



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 9, 2025

Licensee

Good Samaritan Society - Blackduck
152 Margaret Avenue Northwest
Blackduck, MN 56630

RE: Project Number(s) SL30737016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 13, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility.**

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the

resident(s)/employee(s) identified in the correction order.

- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,



Jessie Chenze, Supervisor

State Evaluation Team

Email: jessie.chenze@state.mn.us

Telephone: 218-332-5175 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30737	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2025
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - BLACKDUCK	STREET ADDRESS, CITY, STATE, ZIP CODE 152 MARGARET AVENUE NW BLACKDUCK, MN 56630
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL30737016-0</p> <p>On August 11, 2025, through August 13, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 19 residents; 19 receiving services under the Assisted Living Facility license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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0 480	<p>Continued From page 1</p> <p>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.</p> <p>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:</p> <p>(1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation;</p> <p>(2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;</p> <p>(3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage;</p> <p>(4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;</p> <p>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A,</p>	0 480		
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0 480	<p>Continued From page 2</p> <p>existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition;</p> <p>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and</p> <p>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated August 12, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24</p>	0 480		
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0 480	Continued From page 3 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 650 SS=D	<p>144G.42 Subd. 8 (a) Staff records</p> <p>(a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information:</p> <ul style="list-style-type: none"> (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employee records contained the required content for one of two employees (unlicensed personnel (ULP)-D).</p>	0 650		

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0 650	<p>Continued From page 4</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>During the entrance conference on August 11, 2025, at 10:55 a.m., registered nurse (RN)-C stated the licensee was aware of the required contents of the employee record.</p> <p>ULP-D was hired on November 1, 2023, to provide direct assisted living services to residents at the facility.</p> <p>On August 11, 2025, at 1:55 p.m., the surveyor observed ULP-D apply R3's compression sleeves (used to increase circulation) to R3's legs.</p> <p>ULP-D's employee record lacked the following trainings and/or competency evaluations:</p> <ul style="list-style-type: none"> -compression sleeves; -unplanned time away; -appropriate and safe techniques in personal hygiene and grooming, including hair care and bathing, care of teeth, gums, and oral prosthetic devices, care and use of hearing aids, and dressing and assisting with toileting; -standby assistance techniques and how to perform them; -reading and recording temperature, pulse, and 	0 650		
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0 650	<p>Continued From page 5</p> <p>respirations of the resident; -safe transfer techniques and ambulation; and -range of motioning and position.</p> <p>On August 11, 2025, at 1:50 p.m., ULP-D stated ULP-D completed all trainings and competency testing for medications, cares, and treatments by the licensee's previous RN upon hire and prior to working with residents.</p> <p>On August 13, 2025, at 9:37 a.m., clinical nurse supervisor (CNS)-B stated the licensee was unable to locate copies of ULP-D missing trainings and competency evaluations. CNS-B further stated all trainings and competencies were supposed to be kept in the employee's file.</p> <p>On August 13, 2025, at 11:11 a.m., RN-C stated ULP-D was trained and competency tested for all required topics, however, the documentation was misplaced from ULP-D's employee file. RN-C further stated previous RNs had filed employee records in different locations and RN-C had a large stack of misfiled paperwork to go through and organize.</p> <p>The licensee's Required Training for All Employees, Minnesota-Assisted Living policy date June 11, 2025, indicated the assisted living facility shall retain evidence in the employee record of each staff person having completed the orientation and training required in Section 144G.63.</p> <p>Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0190, Subp. 6, effective October 2022, the licensee must maintain a record of staff training and competency required under this part and Minnesota Statutes, chapter 144G, that</p>	0 650		
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0 650	<p>Continued From page 6</p> <p>documents the following information for each competency evaluation, training, retraining, and orientation topic:</p> <p>(1) facility name, location, and license number;</p> <p>(2) name of the training topic or training program, and the training methodology, such as classroom style, web-based training, video, or one-to-one training;</p> <p>(3) date of the training and competency evaluation, and the total amount of time of the training and competency evaluation;</p> <p>(4) name and title of the instructor and the instructor's signature, and the name and title of the competency evaluator, if different from the instructor, and the evaluator's signature with a statement attesting that the employee successfully completed the training and competency evaluation; and</p> <p>(5) name and title of the staff person completing the training, and the staff person's signature with statement attesting that the staff person successfully completed the training as described in the training documentation.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 650		
0 660 SS=F	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity</p>	0 660		

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0 660	<p>Continued From page 7</p> <p>and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH), including completion of a two-step TST (tuberculin skin test) or other evidence of TB screening such as a blood test for two of two employees (clinical nurse supervisor (CNS)-B, unlicensed personnel (ULP)-D).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on August 11, 2025, at 10:46 a.m., registered nurse (RN)-C stated the licensee was familiar with current</p>	0 660		

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0 660	<p>Continued From page 8</p> <p>minimum assisted living requirements.</p> <p>The licensee's Facility TB Risk Assessment Worksheet for Health Care Settings Licensed by MDH was completed on April 20, 2025, and the facility was determined to be a low risk level.</p> <p>CNS-B CNS-B was hired on June 16, 2025, to provide direct care services to residents and supervision of staff at the assisted living facility.</p> <p>Throughout the survey on August 11, 2025, through August 13, 2025, the surveyor observed CNS-B provide direct care services to residents at the facility.</p> <p>CNS-B's employee record contained a negative TB screen and first step TST dated July 7, 2025. CNS-B's employee record included a second step TST administered on July 28, 2025, at 3:12 p.m., and was read on August 1, 2025, at 8:02 a.m. (over 72 hours had passed since the TST was administered).</p> <p>CNS-B's employee record lacked documentation of a second TST being administered and read 48 to 72 hours after administration.</p> <p>On August 12, 2025, at 10:19 a.m., CNS-B stated CNS-B could not recall why CNS-B's second TST was read over 72 hours after administration, however, the TST should have been read within 48-72 hours after administration.</p> <p>ULP-D ULP-D was hired on November 1, 2023, to provide direct care services to residents at the assisted living facility.</p>	0 660		

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0 660	<p>Continued From page 9</p> <p>On August 11, 2025, at 1:55 p.m., the surveyor observed ULP-D administer R3's scheduled afternoon medication.</p> <p>ULP-D's employee record contained a negative TB screen and first step TST dated April 17, 2025. ULP-D's employee record included a second step TST administered on May 3, 2025, at 12:50 a.m., and was read on May 4, 2025, at 11:25 p.m. (48 hours had not passed after the TST was administered).</p> <p>On August 12, 2025, at 10:32 a.m., CNS-B stated ULP-D's second TST was read prior to allowing 48 hours to pass after the administration of the TST, and the TST should have been read within 48-72 hours after administration.</p> <p>The licensee's TB Control Plan and Screening for Employees, Senior Living, Rehab/Skilled, Home Health, Hospice, Child Day- Enterprise policy dated June 1, 2025, indicated if using TST, a two-step Mantoux method should be used for testing. This involves administering the initial test upon hire, which is read within 48 to 72 hours by a nursing professional or a physician/practitioner. If the first TST is negative, the second test should be placed one to three weeks after the placement of the first test or per state regulations. The second test is read 48 to 72 hours after administration.</p> <p>The MDH TB Screening and Education Requirements for Assisted Living Facilities and Home Care Providers dated February 3, 2022, indicated baseline TB screening is required at the time of hire for all health care personnel in Minnesota. Baseline TB screening includes</p>	0 660		
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0 660	Continued From page 10 assessing for current symptoms of active TB disease; assessing TB history; and testing for the presence of infection with Mycobacterium TB by administering either a two-step TB skin test or a single TB blood test. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 730 SS=F	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to	0 730		

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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - BLACKDUCK	STREET ADDRESS, CITY, STATE, ZIP CODE 152 MARGARET AVENUE NW BLACKDUCK, MN 56630
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0 730	<p>Continued From page 11</p> <p>the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(11) documentation that services have been provided as identified in the service plan;</p> <p>(12) documentation that the resident has received and reviewed the assisted living bill of rights;</p> <p>(13) documentation of complaints received and any resolution;</p> <p>(14) a discharge summary, including service termination notice and related documentation, when applicable; and</p> <p>(15) other documentation required under this chapter and relevant to the resident's services or status.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure resident records included documentation of services provided for two of two residents (R3, R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p>	0 730		
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0 730	<p>Continued From page 12</p> <p>The findings include:</p> <p>During the entrance conference on August 11, 2025, at 10:46 a.m., registered nurse (RN)-C stated the licensee was familiar with current minimum assisted living requirements.</p> <p>R3 R3's diagnoses included chronic obstructive pulmonary disease (COPD- difficult breathing), hypertension (HTN- high blood pressure), and depression.</p> <p>R3's Service Agreement (service plan) dated January 17, 2024, indicated R3's services included medication administration, bathing, grooming, dressing, and housekeeping.</p> <p>On August 11, 2025, at 1:55 p.m., the surveyor observed unlicensed personnel (ULP)-D administer R3's scheduled afternoon medication.</p> <p>R3's Service Schedule dated July 2025, indicated the following: -July 1, 3, 4, 6, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 27, and 29, respectively, indicated R3 did not receive grooming assistance: shaving, washing face, brushing hair, and brushing teeth in the morning; -July 1, 6, 9, 11, 15, 17, 19, 20, 23, 27, 28, and 29, respectively, indicated R3 did not attend the meal at 1300 (1:00 p.m.); -July 2 indicated R3 did not attend the meal at 1800 (6:00 p.m.) -July 1, 3, 6, 9, 14, 15, 17, 19, 20, 23, 27, and 29, respectively, indicated R3 did not receive safety checks at 1200 (12:00 p.m.); and -July 3, 4, 6, 11, 12, 13, 15, 17, 18, 19, 20, 21, 22, 23, 24, 27, 28, and 29, respectively, indicated</p>	0 730		
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0 730	<p>Continued From page 13</p> <p>R3 did not received housekeeping-scheduled.</p> <p>R3's Service Schedule dated August 2025, indicated the following: -August 1, 3, 5, 6, 7, 8, and 10, respectively, indicated R3 did not receive grooming assistance: shaving, washing face, brushing hair, and brushing teeth every shift; -August 3 and 8, respectively, indicated R3 did not attend the meal at 1300 (1:00 p.m.); -August 3 and 8, respectively, indicated R3 did not receive safety checks at 1200 (12:00 p.m.); and -August 6 indicated R3 did not received housekeeping-scheduled.</p> <p>R4 R4's diagnoses included HTN, major depressive disorder, and gastro-esophageal reflux disease (GERD- acid reflux).</p> <p>R4's Service Agreement (service plan) dated March 5, 2024, indicated R4's services included medication administration, bathing, grooming, dressing, and housekeeping.</p> <p>On August 11, 2025, at 2:05 p.m., the surveyor observed ULP-D administer R4's scheduled afternoon medication.</p> <p>R4's Service Schedule dated July 2025, indicated the following: -July 6, 9, 14, 15, 17, 19, 20, 23, 27, and 29, respectively, indicated R4 did not receive safety checks at 1200 (12:00 p.m.); -July 9 and 23, respectively, indicated R4's bed was not made at 1000 (10:00 a.m.); -July 1, 6, 9, 11, 15, 17, 19, 20, 23, 27, and 29, respectively, indicated R4 did not attend the meal</p>	0 730		
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0 730	<p>Continued From page 14</p> <p>at 1300 (1:00 p.m.); and -July 2 indicated R4 did not attend the meal at 1800 (6:00 p.m.).</p> <p>R4's Service Schedule dated August 2025, indicated the following: -August 3 and 8, respectively, indicated R4 did not receive safety checks at 1200 (12:00 p.m.); -August 3 and 8, indicated R4 did not attend the meal at 1300 (1:00 p.m.); and -August 1, 3, 5, 6, 7, 8, and 9, respectively, indicated R4 did not receive housekeeping-scheduled.</p> <p>R3 and R4's records lacked documentation of the services noted above, or the reason why the service was not provided to R3 and R4.</p> <p>On August 13, 2025, at 10:08 a.m., clinical nurse supervisor (CNS)-B stated CNS-B had just had a training last week for ULPs to discuss the expectation of all services being signed off before each ULP has finished with their shift. CNS-B further stated ULPs were completing all resident cares, however, were just not documenting the services as completed.</p> <p>On August 13, 2025, at 10:52 a.m., RN-C stated ULPs were trained if the service was not documented then the service was considered not done, and the licensee was reminding ULPs to complete all documentation each shift.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 730		
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0 800	Continued From page 15	0 800		
0 800 SS=F	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On a facility tour on August 12, 2025, from 10:00 a.m. to 11:30 a.m., with director of maintenance (DM)-E, and licensed assisted living director</p>	0 800		

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0 800	<p>Continued From page 16</p> <p>(LALD)-A, the surveyor made the following observations of facility disrepair:</p> <p>EXTERIOR EXIT/ MAIN ENTRANCE WALKING SURFACE</p> <p>The walking surface in and around the handicap accessible parking spaces in the asphalt parking lot and the concrete walking surface at the main exit/ entrance leading out of and into the facility were uneven and broken up creating trip hazards for occupants.</p> <p>During the facility tour on August 12, 2025, at 10:15 a.m., DM-E, and LALD-A, verified the above listed observations while accompanying on the tour, and stated and provided documentation the repair work for the walking surfaces has been approved and scheduled with a contractor.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 800		
01620 SS=D	<p>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</p> <p>(a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment.</p> <p>(b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective</p>	01620		

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01620	<p>Continued From page 17</p> <p>resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery.</p> <p>(c) Resident reassessment and monitoring must be conducted by a registered nurse:</p> <p>(1) no more than 14 calendar days after initiation of services;</p> <p>(2) as needed based on changes in the resident's needs; and</p> <p>(3) at least every 90 calendar days.</p> <p>(d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment.</p> <p>(e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced</p>	01620		
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01620	<p>Continued From page 18</p> <p>by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing comprehensive nursing assessments not to exceed every 90-days for one of two residents (R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>During the entrance conference on August 11, 2025, at 10:53 a.m., clinical nurse supervisor (CNS)-B stated upon admission of a resident, the licensee completed a comprehensive assessment on admission, 14 days after admission, and then at least every 90 days unless the resident had a change of condition.</p> <p>R4 was admitted to the facility on March 5, 2024.</p> <p>R4's diagnoses included HTN, major depressive disorder, and gastro-esophageal reflux disease (GERD- acid reflux).</p> <p>R4's Service Agreement (service plan) dated March 5, 2024, indicated R4's services included medication administration, bathing, grooming, dressing, and housekeeping.</p>	01620		
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01620	<p>Continued From page 19</p> <p>On August 11, 2025, at 2:05 p.m., the surveyor observed unlicensed personnel (ULP)-D administer R4's scheduled afternoon medication.</p> <p>R4's Nursing Assessment and Level of Care Evaluation- AL (assisted living)-V2 (90-day assessment) was completed on February 24, 2025, by a previous RN.</p> <p>R4's Uniform Assessment Review- MN (Minnesota)- AL (assisted living)- V2 (133 days after the previous assessment) was completed on July 8, 2025, by CNS-B.</p> <p>R4's record lacked evidence of a 90-day reassessment completed by an RN in the required time frame.</p> <p>On August 13, 2025, at 10:24 a.m., CNS-B stated more than 90 days had passed between R4's assessments, however, CNS-B was not sure why an assessment was not completed within 90 days since CNS-B was a new employee for the licensee.</p> <p>On August 13, 2025, at 10:54 a.m., RN-C stated RN-C had most likely missed R4's 90-day assessment since RN-C was covering two positions for the licensee, however, RN-C stated RN-C was aware resident assessment needed to be completed at least every 90 days.</p> <p>The licensee's Resident Medical Record Documentation Requirements- Minnesota policy dated July 14, 2025, indicated residents must be reassessed or reviewed by a nurse as needed based on changes in the residents' [sic] needs and cannot exceed 90 calendar days from the last date of the assessment.</p>	01620		
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01620	Continued From page 20 The licensee's Resident Assessment, AL (assisted living)- Enterprise policy dated June 13, 2025, indicated the Level of Care Evaluation-AL or Nursing Assessment and Level of Care Evaluation- AL will be completed by a licensed nurse (LPN (licensed practical nurse) or RN as required by state assisted living and board of nursing regulations) for each resident prior to or upon admission, annually, and upon significant change in condition. Some states may require additional periodic evaluations; refer to state specific regulations. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01730 SS=D	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;	01730		

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01730	<p>Continued From page 21</p> <p>(3) documentation of specific resident instructions relating to the administration of medications;</p> <p>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;</p> <p>(5) identification of medication management tasks that may be delegated to unlicensed personnel;</p> <p>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</p> <p>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</p> <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the registered nurse (RN) failed to develop and maintain a current individualized medication management plan for each resident to include all required content for one of two residents (R3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p>	01730		
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01730	<p>Continued From page 22</p> <p>safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>During the entrance conference on August 11, 2025, at 10:51 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management to residents at the facility.</p> <p>R3's diagnoses included chronic obstructive pulmonary disease (COPD- difficult breathing), hypertension (HTN- high blood pressure), and depression.</p> <p>R3's Service Agreement (service plan) dated January 17, 2024, indicated R3's services included medication administration.</p> <p>R3's prescriber orders dated January 21, 2025, included an order for albuterol HFA 108 micrograms (mcg) per actuation (ACT) two puffs orally every four hours as needed for shortness of breath.</p> <p>R3's Medication Record dated July 2025, and August 2025, respectively indicated R3 self-administered albuterol sulfate HFA 108 mcg/ACT two puffs every four hours as needed for wheezing or shortness of breath unsupervised self-administration.</p> <p>On August 11, 2025, at 1:55 p.m., the surveyor observed unlicensed personnel (ULP)-D</p>	01730		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30737	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2025
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - BLACKDUCK	STREET ADDRESS, CITY, STATE, ZIP CODE 152 MARGARET AVENUE NW BLACKDUCK, MN 56630
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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01730	<p>Continued From page 23</p> <p>administer R3's scheduled afternoon medications. During the observation the surveyor observed R3's albuterol sulfate HFA 108 mcg/ACT sitting on an end table next to R3's chair.</p> <p>On August 11, 2025, at 2:04 p.m., ULP-D stated ULP-D was not sure if R3 self-administered the albuterol sulfate inhaler.</p> <p>R3's Nursing Assessment and Level of Care Evaluation- AL (assisted living)- V 2 assessments and Uniform Assessment Review- MN (Minnesota)- AL (assisted living)- V2 dated January 21, 2025, April 17, 2025, and July 14, 2025, respectively, indicated staff will manage R3's medications for ordering, storage, setup, and administration. The assessments further indicated medications were stored in a locked med (medication) cart.</p> <p>R3's individualized medication management plan did not match current medication storage for R3's albuterol sulfate inhaler.</p> <p>On August 13, 2025, at 9:55 a.m., CNS-B stated R3 was assessed to self-administered R3's albuterol inhaler, however, R3's medication management plan had not been updated to reflect the storage of R3's albuterol inhaler.</p> <p>The licensee's Medication Administration and Supporting Processes- (assisted living name) policy dated March 6, 2025, indicated if a resident wishes to self-administer medication, the RN will evaluate and document resident's ability to manage medication administration. In addition, the RN will determine if resident is capable and willing to secure medications in locked area in</p>	01730		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30737	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2025
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - BLACKDUCK	STREET ADDRESS, CITY, STATE, ZIP CODE 152 MARGARET AVENUE NW BLACKDUCK, MN 56630
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01730	Continued From page 24 locked container or locking door when out of room [sic]. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01760 SS=F	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered per prescriber orders for two of two residents (R3, R4) observed during medication administration. In addition, the licensee failed to ensure a follow up was made for residents after staff administered an as needed (PRN) medication for one of two residents (R4). This practice resulted in a level two violation (a	01760		

Minnesota Department of Health

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01760	<p>Continued From page 25</p> <p>violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on August 11, 2025, at 10:51 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management to residents at the facility.</p> <p>MEDICATION ADMINISTRATION PER PRESCRIBER ORDERS R3 R3's diagnoses included chronic obstructive pulmonary disease (COPD- difficult breathing), hypertension (HTN- high blood pressure), and depression.</p> <p>R3's Service Agreement (service plan) dated January 17, 2024, indicated R3's services included medication administration.</p> <p>R3's prescriber orders dated January 21, 2025, included an order for levothyroxine (for thyroid) 100 micrograms (mcg)- take one tablet a day before breakfast and do not take with iron, aluminum, magnesium, or calcium containing products.</p> <p>R3's Medication Record dated July 2025, and August 2025, respectively, indicated R3 received levothyroxine 100 mcg tablet by mouth daily scheduled at 6:00 a.m., along with omeprazole</p>	01760		
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Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - BLACKDUCK	STREET ADDRESS, CITY, STATE, ZIP CODE 152 MARGARET AVENUE NW BLACKDUCK, MN 56630
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01760	<p>Continued From page 26</p> <p>20 milligrams (mg) one capsule.</p> <p>R4 R4's diagnoses included HTN, gastro-esophageal reflux disease (GERD- acid reflux), and hypothyroidism (low thyroid hormones).</p> <p>R4's Service Agreement (service plan) dated March 5, 2024, indicated R4's services included medication administration.</p> <p>R4's prescriber orders dated January 7, 2025, included an order for levothyroxine 75 mcg- give one tablet in the morning.</p> <p>R4's Medication Record dated July 2025, and August 2025, respectively, indicated R4 received levothyroxine 75 mcg at AM (in the morning), along with all other AM scheduled medications.</p> <p>On August 12, 2025, at 6:39 a.m., the surveyor observed unlicensed personnel (ULP)-F administer scheduled morning medication administration for R3. The surveyor observed ULP-F administer R3's levothyroxine 75 mcg tablet along with all other scheduled morning medications.</p> <p>On August 12, 2025, at 7:58 a.m., ULP-F stated medications that need to be given separately or before food were scheduled at a certain time for medication administration. ULP-F further stated ULPs administered medications based on what is listed in the resident's medication administration record (MAR).</p> <p>On August 13, 2025, at 10:22 a.m., CNS-B stated levothyroxine was expected to be administered</p>	01760		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30737	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2025
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - BLACKDUCK	STREET ADDRESS, CITY, STATE, ZIP CODE 152 MARGARET AVENUE NW BLACKDUCK, MN 56630
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01760	<p>Continued From page 27</p> <p>30 to 45 minutes before other medications or food consumption unless the licensee had a prescriber order to indicate administration at a different time. CNS-B further stated ULPs were trained to complete medication administration based on the resident's MAR.</p> <p>The manufacturer instructions for levothyroxine dated August 2022, indicated to administer levothyroxine on an empty stomach, one-half to one hour before breakfast.</p> <p>The licensee's Medication Administration AL (assisted living)- Enterprise policy dated September 17, 2024, indicated medications will be administered to the resident according to the "six rights" (right medication, right dose, right resident, right route, right time and right documentation) [sic].</p> <p>PRN FOLLOW UP R4's prescriber orders dated January 7, 2025, included an order for menthol gel (for pain) 5% apply to right knee topically as needed for muscular/joint pain or discomfort.</p> <p>R4's Medication Record dated July 2025, and August 2025, respectively, indicated on July 6, July 10, July 21, August 4, and August 11, respectively, R4 was administered menthol gel 5% apply to right knee topically as needed for pain or discomfort. The follow up effectiveness for each administration were documented with U (unknown).</p> <p>On August 13, 2025, at 10:43 a.m., ULP-H stated ULPs were instructed to enter U for unknown effectiveness when a PRN medication was administered as ULPs were not nurses and could</p>	01760		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30737	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2025
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - BLACKDUCK	STREET ADDRESS, CITY, STATE, ZIP CODE 152 MARGARET AVENUE NW BLACKDUCK, MN 56630
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01760	<p>Continued From page 28</p> <p>not assess residents.</p> <p>On August 13, 2025, at 10:52 a.m., registered nurse (RN)-C stated ULPs were supposed to document on the medication record whether the PRN medication was effective or in-effective and the licensee was working with ULPs to document follow ups for PRN medications on the resident's medication administration records.</p> <p>The licensee's Medication Administration AL (assisted living)- Enterprise policy dated September 17, 2024, indicated after a PRN medication has been administered a follow-up will be documented on the eMAR (electronic medication administration record). In addition, follow-up documentation would include asking the resident to comment on whether they felt the PRN medication was effective or not and documenting the resident's response. If the resident is unable to comment, the medication aide should document that response to the medication is "unknown" [sic].</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01760		
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Bemidji District Office
 Minnesota Department of Health
 706 5th St NW, Suite A
 Bemidji, MN 56601
 Phone: 651-201-4500

Food & Beverage Inspection Report

Page: 1

Establishment Info	License Info	Inspection Info
GOOD SAMARITAN SOCIETY BLACKDU 152 MARGARET AVENUE NW Blackduck, MN 56630 Beltrami County Parcel: Phone:	License: HFID 30737 Risk: License: Expires on: CFPM: Yvonne C. Wolfe CFPM #: FM123563; Exp: 5/28/2027	Report Number: F1002251045 Inspection Type: Full - Single Date: 8/12/2025 Time: 11:00:00 AM Duration: minutes Announced Inspection: No <u>Total Priority 1 Orders: 1</u> <u>Total Priority 2 Orders: 1</u> <u>Total Priority 3 Orders: 0</u> <u>Delivery: Emailed</u>

! New Order: 3-500B Microbial Control: hot and cold holding

3-501.16A2 *Priority Level: Priority 1 CFP#: 22*

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
 COMMENT: TCS ITEMS IN THE NORPOLE COOLER (INCLUDING BUT NOT LIMITED TO DRESSINGS, SAUCES, CHEESE, ETC.) WERE MEASURED TO BE BETWEEN 44-48 DEGREES F. STAFF WERE INSTRUCTED TO DISCARD ALL TCS FOODS AND TO DISCONTINUE STORING TCS FOODS IN THIS UNIT UNTIL THE EQUIPMENT IS PROPERLY MAINTAINING COLD HOLDING TEMPERATURES OF 41 DEGREES F OR BELOW.

Comply By: 8/12/2025 Originally Issued On: 8/12/2025

New Order: 4-300 Equipment Numbers and Capacities

4-302.14 *Priority Level: Priority 2 CFP#: 48*

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

COMMENT: NO CHLORINE TEST STRIPS AVAILABLE TO MEASURE THE CHLORINE CONCENTRATION OF THE DISH MACHINE

Comply By: 8/20/2025 Originally Issued On: 8/12/2025

Food & Beverage General Comment

This assisted living facility prepares breakfast on site for residents but lunch and dinner are received from the adjacent nursing home kitchen.

Discussion:

Handwashing

Employee illness

Safe cleaning and sanitizing

Serving highly susceptible populations

Thermometer calibration

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Bemidji District Office inspection report number F1002251045 from 8/12/2025

Cassandra Hua

Roxann Roberts
Senior Living Manager

Cassandra Hua, REHS
Public Health Sanitarian 3
218-308-2142
cassandra.hua@state.mn.us



Bemidji District Office
Minnesota Department of Health
706 5th St NW, Suite A
Bemidji, MN 56601

Temperature Observations/Recordings

Page: 1

Establishment Info

GOOD SAMARITAN SOCIETY BLACKDU
Blackduck
County/Group: Beltrami County

Inspection Info

Report Number: F1002251045
Inspection Type: Full
Date: 8/12/2025
Time: 11:00:00 AM

Food Temperature: Product/Item/Unit: FRENCH DRESSING; **Temperature Process:** Cold-Holding

Location: NORPOLE COOLER at 48 Degrees F.

Comment:

Violation Issued?: Yes

Food Temperature: Product/Item/Unit: MAYONNAISE ; **Temperature Process:** Cold-Holding

Location: NORPOLE COOLER at 46 Degrees F.

Comment:

Violation Issued?: Yes

Food Temperature: Product/Item/Unit: COTTAGE CHEESE; **Temperature Process:** Cold-Holding

Location: TRAULSEN COOLER at 39 Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT TEMP; **Temperature Process:**

Location: NORPOLE FREEZER at 0 Degrees F.

Comment: FROZEN SOLID

Violation Issued?: No

Food Temperature: Product/Item/Unit: HOT ITEMS ; **Temperature Process:** Receiving

Location: STEAM TABLE at 150+ Degrees F.

Comment:

Violation Issued?: No



Bemidji District Office
Minnesota Department of Health
706 5th St NW, Suite A
Bemidji, MN 56601

Sanitizer Observations/Recordings

Page: 1

Establishment Info

GOOD SAMARITAN SOCIETY BLACKDU
Blackduck
County/Group: Beltrami County

Inspection Info

Report Number: F1002251045
Inspection Type: Full
Date: 8/12/2025
Time: 11:00:00 AM

Sanitizing Chemical: Product: Chlorine; **Sanitizing Process:** Dish Machine

Location: Dishwashing Area **Equal To** 100 PPM

Comment:

Violation Issued?: No

Sanitizing Chemical: Product: Sink and Surface; **Sanitizing Process:** Spray Bottle

Location: Kitchen **Equal To** 1875 PPM

Comment:

Violation Issued?: No

Food Establishment Inspection Report

Bemidji District Office Minnesota Department of Health 706 5th St NW, Suite A Bemidji, MN 56601	No. of Risk Factor/Intervention/Violations	1	Date: 8/12/2025
	No. of Repeat Risk Factor/Intervention/Violations		Time: 11:00 AM
	Score (optional)		Dur: min
Establishment: GOOD SAMARITAN SOCIETY BLACKDUCK	Address: 152 MARGARET AVENUE NW	City/State: Blackduck, MN	Zip: 56630
License/Permit #: HFID 30737	Permit Holder:	Purpose of Inspection: Full	Est. Type: Risk Category:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Designated compliance status (IN, OUT, N/O, N/A) for each numbered item		Mark "X" in appropriate box for COS and/or R	
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable		COS=corrected on-site during inspection R=repeat violation	
Compliance Status		COS	R
Supervision			
1	IN		
Person in charge present, demonstrate knowledge and performs duties			
2	IN		
Certified Food Protection Manager			
Employee Health			
3	IN		
knowledge, responsibilities, and reporting			
4	IN		
Proper use of restriction and exclusion			
5	IN		
Response to vomiting, diarrheal events			
Good Hygienic Practices			
6	IN		
Proper eating, tasting, drinking, tobacco use			
7	IN		
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
8	IN		
Hands clean and properly washed			
9	IN		
No bare hand contact with RTE foods, alternatives			
10	IN		
Adequate handwashing sinks supplied and access			
Approved Source			
11	IN		
Food obtained from approved source			
12	IN		
Food Received at proper temperature			
13	IN		
Food in good condition, safe & unadulterated			
14	N/A		
Records available: shellstock tags, parasite dest.			
Protection From Contamination			
15	IN		
Food separated and protected			
16	IN		
Food-contact surfaces; cleaned & sanitized			
17	IN		
Proper Disposition of returned, previously served, reconditioned, & unsafe food			
		Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury	

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" or OUT in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

		COS	R
Safe Food and Water			
30	IN		
Pasteurized eggs used where required			
31			
Water & ice from approved source			
32	N/A		
Variance obtained for specialized processing methods			
Food Temperature Control			
33			
Proper cooling methods used; adequate equipment for temperature control			
34	N/A		
Plant food properly cooked for hot holding			
35	N/O		
Approved thawing methods used			
36			
Thermometers provided & accurate			
Food Identification			
37			
Food properly labeled; original container			
Prevention of Food Contamination			
38			
Insects, rodents, & animals not present; no unauthorized person			
39			
Contamination prevented during food prep, storage, & display			
40			
Personal cleanliness			
41			
Wiping cloths: properly used & stored			
42			
Washing fruits & vegetables			
Proper Use of Utensils			
43			
In-use utensils; Properly stored			
44			
Utensils, equipment & linens; properly stored, dried, handled			
45			
Single-use & single-service articles, properly stored and used			
46			
Gloves used properly			
Utensils, Equipment and Vending			
47			
Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48	X		
Warewashing facilities: installed, maintained, used; test strips			
49			
Non-food contact surfaces clean			
Physical Facilities			
50			
Hot & cold water available; adequate pressure			
51			
Plumbing installed; proper backflow devices			
52			
Sewage & waste water properly disposed			
53			
Toilet facilities; properly constructed, supplied & cleaned			
54			
Garbage & refuse properly disposed; facilities maintained			
55			
Physical facilities installed, maintained & clean			
56			
Adequate ventilation & lighting; designated areas used			
57			
Compliance with MCIAA			
58			
Compliance with licensing and plan review			

Person in Charge (signature) Inspector (signature) Cassandra Hua	Follow-up: Follow-up Date:
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