DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

July 17, 2026

Administrator
GOOD SAMARITAN SOCIETY - BLACKDUCK
172 SUMMIT AVENUE WEST
BLACKDUCK, MN 56630

RE: CCN: 245600
Cycle Start Date: July 1, 2026

Dear Administrator:

On July 1, 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 June 11, 2026, the situation of immediate jeopardy to potential health and safety cited at F803 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 July 1, 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:

Nikki Harvey, Regional Supervisor, Federal Rapid Response
Health Regulation Division
Minnesota Department of Health
1400 E. Lyon St.
Marshall, MN 56258
Email: nikki.harvey@state.mn.us
Office: (320) 223-7318 Mobile: (320) 216-5631

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

Sincerely,

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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Re: Event ID: 25C607-H1

Dear Administrator:

The above facility survey was completed on July 1, 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 no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245600	A. BUILDING B. WING	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - BLACKDUCK	172 SUMMIT AVENUE WEST , BLACKDUCK, Minnesota, 56630

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS On 7/1/26, a standard abbreviated survey was completed at your facility by surveyors from the Minnesota Department of Health (MDH). The facility was not found NOT to be in compliance with the requirements of 42 CFR Part 483, Subpart B, requirements for Long Term Care Facilities. The survey resulted in an immediate jeopardy (IJ) to resident health and safety. An IJ at F803 began on 6/10/26, when the facility staff served the incorrect diet which resulted in a resident requiring the Heimlich maneuver be performed to dislodge an obstruction from her throat. The administrator, and director of nursing (DON) were notified of the IJ on 7/1/26 at 3:15 p.m. The IJ was removed on 6/11/26. The following complaint was Reviewed H56002898C (3042058) and a deficiency was issued at (F803) at PAST NON-COMPLIANCE. Although the provider had implemented corrective action prior to the 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		
F0803 SS = J	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;	F0803	"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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245600	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/01/2026

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F0803 SS = J	Continued from page 1 §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and document review the facility failed to ensure mechanically altered diets were served as prescribed for 6 of 6 residents (R1, R2, R3, R4, R5, R7) with a physician ordered modified texture diet. This resulted in R1 receiving the incorrect diet, an unaltered piece of pizza, on 6/10/26. R1 required the Heimlich maneuver to dislodge the pizza from her throat. The immediate jeopardy (IJ) began on 6/10/26, at approximately 5:30 p.m., when facility staff served R1 the incorrect diet resulting in R1 needing the Heimlich maneuver performed to dislodge a piece of pizza from her throat. The IJ was identified on 7/1/26, the administrator was notified of the IJ on 7/1/26, at 3:15 p.m. The immediate jeopardy was removed on 6/11/26, the deficient practice was corrected prior to the start of the survey and was therefore issued at past noncompliance. Findings include: R1 R1’s Admission Record indicated she was admitted to the facility 4/24/26. R1’s diagnoses included hemiplegia/hemiparesis (paralysis or weakness on one side of the body), failure to thrive and dysphagia (difficulty or discomfort in swallowing).	F0803		

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F0803 SS = J	Continued from page 2 R1's Admission Minimum Data Set (MDS) dated 4/30/26. Indicated she required substantial/maximal assistance to eat. The MDS indicated R1 received a mechanically altered diet. R1's Dietician Assessment dated 4/30/26, indicated R1 received a pureed diet with mildly thick liquids. R1's Physician Order Report dated 6/10/26 through 7/1/26, identified the following order: heart healthy diet, level 6 soft and bite sized (features tender, moist pieces no larger than 1.5 cm x 1.5 cm that can be mashed with a fork and require chewing before swallowing). R1's care plan dated 4/24/26, indicated she required a mechanically altered diet related to dysphagia. The care plan directed heart healthy diet, International Dysphagia Diet Standardization Initiative (ISSD) diet 6 soft and bite sized. The care plan identified a self-care deficit and indicated she required set up and supervision with eating due to choking risk. R1's Progress note dated 6/10/26, indicated licensed practical nurse (LPN)-A was called down to dining room during dinner. R1 was choking. LPN-A immediately viewed R1's mouth and did not see anything, LPN-A started doing the Heimlich maneuver, three-to-four (3-4) thrusts were given followed by 3-4 back blows. Registered nurse (RN)-A was notified and assisted. During interview on 7/1/26 at 11:21 a.m., RN-A stated on 6/10/26, she was called to assist in the dining room. R1 was choking and could not talk. RN-A took over for LPN-A and performed abdominal thrusts and back blows. RN-A stated R1 was able to cough up the food. The dislodged food looked like a piece of pizza crust. R1 had the wrong food consistency served to her and after making sure R1 was okay, RN-A verified with the kitchen staff, R1 was prescribed a soft and bite sized diet. RN-A stated the cook told her she thought if the food was cut up small enough it would have been appropriate for R1's diet type. RN-A stated everyone on a mechanically altered diet had received the incorrect diet type for the evening meal on 6/10/26. RN-A stated, since the incident they had changed the process and said staff were using diet slips and two staff verified the diet was correct prior to serving the residents. RN-A stated the facility had also implemented diet cards that staff attached to their name badges. The	F0803		

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F0803 SS = J	Continued from page 3 diet cards outlined each diet type and what food was appropriate for each diet type. During interview on 7/1/26 at 12:19 p.m., LPN-A stated she was in the nursing office during dinner, and a staff member asked her to come to the dining room. LPN-A said when she got to the dining room she saw R1 was in distress, scanned her mouth and said R1 was gasping for air. LPN-A said she performed the Heimlich maneuver and asked the staff what R1 had been eating. LPN-A also said she requested staff find RN-A to come and assist. LPN-A said everyone on an altered diet received pizza that evening. LPN-A said since the incident, audits were completed for all the residents and meal tickets were verified with two staff prior to serving. R2 R2’s Admission Record indicated he admitted to the facility 6/17/21. R2’s diagnosis included dysphagia. R2’s quarterly MDS dated 4/20/26, indicated he was dependent on staff to eat. The MDS indicated R2 required a therapeutic diet. R2’s care plan dated 3/27/25, identified a minced and moist texture diet and indicated he required substantial assistance with meals and at times required staff to feed him. R3 R3’s Admission Record indicated he was admitted to the facility 9/14/21. R3’s diagnosis included dysphagia. R3’s quarterly MDS dated 6/18/26, indicated he was dependent on staff to eat. R3’s care plan dated 6/12/26, indicated he required a mechanically altered diet related to risk for choking and directed staff to monitor closely for chewing/swallowing difficulties, coughing or choking. R4 R4’s Admission Record indicated she was admitted to the facility 5/30/24. R4’s diagnoses included dementia and dysphagia. R4’s quarterly MDS dated 5/11/26, indicated she was dependent on staff to eat. The MDS identified a	F0803		

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F0803 SS = J	Continued from page 4 mechanically altered diet. R4's care plan dated 4/28/26, identified a mechanically altered diet related to difficulty swallowing food. The care plan revised 5/12/26, indicated soft and bite sized textures and directed staff to monitor closely. R5 R5's Admission Record indicated she was admitted to the facility 4/22/26. R5's diagnosis included dysphagia. R5's Admission MDS dated 4/28/26, indicated she was able to eat independently. The MDS identified a mechanically altered diet. R5's care plan dated 4/22/26, identified a mechanically altered diet and a risk for choking as exhibited by soft and bite sized texture diet. The care plan directed staff to report signs of chewing/swallowing difficulties, coughing or choking. R7 R7's Admission Record indicated she was admitted to the facility 7/25/24. R7's diagnoses included mild cognitive impairment and dysphagia. R7's quarterly MDS indicated she was able to eat independently. The MDS identified a mechanically altered diet. R7's care plan dated 1/7/25, identified a mechanically altered diet related to dysphagia and indicated she received a minced and moist texture diet. The care plan indicated R7 required set up and supervision with meals. During observation on 7/1/26 at 12:07 p.m., staff were serving the midday meal. Diet slips were on the window between the dining room and the kitchen. The staff in the dining room were observed reading the diet slip to the kitchen staff who dished up the meal. R1 received a thickened turkey biscuit bake with a pureed biscuit. Staff repeated the process for each resident throughout the dining service. During interview on 7/1/26 at 12:01 p.m., the speech language pathologist (SLP)-A stated the risk associated with residents being served an incorrect diet texture included choking, aspiration, aspiration pneumonia and death.	F0803		

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F0803 SS = J	Continued from page 5 During interview on 7/1/26 at 12:28 p.m., the administrator stated everyone who was prescribed a modified texture diet had received the incorrect diets on 6/10/26. The residents on modified textures should have received ravioli instead of pizza. The administrator said the cook looked at the meal tickets and read soft and bit sized and cut up the pizza and served it. Following the incident, all the residents who received incorrect diets were monitored for lung sounds and temperature for 72 hours. The facility reviewed and updated the meal tickets for all residents and implemented audits. In addition, all nursing and dietary staff were assigned training related to diet types. During interview on 7/1/26 at 12:40 p.m., the cook (cook)-A who served the meal on 6/10/26, stated she had not read the whole meal ticket and said she only read the diet consistency. R1 should have been served ravioli according to her diet order. Cook-A said, following the incident on 6/10/26, she received training to ensure she reviewed the whole meal ticket prior to serving food to residents. During interview on 7/1/26 at 12:43 p.m., the registered dietician (RD) stated following the incident on 6/10/26, the facility was focusing on the diet slips and had done a lot of training. The RD stated the diet slips were printed on the overnight shift and said if a diet change was ordered after hours or on a weekend, the diet slips would be manually changed at the time of the order. The RD stated she was auditing meals, and the diets were verified with two staff prior to serving the meal. Facility policy Texture Modified Diets revised 6/10/26, indicated food and nutrition services provided texture modified diets prescribed by the residents attending physician. The policy indicated that any diet could be modified to accommodate chewing, coughing, choking and swallowing concerns. The facility implemented the following on 6/11/26, therefore the deficiency is being issued at past non-compliance: Implemented a new process with focus on meal tickets. Staff education completed for nursing and dietary staff on:	F0803		

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F0803 SS = J	Continued from page 6 Policy review of texture modified diets. IDDSI food and drink standards and IDDSI food texture restrictions Implemented a badge buddy (IDDSI food and drink levels attached to staff name badge). All resident care plans, diet orders and meal tickets were reviewed for accuracy.	F0803		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **07/01/2026**

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20000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER 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. 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. 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. INITIAL COMMENTS: On 7/1/26, 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. The following complaint was reviewed during the survey: H56002898C (3042058). No licensing orders were written. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.	20000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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20000	Continued from page 1 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		