



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

January 23, 2026

Administrator  
Good Samaritan Society - Pipestone  
1311 NORTH HIAWATHA  
PIPESTONE, MN 56164

RE: CCN: 245591

Cycle Start Date: January 7, 2026

Dear Administrator:

On January 7, 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 isolated deficiencies that constituted immediate jeopardy (Level J),

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

#### REMOVAL OF IMMEDIATE JEOPARDY

On December 30, 2025, the situation of immediate jeopardy to potential health and safety cited at F805 was removed.

#### REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy listed below to the CMS location.

- **Civil money penalty, (42 CFR 488.430 through 488.444).**

You will receive a formal notice from the CMS location only if CMS agrees with our recommendation.

## NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$13,343; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective January 7, 2026. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

The CMS location may notify you of their determination regarding any imposed remedies.

## DEPARTMENT CONTACT

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

Susie Haben, Regional Operations Supervisor, Rapid Response  
Health Regulation Division  
Minnesota Department of Health  
4140 Thielman Lane  
Saint Cloud, Minnesota 56301-4557  
Email: [susie.haben@state.mn.us](mailto:susie.haben@state.mn.us)  
Office: (320) 223-7356 Mobile: (651) 230-2334

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

Sincerely,



Kamala Fiske-Downing  
Compliance Analyst | Federal Enforcement  
Health Regulation Division  
**Minnesota Department of Health**  
[Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>245591</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>01/07/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>Good Samaritan Society - Pipestone</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1311 NORTH HIAWATHA , PIPESTONE, Minnesota, 56164</b>	
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F0000	INITIAL COMMENTS  On 1/6/26 and 1/7/26, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities.  The following complaint was reviewed H55912560C (2704832) and a deficiency was issued at (F805) at PAST NON-COMPLIANCE.  Although the provider had implemented corrective action prior to survey, immediate jeopardy was sustained prior to the survey. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.	F0000		
F0805 SS = J	Food in Form to Meet Individual Needs  CFR(s): 483.60(d)(3)  §483.60(d) Food and drink  Each resident receives and the facility provides-  §483.60(d)(3) Food prepared in a form designed to meet individual needs.  This REQUIREMENT is NOT MET as evidenced by:  Based on interview and document review, the facility failed to follow physician orders for a texture modified diet for 1 of 3 residents (R1) reviewed for diet orders. This resulted in an immediate jeopardy (IJ) for R1 when he was served a regular texture diet and choked while eating, which resulted in R1 requiring emergency department (ED) services and admission to a higher level of care hospital. The facility implemented corrective action prior to the investigation so the deficiency was issued at Past Noncompliance.	F0805	"Past Noncompliance - no plan of correction required"	

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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F0805 SS = J	<p>Continued from page 1</p> <p>The IJ began on 12/29/25 at 5:00. p.m. when the dietary cook and nursing assistant (NA)-B served R1 with a regular texture tuna fish melt on a bun and sweet potato tots. R1 began to choke, staff performed the Heimlich Maneuver (used on people who can't breathe, speak, or cough because they are choking) three times before R1 was transferred by ambulance to the emergency department (ED), intubated (insertion of a tube into the windpipe to keep the airway open), air flown and admitted to a higher level of care hospital. The administrator and director of nursing (DON) were notified of the IJ on 1/7/26 at 4:46 p.m. The facility implemented corrective action on 12/30/25, prior to the start of the survey and was therefore Past Noncompliance.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated 11/10/25, identified R1 had moderately impaired cognition, received staff assist with transferring and dressing but was independent with eating and was on a regular texture diet. Diagnoses included epilepsy, chronic obstructive pulmonary disease (COPD), and malignant neoplasm of lower lobe (right lung).</p> <p>R1's Order Summary Report signed on 11/19/25 indicated R1 had a regular diet, regular texture, thick consistency liquids, and 1500 milliliters (ml) fluid restriction.</p> <p>R1's hospital discharge physician order dated 12/26/25, identified R1 was discharged back to the facility following a hospital stay for pneumonitis (inflammation of lung tissue) due to inhalation of food and vomit. Diet order was IDDSI define 5 minced and moist with slightly thick liquids.</p> <p>R1's care plan revised on 12/26/25 identified R1 required slightly thick liquids. Revisions on 1/2/26, identified R1 sat on assistive side of dining room for supervision, cueing, and occasional assistance. R1 was able to feed himself after set-up help. R1 required a therapeutic diet related to pneumonitis due to inhalation of food and vomit evidenced by regular diet, 5 (five) minced and moist texture, slightly thick consistency diet order. Interventions include monitor closely/report signs and symptoms of chewing/swallowing difficulties, coughing, choking, etcetera.</p> <p>R1's Diet Notification Form dated 12/26/25, identified R1's diet was changed to 5 Minced and Moist diet texture; liquids slightly thick fluid consistency,</p>	F0805		

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F0805 SS = J	<p>Continued from page 2 level of supervision was marked as direct supervision and comments indicated R1 was moved to assisted side (of dining room).</p> <p>R1's point of care charting dated 12/29/25 at 6:10 p.m., indicated R1 ate 26-50% of his supper meal.</p> <p>R1's nurse progress noted dated 12/29/25 at 7:00 p.m., by licensed practical nurse (LPN)-A indicated at approximately 5:30 p.m., dietary aid observed resident actively choking and called for the nurse. The resident was removed from the dining room and brought to the nurse's station. The resident was hunched forward in his wheelchair, not breathing, cyanotic, non-responsive to name or sternal rub. Resident's tongue hanging out of mouth with food debris noted around mouth and on clothing. LPN-A performed Heimlich times three while resident seated in wheelchair; after third thrust, the resident coughed and began agonal breathing (gasping and irregular, labored breaths). The resident was transferred by ambulance to the ED at 6:10 p.m. LPN-A documented he verified meal/fluids provided at supper meal were correct according to care plan and that diet orders were followed.</p> <p>R1's ED notes dated 12/29/25 at 7:23 p.m., indicated R1 was there with an airway obstruction and low oxygen saturations. R1 was noted to have "copious amounts of solid food" removed from R1's mouth and was intubated. ED note dated 12/30/25 at 12:40 a.m., identified chest x-ray noted food bolus; R1 was able to gag up a little bit and several large amounts of food were removed; large pieces of bread as well as a piece of cheese were noted in the substance.</p> <p>The facility's posted guidelines: International Dysphagia Diet Standardization Initiative at <a href="http://www.iddsi.org">www.iddsi.org</a> describes a level 5 Minced and Moist Food for Adults as foods that are: Soft and moist, but with no liquid leaking or dripping from the food. Biting is not required. Minimal chewing required. Lumps of 4 (four) millimeters (mm) in size (about the gap between the prongs of a standard dinner fork) Lumps can be mashed with the tongue. Foods can be easily mashed with just a little pressure from a fork. Should be able to scoop food onto a fork, with no liquid dripping and no crumbs falling off the fork. No REGULAR DRY Bread due to high choking risk! Example of food to avoid was bread and fruit, vegetable, meat, or other food pieces larger than 4mmx4mmx15mm. The facility's diet spreadsheet alternate menu identified on 12/29/25 the facility was to serve residents with a 5 Minced and Moist (MM5) ordered diet of a ground tuna salad sandwich (MM5), minced sweet potato puffs with ketchup (MM5), pureed</p>	F0805		

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F0805 SS = J	<p>Continued from page 3 blueberry bottom cake (PU4 [pureed]), and milk/beverage. A second diet spreadsheet alternate menu provided by the facility indicated a 5 Minced and Moist texture diet was to receive minced tuna salad (no O/C [onions or celery]) with minced or pureed bread, minced sweet potato puffs with ketchup, pureed blueberry bottom cake, and milk/beverage.</p> <p>When interviewed on 1/6/26 at 3:58 p.m., food service manager (FSM)-A indicated she was not working on 12/29/25 but heard R1 choked on bread and went to the hospital. FSM-A further identified that cook (C)-A moistened the bread but stated R1's diet had recently changed to a minced and moist diet texture and "don't believe he [R1] should have had bread."</p> <p>When interviewed on 1/6/26 at 4:15 p.m., the director of nursing (DON) clarified R1's nurse progress notes and stated during her investigation, it was found that LPN-A did not verify that R1's diet texture was correct according to the physician order, but C-A reported to LPN-A, at the time of the incident, it was the correct diet texture.</p> <p>When interviewed on 1/6/26 at 4:27 p.m., LPN-A stated on 12/29/25 at approximately 5:30 p.m., a dietary aide (unknown) pushed R1 out to the nurse's station and he noted R1 to be blue and not breathing. LPN-A performed the Heimlich three or four times, and he coughed up thick clear phlegm and little bits of tuna, called the ambulance and R1 was transferred to the ED. LPN-A stated he did not see what R1 had been served but was told by the dietary R1 had been served a regular bun with tuna.</p> <p>When interviewed on 1/7/26 at 9:40a.m., the registered dietician (RD) identified that she provided consulting services to the facility and had been asked to do some training on 1/8/26 during her normally scheduled visit. The RD stated a 5 minced and moist textured diet should not have been served a bun even if it was soggy. The RD further explained the bread would have to be a gelled bread or a bread that was ground into breadcrumbs, moistened with warm water or milk and put in a sandwich mold to be served as a minced and moist texture. The RD stated that a soggy bun would be moister, but it would not meet the minced criteria of the diet texture so therefore could cause an increased risk of choking if served to a resident.</p> <p>When interviewed on 1/7/26 at 9:53 a.m., C-A we already defined stated he was the cook on 12/29/25 for the evening meal and the menu consisted of tuna melts. C-A further explained the tuna melt was tuna with mayo and</p>	F0805		

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F0805 SS = J	<p>Continued from page 4 pickle relish placed on a hamburger bun and wrapped in tin foil, baked, and put in the steam table. C-A stated that "everything tends to get soggy in the steam table, so I know I gave him [R1] a soggy bun". C-A identified his understanding of the minced and moist diet was that a resident could have bread, it just could not be crusty or crispy but then stated, "the stuff [information] we had was not up to date." C-A stated he gave R1's plate to nursing assistant (NA)-B and she cut his tuna melt in half, but he could not remember what food R1 was served besides the tuna melt.</p> <p>When interview on 1/7/26 at 1:17 p.m., family member (FM)-A stated R1 was in the hospital because he choked on some food again. FM-A stated R1 was "not doing well at all".</p> <p>When interviewed on 1/7/26 at 2:53 p.m., NA-A stated she was working and was in the dining room on 12/29/25 during R1's choking incident. NA-A stated R1 wanted the tuna melt so she handed R1's dietary card to the cook and received a tuna melt on a bun and sweet potato tots, no dessert. NA-A delivered the meal to R1 but did not know R1 had a new diet change as she had not worked with R1 since his most recent hospital return. NA-A stated she was at another table feeding another resident when the dietary aid told her R1 was choking and called the nurse twice with no response so the dietary aide brought R1 to the nurse.</p> <p>When interviewed on 1/7/26 at 2:12 p.m., FSM-B stated she worked on 12/30/25 and assisted with the facility investigation into R1's choking incident on 12/29/25. FSM-B stated she questioned C-A as to what a minced and moist should have had for supper the evening of 12/29/25 and was told they should have been served tuna salad off the bun and beets diced small enough. FSM-B interviewed dietary aide (DA)-A and was told R1 was served tuna melt sandwich on a bun, cut in half and had taken a couple of bites out of each side. FSM-B reapproached C-A and stated, "he knew right away what he had done wrong." FSM-B stated "the bun could have caused choking very easily; most of the time we go without bread; bread is the worst thing [for the minced and moist diet]."</p> <p>When interviewed on 1/7/26 at 2:27 p.m., DA-A stated she was in the dining room at the time of R1's choking incident. DA-A indicated R1 had sweet potato tots and a sandwich on his plate that was half eaten.</p> <p>When interviewed on 1/7/26 at 2:34 p.m., DA-B stated she heard R1 making a "weird noise when he was breathing" and still took another bit of his sandwich</p>	F0805		

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F0805 SS = J	<p>Continued from page 5 and then started making louder noises and turning gray. DA-B notified NA-B that R1 was choking and took him to the nurse. DA-B stated she looked at R1's plate and it contained "cheesy meat between buns and sweet potato tots that looked a little more crisp than usual" and further identified R1 had eaten less than half of his meal.</p> <p>During an interview on 1/7/26 at 4:37 p.m., the DON stated it is her expectation of staff that they are aware of and serve the resident's physician order diets and restrictions. It is also her expectation that the nurse or nurse aide that hand the dietary card to the cook acts as a dual check system and any of them can stop the process if they are not sure if the correct diet was served. The DON stated training was started immediately on 12/30/25.</p> <p>The facility policy Texture-Modified Diets- Food and Nutrition Services dated 5/12/2025, identified the purpose was to ensure safe consumption of food/fluids for those residents who have difficulty chewing/swallowing (dysphagia). The definition of a texture-modified diet is a diet specifically prepared to alter the texture or consistency of food to facilitate efficient oral intake. IDDSI terminology will replace NDD (National Dysphagia) diets as the standard of practice for texture modified diets.</p> <p>The past noncompliance immediate jeopardy began on 12/29/25. The immediate jeopardy was removed and the deficient practice was corrected by 12/30/25, after the facility implemented a systemic plan that included the following actions: Education to all staff regarding IDDSI modified texture and physician ordered diets with competencies; a review of dietary policy and procedure; validation of resident diets, care plan updates, audits for all meals to assure those residents on special textured diets received the proper diet texture foods. Verification of the correction action was confirmed by observation, interview, and document review on 1/6/26 and 1/7/26.</p>	F0805		

Minnesota State Department of Health

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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>On 1/6/26 and 1/7/26, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was in compliance with the MN State Licensure.</p> <p>The following complaint was reviewed during the survey H55912560C. (2704832).</p> <p>Minnesota Department of Health is documenting the State</p>	20000		

Office of Primary Care and Health Systems Management

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20000	Continued from page 1 Licensing Correction Orders using Federal software.  The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	20000		