADL deficit: bed mobility; may require assistance of one staff to turn from side to side, sit up in bed, and move from a sitting to lying position PRN</p> <p>12/26/24 ADL deficits: bathing and toilet use; shower chair and assistance of one staff, able to wash himself with some cueing, extensive to total assistance of one staff with toileting and management of incontinence brief, provide incontinence cares upon rising, before and after meals, at bedtime and PRN</p> <p>3/5/25 bowel incontinence; extensive assistance in management of incontinence hygiene</p> <p>3/11/25 ADL deficit: eating; tray set up and may need encouragement and cues to continue eating</p> <p>R7's medical record failed to include a behavior assessment to indicate possible triggers and effective interventions for R7's behaviors.</p> <p>During an interview on 4/2/26 at 12:33 p.m., the FM-C stated she visited several times a week and did not see activity staff on the unit but occasionally R7 went for ice cream in the facility. FM-C stated the facility should have more social activities for residents. R7 liked to ride motorcycles, fish, shop, and was very active. FM-C felt the facility did not do any activities related to those interests. R7 also liked criminal shows on TV but when FM-C visits, R7 is generally lying on his bed in his room and had not seen R7 in the day room. "He needs to keep getting up and when they stop encouraging him, he will quit</p>	<p>F0744</p>		<p>05/08/2026</p>

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F0744 SS = E	<p>Continued from page 11 being able to move."</p> <p>R8</p> <p>R8's quarterly MDS dated 1/13/26, indicated severe cognitive impairment, dependence upon staff for activities of daily living and indicated R8 did not ambulate. R8 had diagnoses that included dementia.</p> <p>R8's care plan indicated the following areas of concern and interventions:</p> <p>4/15/25 limited physical mobility; staff assistance for mobility on the unit and self-propels for short distances</p> <p>4/29/25 ADL deficit: bathing; one staff total assist</p> <p>4/29/25 at risk for falls; remind resident to not bed over to pick up dropped items, resident unable to use call light to summon assistance, staff to check on resident during frequent rounds and anticipate needs; history of fall when found on floor with bedding wrapped around upper torso</p> <p>7/16/25 ADL deficits: bed mobility, personal hygiene, toilet use, and dressing; one staff assist, and two staff assistance with total lift for transfers</p> <p>10/24/25 potential for pressure ulcer; assist to turn and reposition at least every two hours and PRN</p> <p>1/13/26 ADL deficit: eating; extensive assistance of one staff</p> <p>5/13/26 elected hospice services due to terminal prognosis</p> <p>R8's Activity Interest Data Collection Tool dated 4/16/25 indicated R8 preferred to spend time with others, liked rides in the community, fishing, baseball, cycling, swimming, libraries, and being outdoors. R8 liked crafts, listening to classical/ easy listening music, movies, gardening, and playing the harmonica. Also, R8 enjoyed card games, cards, BINGO, fictional books, discussing the news, and word puzzles.</p> <p>During an interview on 4/1/26 at 1:20 p.m., FM-D stated there were some staff who were not good at redirecting the residents and just let the residents go where they wanted.</p>	F0744		05/08/2026

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<p>F0744 SS = E</p>	<p>Continued from page 12</p> <p>During an observation on 4/1/26 at 1:26 p.m., R1 was pacing near R8's visitors and told R8's visitors repeatedly and loudly it was time to leave, and the visitors took R8 and moved to another area. R1 said, "That's it, that's the way, keep on pushing him away from here." Staff did not intervene. R1 continued to wander around the unit, muttering nonsensical words.</p> <p>During an interview on 4/2/26 at 12:44 p.m., FM-D stated R1 was talking to another of R8's family members from behind the couch, the FM was annoyed by R1's behavior. If R1 persisted, FM-D stated they would have intervened because staff did not. FM-D stated they were unsure what R1 would have done if they had stayed in the area. Further, FM-D stated care was better since R8 elected to receive hospice care, and hospice staff could help with care, including baths.</p> <p>During observations and interviews on 4/1/26 from 1:10 p.m. to 2:49 p.m., the following occurred:</p> <p>1:10 p.m. NA-B and NA-C were sitting at the nurse's station. No other staff were on the unit. NA-B got up to clean the dining room tables. Two residents were asleep with their heads resting on a dining room table. One resident was asleep in a chair in the sitting area. Another resident wandered towards the exit door.</p> <p>1:28 p.m. R5 was in the kitchen area moving things around on the countertop.</p> <p>1:30 p.m. both NA-B and NA-C were back in the common area from providing care to R6. NA-B moved R5 from the kitchen area. NA-C sat back at the nurse's station.</p> <p>1:37 p.m. R5 approached NA-B who was sitting at the nurse's station and NA-B asked what R5 wanted. R5 walked away and sat in the dining area.</p> <p>1:38 p.m. NA-B handed R5 a book and went back to the nurse's station and sat down. R1 was wandering around the unit and attempted to enter another resident's room. NA-C intervened by blocking his entrance. NA-C and R5 walked away together, and NA-C returned to the nurse's station.</p> <p>1:46 p.m. NA-C was seated at the nurse's station, NA-B took water to a resident sitting at a table, and</p>	<p>F0744</p>		<p>05/08/2026</p>

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F0744 SS = E	<p>Continued from page 13 then returned to the nurse's station.</p> <p>1:51 p.m. R3 exited his room and told the NAs, who were sitting at the nurse's station, he just had a big bowel movement.</p> <p>1:52 p.m. therapeutic recreation (TR)-A staff came to the unit and offered to play a game with the residents who were sitting at the dining room tables. TR-A invited other residents to join the activity.</p> <p>1:59 p.m. TR-A was working with residents on the activity but was interrupted to followed R5 to a resident's room. TR-A asked R5 if he wanted to go to his own room, and offered to get his wheelchair for him. NA-B and NA-C were sitting at the nurse's station.</p> <p>2:01 p.m. NA-B helped R5 to his room and told TR-A they liked to encourage R5 to walk.</p> <p>During an interview on 4/1/26, at approximately 9:30 a.m., medical director (MD)-A stated R1's facility nurse practitioner (NP) called him on 3/29/26, and asked how to manage R1's behaviors. MD-A informed NP, R1's low doses of medications, Haldol 1 milligrams (mg) and Benadryl 25 mg, could be doubled. After the change in doses didn't make a difference in R1's behaviors, R1 was intrusive to other residents and his behaviors were not manageable, the facility sent R1 back to the hospital. The hospital did not notify the facility before they sent R1 back to the facility, and if they had, MD-A would have intervened with a physician-to-physician call to inform the hospital the facility could not take R1 back. MD-A stated the facility is staffed well, but was unable to manage 1:1 staffing with R1 24-hours a day. MD-A felt it was irresponsible to expect that from the facility. R1 was throwing chairs, throwing tables, and going into rooms of residents who were reasonably stable, but were not stable anymore when he entered their rooms. MD-A stated if the medication changes did not work, the facility could request orders to change them. The MD-A stated he was not aware the units did not have many activities.</p> <p>During an interview on 4/1/26 at 2:04 p.m., NA-C stated R1 went into other resident's rooms, took other residents' belongings, and tried to drag residents off their beds. NA-C stated he told nursing staff on the unit, and the nurse manager, R1 needed a 1:1 for safety and only medication helped because when staff redirected R1, he tried to fight staff or hit</p>	F0744		05/08/2026

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<p>F0744 SS = E</p>	<p>Continued from page 14 them. Activities on the unit helped, and they were supposed to come on Mondays, Wednesdays, and Fridays, for one activity in the morning, and one in the evening but had not been coming recently.</p> <p>During an interview on 4/1/26 at 2:18 p.m., NA-B stated staff assisted residents with one activity in the morning while they monitor the residents on the unit. Activity staff was supposed to come to do to one activity in the evenings, but didn't always come. NA-B stated three of the residents wandered around the unit and into other residents' room, and one resident, R1, could become physically aggressive. The residents' behaviors were worse in the evenings. NA-B stated some residents did not like it when other residents wandered into their rooms, wandering behavior sometimes caused arguments, especially in the evenings.</p> <p>During an interview on 4/1/26 at 2:57 p.m., RN-A stated R1 had been in two altercations since admission, and R1's behaviors were unpredictable. The other two residents who wandered on the unit also required close supervision. R1's unit also required two staff for transfers for three different residents. Each of those transfers could take ten minutes each time, and then no one was left watching the other residents. RN-A stated with unpredictable behaviors and the level of assistance needed by the residents, the unit was busy.</p> <p>During an interview on 4/1/26 at 3:22 p.m., LPN-B stated she told the nurse manager she was overwhelmed with R1's behaviors. If one resident required two staff for a transfer or other cares, there was often no one available to monitor other residents. Staff could call the other unit for help, but if staff were busy, they could not assist.</p> <p>During an interview on 4/2/26 at 9:44 a.m., NA-B stated when residents have behaviors, staff needed a list of ways to intervene with each resident and when one thing didn't work, staff could try the next intervention. This unit needs more attention than ever.</p> <p>During an interview on 4/2/26 at 9:55 a.m., RN-C stated the unit "almost never" had activities, but it would be helpful to have more to keep residents occupied and to keep them from wandering. RN-C stated the unit had an activity on 4/1/26 because</p>	<p>F0744</p>		<p>05/08/2026</p>

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F0744 SS = E	Continued from page 15 the surveyor was present, but the unit didn't normally have activities. During an interview on 4/2/26 at 1:20 p.m., the director of nursing (DON) stated as far as she was aware, all the residents' cares were done, and no family or staff had complained about other residents or their behaviors. The staff were expected to work together, and if two staff were required to be in one room, the staff were expected to alert a third staff to help. Two residents on one of the units were new. It could be weeks or months of adjustment for them. TR staff were available to help, and the nurse manager could help. If the staff from the other unit were not available, the staff were expected to just make sure the residents were safe until they could get help. The DON stated TR staff offered some group activities on the secured units. DON was not sure which secured unit had which activities. The TR staff offered 1:1 activity as allowed by the TR schedule. The Activity Services and Behavior Management Interventions policy dated 12/30/24 indicated activity staff was utilized to promote opportunities for interdisciplinary behavior management interventions and support each resident's quality of life by assisting in minimizing challenging behaviors. Facility staff provide meaningful activities which promote engagement, and positive meaningful relationships between residents and staff, families, other residents and the community. Meaningful activities are those that address the resident's customary routines, interests, preferences, etc. and enhance the resident's wellbeing.	F0744		05/08/2026
F0585 SS = D	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the	F0585	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. F585 (S/S = D): Grievances A Suggestions or Concern (Grievance) Form was	05/08/2026

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F0585 SS = D	Continued from page 16 facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by	F0585	Continued from page 16 completed on 4/2/2026, ensuring effort to resolve concerns for R1. All residents have the potential to be affected by this deficient practice. To prevent reoccurrence, the Social Services Supervisor or designee will interview five random residents per month to ensure grievance forms are completed as needed. To ensure deficient practice will not recur, education on policy: Grievances, Suggestions or Concerns was completed with the Social Services/Activities Supervisor on 4/9/2026. This education will be provided to all staff by the Administrator or designee via an in-person meeting by 5/8/2026 or prior to next working shift. To ensure compliance is maintained, random audits of the Suggestions or Concern (Grievance) Form tracker will be completed by the Administrator or designee weekly x 4 and monthly x 3 to ensure concerns are addressed timely. Results will be brought to the QAPI committee for further recommendations. Compliance date 5/8/2026.	05/08/2026

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<p>F0585 SS = D</p>	<p>Continued from page 17 State law;</p> <p>(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review, the facility failed to ensure efforts to resolve a grievance for missing personal possessions was addressed, acted upon, and resolved for 1 of 1 resident (R1) whose family voiced concerns regarding missing personal property.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated 3/29/26, indicated severe cognitive impairment, and physical and verbal behaviors (hitting, kicking, pushing, screaming at others, grabbing, abusing others sexually), one-to-three days during the seven-days assessment look-back period. These behaviors put the resident and others at significant risk for physical injury and disrupted care or the living environment. R1 wandered four-to-six days during the seven-day look-back period which intruded on the privacy of others.</p> <p>R1's Preferences Evaluation dated 3/26/26, indicated it was very important to have music. R1 had his personal radio in his room.</p> <p>R1's care plan dated 3/31/26, indicated R1 had</p>	<p>F0585</p>		<p>05/08/2026</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245279	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/02/2026
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - SPECIALTY CARE COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 3815 WEST BROADWAY AVENUE , ROBBINSDALE, Minnesota, 55422	
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F0585 SS = D	<p>Continued from page 18</p> <p>behavioral symptoms related to dementia including being combative during cares, resistance to redirection, swinging out at staff, and throwing items. R1's diagnoses included dementia with agitation. Interventions included redirect resident to sit in common area with book/magazine, signage on R1's door to indicate which room was his, divert attention, remove from the situation, and take to an alternate location as needed (PRN).</p> <p>During an interview on 4/1/26 at 11:29 a.m., family member (FM)-A stated when R1 admitted on 3/23/26, R1 came with plenty of clothes as well as a personal radio for his room. FM-A labeled each piece of clothing and personal item with R1's name. On the following Friday, 3/27/26, when FM-A visited, R1 removed clothes from his closet and laid them on the bed because he wanted to go home. By the following Sunday, 3/29/26, R1 had no clothes in his closet, had only one pair of underwear in his drawer, and his dentures, personal radio, and Army hat were missing from his room. FM-A stated she told the nurse and nurse manager for the unit about the missing items on Monday 3/30/26. FM-A provided the facility with a list of items that were missing, including T-shirts, jackets, underwear, shirts, and four pairs of jeans. FM-A stated it was a locked unit and was concerned about how most of his clothes were missing in a week's time. FM-A stated staff explained they looked in other resident rooms and didn't find any of his belongings.</p> <p>During an observation and interview on 4/1/26 at 2:39 p.m., FM-A told nursing assistant (NA)-B about R1's missing belongings. NA-B explained she was not told R1 had items missing before FM-A's conversation today.</p> <p>During an observation and interview on 4/1/26 at 2:49 p.m., registered nurse (RN)-A entered the unit and intervened in the discussion between FM-A and NA-B. RN-A explained the staff were looking for R1's clothing and would keep trying. FM-A stated the clothes had been missing since 3/27/26 and were reported as missing with a list of the missing belongings to RN-A on 3/30/26. FM-A asked RN-A why none of the clothes had been located. RN-A explained the staff would keep trying to find R1's clothes and RN-A would ask maintenance staff to check if any of R1's clothes were sent out with the linens. FM-A stated R1's boom box was also missing and R1 really liked to listen to his music. FM-A stated the clothing was worth a couple of hundred dollars, was all labeled. FM-A stated she</p>	F0585		05/08/2026

<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245279</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING</p>	<p>(X3) DATE SURVEY COMPLETED 04/02/2026</p>	
<p>NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - SPECIALTY CARE COMMUNITY</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE 3815 WEST BROADWAY AVENUE , ROBBINSDALE, Minnesota, 55422</p>		
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<p>F0585 SS = D</p>	<p>Continued from page 19 brought new clothes to the unit this day and would take pictures of each item before she left.</p> <p>During an interview on 4/1/26 at 2:57 p.m., RN-A stated she learned of the missing clothing on 3/27/26 and acknowledged she had not completed a grievance form at the time. RN-A stated she had not asked maintenance staff to look for R1's missing items as she had not thought of that idea previously but did when she was talking to FM-A on 4/1/26.</p> <p>During an interview on 4/2/26 at 1:20 p.m., the director of nursing (DON) stated when family noticed missing items, family alerts staff, who tells the nurse manager (NM). Staff were to look for the items in the resident's room, laundry, and kitchen depending upon the item missing. The DON stated staff had not discussed a grievance related to R1's missing items. If the NM was aware of the missing items, the NM would notify the interdisciplinary team, which met twice weekly, or the clinical team which met daily. If the NM knew on 3/30/26, staff should have known about the missing items on 3/31/26. The DON stated a grievance form should have been completed when the missing items were reported and was unsure if one had been completed.</p> <p>On 4/2/26 at 2:41 p.m., during a subsequent interview, the DON acknowledged the NM had not completed a grievance form on 3/30/26. A social worker completed a grievance form on 4/2/26 with the NM.</p> <p>The Missing Items policy dated 4/7/25, indicated when an item was reported as missing, but not misappropriated, the staff would complete a Suggestion or Concern Form (Grievance Form) and the search for the missing item should be done immediately and thoroughly.</p>	<p>F0585</p>		<p>05/08/2026</p>

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/02/2026
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20000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>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:</p> <p>From 3/31/26 to 4/2/26, a complaint 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 licensing order(s) (was/were) issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.</p> <p>The following complaints were reviewed: H52799820C (1967788) and H52792720C (2706011).</p>	20000		05/08/2026

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

April 17, 2026

Administrator

GOOD SAMARITAN SOCIETY - SPECIALTY CARE COMMUNITY
3815 WEST BROADWAY AVENUE
ROBBINSDALE, MN 55422

RE: CCN:245279

Cycle Start Date: April 2, 2026

Dear Administrator:

On April 2, 2026, a survey was completed at your facility by the Minnesota Department of Health 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 a pattern of deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level E), 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 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.

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 an onsite 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:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

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

Nikki Harvey, Regional Operations Supervisor
St. Cloud A District Office
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: nikki.harvey@state.mn.us
Office: (320) 223-7318 Mobile: (320) 216-5631

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.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by July 2, 2026 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by October 2, 2026 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, 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:

<https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. 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.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at:

https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. 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:
<https://forms.web.health.state.mn.us/form/NHDisputeResolution>

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,



Kamala Fiske-Downing
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

April 17, 2026

Administrator

GOOD SAMARITAN SOCIETY - SPECIALTY CARE COMMUNITY
3815 WEST BROADWAY AVENUE
ROBBINSDALE, MN 55422

Re: State Nursing Home Licensing Orders

Event ID: 22C98A-H1

Dear Administrator:

The above facility survey was completed on April 2, 2026 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. 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:

Nikki Harvey, Regional Operations Supervisor
St. Cloud A District Office
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: nikki.harvey@state.mn.us
Office: (320) 223-7318 Mobile: (320) 216-5631

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.

Sincerely,



Kamala Fiske-Downing
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us