



Protecting, Maintaining and Improving the Health of All Minnesotans

March 17, 2023

Licensee
Good Samaritan Society-Luverne
201 Oak Drive
Luverne, MN 56156

RE: Project Number(s) SL20465015

Dear Licensee:

On February 22, 2023, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the December 21, 2022, evaluation were corrected. This follow-up evaluation verified that the facility is in substantial compliance.

It is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. You are encouraged to retain this document for your records.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Casey DeVries'.

Casey DeVries, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-5917 Fax: 651-281-9796

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Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

January 23, 2023

Licensee
Good Samaritan Society-Luverne
201 Oak Drive
Luverne, MN 56156

RE: Project Number(s) SL20465015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on December 21, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health 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.

LICENSING ORDERS

The enclosed State Form documents the state licensing orders. The Department of Health 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 . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment.

The Department of Health imposes a fine of \$1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this evaluation:

St - 0 - 2310 - 144g.91 Subd. 4 (a) - Appropriate Care And Services - \$3,000.00

The total amount you are assessed is \$3,000.00. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction 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 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 the Department of Health within 15 calendar days of the correction order receipt date.

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

Free from Maltreatment reconsideration requests should be addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

REQUESTING A HEARING

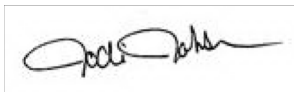
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. Requests for hearing may be emailed to

Health.HRD.Appeals@state.mn.us.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,



Jodi Johnson, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 651-215-9697

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Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20465 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/21/2022 |
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| NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY-LUVERNE | STREET ADDRESS, CITY, STATE, ZIP CODE 201 OAK DRIVE LUVERNE, MN 56156 |
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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: SL20465015-0</p> <p>On December 19, 2022, through December 21, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 24 residents, 22 of whom received services under the provider's Assisted Living license.</p> <p>An immediate correction order was identified on December 20, 2022, issued for tag identification 2310.</p> <p>On December 21, 2022, at 9:01 a.m. the immediacy of correction order 2310 was removed, however, non-compliance remained at a level 3, widespread scope violation.</p> | 0 000 | <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. 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 surveyors' 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 subd. 1, 2, and 3.</p> | |
| 0 480 SS=F | 144G.41 Subd 1 (13) (i) (B) Minimum requirements | 0 480 | | |

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

Minnesota Department of Health

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| 0 480 | <p>Continued From page 1</p> <p>(13) offer to provide or make available at least the following services to residents:</p> <p>(i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply:</p> <p>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to adhere to the Minnesota Food Code, Minnesota Rules, chapter 4626. This had the potential to affect all 24 residents of the facility.</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). The findings include:</p> <p>Please refer to the additional documentation included in the "Food and Beverage Establishment Inspection Reports," dated</p> | 0 480 | | |

Minnesota Department of Health

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| 0 480 | Continued From page 2 December 19, 2022. TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 480 | | |
| 0 680 SS=F | 144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to conduct two full scale drills in | 0 680 | | |

Minnesota Department of Health

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| 0 680 | <p>Continued From page 3</p> <p>the last year. This had the potential to affect all residents.</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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee's Emergency Preparedness Plan contained no evidence the licensee had conducted two full scale drills annually.</p> <p>On December 21, 2022, at approximately 11:30 a.m. licensed assisted living director (LALD)-A stated she was in charge of the emergency preparedness program. The facility had conducted a tabletop discussion but had not completed a full scale drill.</p> <p>No additional information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 680 | | |
| 0 970 SS=B | <p>144.50 Subd. 5 Waivers of liability prohibited</p> <p>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a</p> | 0 970 | | |

Minnesota Department of Health

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| 0 970 | <p>Continued From page 4</p> <p>lesser standard of care or responsibility than is required by law.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan, included in the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident for three of three residents (R3, R4, R6).</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly, but is not found to be pervasive).</p> <p>The findings include:</p> <p>R3 R3 was admitted to the Assisted Living Facility (ALF) on October 1, 2022.</p> <p>R3's service plan dated October 1, 2022, included this statement "HOLD HARMLESS The resident agrees to hold the agency harmless for any injury or damage which occurs during or after receiving services from the provider, unless such injury or damage is solely and directly caused by the provider."</p> <p>R4 R4 was admitted to the ALF licensure on August 1, 2021.</p> | 0 970 | | |

Minnesota Department of Health

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| 0 970 | <p>Continued From page 5</p> <p>R4's service plan dated June 3, 2019, included this statement "HOLD HARMLESS The resident agrees to hold the agency harmless for any injury or damage which occurs during or after receiving services from the provider, unless such injury or damage is solely and directly caused by the provider."</p> <p>R6 R6 was admitted to the ALF licensure on August 1, 2021.</p> <p>R6's service plan dated March 29, 2021, included this statement "HOLD HARMLESS The resident agrees to hold the agency harmless for any injury or damage which occurs during or after receiving services from the provider, unless such injury or damage is solely and directly caused by the provider."</p> <p>On December 21, 2022, at 8:19 a.m. licensed assisted living director (LALD)-A stated the hold harmless statement in the service plan had been removed in a newer version; however, the current signed service agreements in R3, R4, and R6's record contained the older version of the service plan with the hold harmless statement and should have been updated.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 970 | | |
| 01370 SS=E | <p>144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn</p> <p>(a) Training and competency evaluations for all</p> | 01370 | | |

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| 01370 | <p>Continued From page 6</p> <p>unlicensed personnel must include the following:</p> <ul style="list-style-type: none"> (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: <ul style="list-style-type: none"> (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. <p>This MN Requirement is not met as evidenced by:</p> | 01370 | | |

Minnesota Department of Health

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| 01370 | <p>Continued From page 7</p> <p>Based on observation, interview, and record review, the licensee failed to ensure two of two unlicensed personnel (ULP-C and ULP-D) completed training and competency evaluations in all required training topics.</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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>ULP-C was hired on March 7, 2011, to provide direct care and services to the licensee's residents under the comprehensive home care license. ULP-C began providing direct care and services under the assisted living licensure on August 1, 2021.</p> <p>On December 20, 2022, at 7:00 a.m. ULP-C was observed administering medications and at 11:00 a.m. ULP-C was observed checking blood glucose.</p> <p>On December 20, 2022, at 11:16 a.m. ULP-C was observed administering medication to R2, and at 11:50 a.m. she administered medication to R4.</p> <p>ULP-C's employee record lacked evidence of completed training and/or competency for the following: - reports of changes in the resident's condition to</p> | 01370 | | |

Minnesota Department of Health

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| 01370 | <p>Continued From page 8</p> <p>the supervisor designated by the facility;</p> <ul style="list-style-type: none"> - appropriate and safe techniques in personal hygiene and grooming, including: <ul style="list-style-type: none"> - hair care and bathing; - care of teeth, gums, and oral prosthetic devices; and - dressing and assisting with toileting; - medication, exercise, and treatment reminders; and - understanding appropriate boundaries between staff and residents and the resident's family. <p>ULP-D ULP-D was hired on January 22, 2020, to provide direct care and services to the licensee's residents under the comprehensive home care license. ULP-D began providing direct care and services under the assisted living licensure on August 1, 2021.</p> <p>ULP-D's employee record lacked evidence of completed training and/or competency for the following:</p> <ul style="list-style-type: none"> - documentation requirements for all services provided; - reports of changes in the resident's condition to the supervisor designated by the facility; - standby assistance techniques and how to perform them; - medication, exercise, and treatment reminders; - understanding appropriate boundaries between staff and residents and the resident's family; - procedures to use in handling various emergency situations; and - awareness of commonly used health technology equipment and assuasive devices. <p>On December 21, 2022, at 11:10 a.m. licensed assisted living director (LALD)-A stated she was</p> | 01370 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20465 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/21/2022 |
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| 01370 | <p>Continued From page 9</p> <p>aware the education was missing some things and she was working on correcting it. All required education should have been provided to the employees.</p> <p>The licensee's Required Training for All Employees, Minnesota- Assisted Living policy dated December 13, 2022, identified training and competency for ULP was to include:</p> <ol style="list-style-type: none"> 1. Refer to and follow any and all applicable global Society policies and/or procedures. 2. In addition to Society staff member training requirements, training and competency evaluations for all unlicensed personnel must include: <ol style="list-style-type: none"> A. Documentation requirements for all services provided. B. Reports of changes in the resident's condition to the supervisor designated by the facility. C. Basic infection control, including blood-borne pathogens. D. Maintenance of a clean and safe environment. E. Appropriate and safe techniques in personal hygiene and grooming, including: <ol style="list-style-type: none"> i. Hair care and bathing ii. Care of teeth, gums, and oral prosthetic devices iii. Care and use of hearing aids iv. Dressing and assisting with toileting F. Training on the prevention of falls. G. Standby assistance techniques and how to perform them. H. Medication, exercise, and treatment reminders. I. Basic nutrition, meal preparation, food safety, and assistance with eating. J. Preparation of modified diets as ordered by a licensed health professional. K. Communication skills that include preserving the dignity of the resident and showing respect for | 01370 | | |

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| 01370 | Continued From page 10 the resident and the resident's preferences, cultural background, and family. L. Awareness of confidentiality and privacy. M. Understanding appropriate boundaries between staff and residents and the resident's family. N. Procedures to use in handling various emergency situations; and O. Awareness of commonly used health technology equipment and assuasive devices. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01370 | | |
| 01380 SS=E | 144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: | 01380 | | |

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| 01380 | <p>Continued From page 11</p> <p>Based on observation, interview, and record review, the licensee failed to ensure two of two unlicensed personnel (ULP-C and ULP-D) completed training and competency evaluations in all required training topics.</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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>ULP-C was hired on March 7, 2011, to provide direct care and services to the licensee's residents under the comprehensive home care license. ULP-C began providing direct care and services under the assisted living licensure on August 1, 2021.</p> <p>On December 20, 2022, at 7:00 a.m. ULP-C was observed administering medications, and at 11:00 a.m. ULP-C was observed checking blood glucose.</p> <p>On December 20, 2022, at 11:16 a.m. ULP-C was observed administering medication to R2, and at 11:50 a.m. she administered medication to R4.</p> <p>ULP-C's employee record lacked evidence of completed training and/or competency for the following: - observing, reporting, and documenting resident</p> | 01380 | | |

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| 01380 | <p>Continued From page 12</p> <p>status;</p> <ul style="list-style-type: none"> - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; - recognizing physical, emotional, cognitive, and developmental needs of the resident; - safe transfer techniques and ambulation; and - range of motioning and positioning. <p>ULP-D ULP-D was hired on January 22, 2020, to provide direct care and services to the licensee's residents under the comprehensive home care license. ULP-D began providing direct care and services under the assisted living licensure on August 1, 2021.</p> <p>ULP-D's employee record lacked evidence of completed training and/or competency for the following:</p> <ul style="list-style-type: none"> - observing, reporting, and documenting resident status; - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; - recognizing physical, emotional, cognitive, and developmental needs of the resident; - safe transfer techniques and ambulation; and - range of motioning and positioning. <p>On December 21, 2022, at 11:10 a.m. licensed assisted living director (LALD)-A stated she was aware the education was missing some things and she was working on correcting it. All required education should have been provided to the employees.</p> <p>The licensee's Required Training for All</p> | 01380 | | |

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| 01380 | <p>Continued From page 13</p> <p>Employees, Minnesota- Assisted Living policy dated December 13, 2022, identified training and competency for ULP's was to include:</p> <p>A. Observing, reporting, and documenting resident status.</p> <p>B. Basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel.</p> <p>C. Reading and recording temperature, pulse, and respirations of the resident.</p> <p>D. Recognizing physical, emotional, cognitive, and developmental needs of the resident.</p> <p>E. Safe transfer techniques and ambulation.</p> <p>F. Range of motioning and positioning.</p> <p>G. Administering medications or treatments as required.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01380 | | |
| 01620 SS=E | <p>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</p> <p>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.</p> <p>(d) 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</p> | 01620 | | |

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| 01620 | <p>Continued From page 14</p> <p>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. (e) 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 by: Based on interview and record review, the licensee failed to ensure a comprehensive assessment was completed every 90 days for two of three residents (R4, R6) receiving assisted living services.</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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>R4 R4 was admitted under the comprehensive home care license on June 25, 2020, and the assisted living license on August 1, 2021.</p> <p>R4's service plan dated October 25, 2022, identified R4 received services including</p> | 01620 | | |

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| 01620 | <p>Continued From page 15</p> <p>medication administration, bathing, and meals.</p> <p>R4's record identified the following;</p> <ul style="list-style-type: none"> - a Uniform Assessment Review dated December 23, 2021. The next Uniform Assessment Review in her record was dated June 16, 2022 (175 days). - a Uniform Assessment Review dated July 15, 2022. The next Uniform Assessment Review in her record was dated October 20, 2022 (97 days). <p>R6</p> <p>R6 was admitted under the comprehensive home care license on March 29, 2021, and the assisted living license on August 1, 2021.</p> <p>R6's service plan dated March 29, 2021, identified R6 received services including medication administration, bathing, and meals.</p> <p>R6's record identified the following</p> <ul style="list-style-type: none"> - a Nursing Level of Care Evaluation dated March 1, 2022, and a Uniform Assessment review dated June 6, 2022 (97 days) - the next Uniform Assessment Review was dated September 26, 2022 (112 days). <p>During the entrance conference on December 19, 2022, at 11:30 a.m. registered nurse (RN)-B stated ongoing comprehensive assessments were completed at least every 90 days.</p> <p>On December 21, 2022, at 8:19 a.m. licensed assisted living director (LALD)-A stated a comprehensive assessment should be completed at least every 90 days. She was made aware they had not been completed timely and she was working to correct it.</p> | 01620 | | |

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| 01620 | Continued From page 16 The licensee's Resident Assessment-Assisted Living dated October 4, 2022, identified "The initial Level of Care Evaluation-AL or Nursing Assessment and Level of Care Evaluation - AL (PCC/EMR) will be completed by a registered nurse (RN) for each resident prior to or upon admission, and upon significant change in condition. Periodic and annual evaluations may be completed by a licensed nurse where allowed by state assisted living (AL) and board of nursing (BON) regulations." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01620 | | |
| 01700 SS=F | 144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must identify interventions needed in management of medications to prevent | 01700 | | |

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| 01700 | <p>Continued From page 17</p> <p>diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to have a medication assessment for three of three residents (R3, R4, and R6) that included interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications to prevent diversion of medications.</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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R3, R4, and R6's medication assessment lacked interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives</p> | 01700 | | |

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| 01700 | <p>Continued From page 18</p> <p>on interventions to manage the resident's medications and prevent diversion of medications.</p> <p>R3 R3 was admitted under the assisted living license on September 19, 2022.</p> <p>R3's service plan dated October 1, 2022, identified R3 received services including medication administration.</p> <p>R3's nursing assessment dated October 6, 2022, identified the resident received medication administration services. The assessment failed to identify risk for diversion of medications and interventions to manage the residents's medication to prevent diversion of medications.</p> <p>R4 R4 was admitted under the comprehensive home care license on June 25, 2020, and the assisted living license on August 1, 2021.</p> <p>R4's service plan dated October 25, 2022, identified R4 received medication administration.</p> <p>R4's nursing assessment dated October 20, 2022, identified the resident received medication administration services. The assessment failed to identify risk for diversion of medications and interventions to manage the residents's medication to prevent diversion of medications.</p> <p>R6 R6 was admitted under the comprehensive home care license on March 29, 2021, and the assisted living license on August 1, 2021.</p> | 01700 | | |

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| 01700 | <p>Continued From page 19</p> <p>R6's service plan dated March 29, 2021, identified R6 received medication administration.</p> <p>R6's nursing assessment dated September 26, 2022, identified R6 received medication administration services. The assessment failed to identify risk for diversion of medications and interventions to manage the residents's medication to prevent diversion of medications.</p> <p>On December 20, 2022, at 1:52 p.m. registered nurse (RN)-B stated the medication assessment tool used did not identify the risk for diversion or interventions to prevent diversion of medications.</p> <p>On December 21, 2022, at 11:27 a.m. licensed assisted living director (LALD)-A stated if the information was not in the resident record, it had not been completed.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01700 | | |
| 02310 SS=I | <p>144G.91 Subd. 4 (a) Appropriate care and services</p> <p>(a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and</p> | 02310 | | |

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| 02310 | <p>Continued From page 20</p> <p>services according to acceptable health care, medical, or nursing standards for two of two residents (R4, R6) with side rails. This resulted in an immediate order issued on December 20, 2022, at approximately 9:15 a.m.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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>R4 R4 began receiving services under the Assisted Living Facility (ALF) license on August 1, 2021.</p> <p>On December 20, 2022, at 8:50 a.m. the surveyor observed a consumer grab bar type side rail on the right side of R4's bed. The grab bar was an oval shape attached to a tube that went down to a board, it was attached to the board and the board was slid between the mattress and box spring. There was a strap attached that was secured to the bed frame on the left side of the bed.</p> <p>R4's Resident Evaluation for Assist Grab Bars dated April 14, 2022, identified R4 had an assist grab bar that she used to aid in mobility. It identified the brand/type to be "Stander Bedcane Product 2041". The assessment failed to identify if the grab bar was installed per manufacturer instructions or that the Consumer Product Safety Commission (CPSC) had been checked for any recalls.</p> | 02310 | | |

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20465 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/21/2022 |
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| NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY-LUVERNE | STREET ADDRESS, CITY, STATE, ZIP CODE 201 OAK DRIVE LUVERNE, MN 56156 |
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| 02310 | <p>Continued From page 21</p> <p>R4's Task Completion Record for December 1, 2022, through December 20, 2022, identified the unlicensed personnel (ULP), had completed bed assist rail safety checks every day at bedtime.</p> <p>R6 R6 began receiving services under the ALF license on August 1, 2021.</p> <p>On December 20, 2022, at 8:52 a.m. the surveyor observed a consumer half side rail on the left side of R6's bed. The side rail had two horizontal bars running through the center of the rail. The rail had two bars at the bottom of the rail that extended down and slid between the mattress and box spring. There was a strap attached that was secured to the bed frame on the right side of the bed.</p> <p>R6's Resident Evaluation for Assist Grab Bars dated April 14, 2022, identified R6 had an assist grab bar that she used to aid in mobility. It failed to identify the brand/type of side rail used, if the grab bar was installed per manufacturer instructions or that the Consumer Product Safety Commission (CPSC) had been checked for any recalls.</p> <p>R6's Task Completion Record for December 1, 2022, through December 20, 2022, identified the registered nurse (RN), had completed bed assist rail safety checks on December 1, 2022, December 8, 2022, and December 15, 2022.</p> <p>On December 20, 2022, at 8:55 a.m. RN-B stated the facility did not have manufacturer instructions for any of the consumer side rails/grab bars to assure proper installation, and she had not checked for recalls on any of them.</p> | 02310 | | |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY-LUVERNE | STREET ADDRESS, CITY, STATE, ZIP CODE 201 OAK DRIVE LUVERNE, MN 56156 |
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| 02310 | <p>Continued From page 22</p> <p>On December 20, 2022, at 9:15 a.m. licensed assisted living director (LALD)-A stated the facility did not have manufacturer instructions for the consumer side rails/grab bars and she had not checked for recalls on them. The facility's policy indicated the families were to install the bed rails or grab bars and were responsible for making sure they were installed correctly.</p> <p>The licensee's Bed Rail/Side rail Use- Assisted Living policy dated October 3, 2022, The Consumer Product Safety Commission identified that 155 fatalities have occurred due to the use of adult portable side rails between 2003 and 2012 (83% of the deaths occurred in people 60 years and older and 10% of the deaths occurred in AL settings). Not all residents are at risk for bed rail/side rail entrapment, and not all bed rails/side rails pose a risk. Bed rails/side rails should only be used to promote a resident's independence with bed mobility and enable the resident to safely reposition, enter and/or exit the bed. Any bed rail/side rail that prevents a resident from exiting the bed independently is a restraint." "The potential for serious injury is more likely to be related to a fall from a bed with raised bed rails/side rails when the resident attempts to climb over, around, between or through the rails than from a bed without bed rails/side rails in use. The completion and documentation of specific resident assessments, education regarding bed rail/side rail risks and benefits and an evaluation of bed rail/side rail safety is required when a bed rail/side rail is in use. The bed rail/side rail must be designed to work with the bed "system" including the side rail, bed frame and mattress. A. A loose or "wobbly" bed rail/side rail will not be used. B. A bed rail/side rail designed for youth or</p> | 02310 | | |

Minnesota Department of Health

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| 02310 | <p>Continued From page 23</p> <p>children will not be used.</p> <p>C. A bed rail/side rail is not allowed unless manufacturer's recommendations for use can be supplied and determined appropriate. The AL nurse will be responsible to carry out the following steps regardless of whether the bed rail/side rail was provided and/or installed by a third-party provider; the nurse will assess the reason the bed rail/side rail is to be used, The registered nurse will assess and monitor the resident for the presence of high risk conditions that pose a greater risk for entrapment. The nurse will assure the bed rail/side rail will be installed and maintained in accordance to the manufacturer's recommendations. 8. The registered nurse will document the above assessments and actions on the Resident Evaluation for Assist Grab Bars-AL (GSH #3834-AL/ electronic medical record) according to the following intervals:</p> <p>A. Prior to bed rail/side rail initiation B. Upon a significant change in condition, and C. Annually"</p> <p>"AL Nurse/designee will conduct an annual audit to review all bed rail/side rails in used and to ensure that none have been recalled."</p> <p>The Minnesota Department of Health (MDH) website, Assisted Living Resources & Frequently-Asked Questions (FAQs) indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of</p> | 02310 | | |

Minnesota Department of Health

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| 02310 | <p>Continued From page 24</p> <p>being an improper restraint." Also included, "Documentation about a resident's bed rails includes, but is not limited to:</p> <ul style="list-style-type: none"> - Purpose and intention of the bed rail; - Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail; - The resident's bed rail use/need assessment; - Risk vs. benefits discussion (individualized to each resident's risks); - The resident's preferences; - Installation and use according to manufacturer's guidelines; - Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and - Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements". <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: IMMEDIATE</p> <p>Immediacy was removed as confirmed by onsite observation and document review on December 21, 2022, at 9:01 a.m.; however, non-compliance remains at level 3, widespread (I).</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p> | 02310 | | |



Type: Full
Date: 12/19/22
Time: 12:00:00
Report: 1033221202

Food and Beverage Establishment Inspection Report

Location:

Good Samaritan Society-Luverne
201 Oak Drive
Luverne, MN56156
Rock County, 67

Establishment Info:

ID #: 0038862
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5072831996
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

3-300A Protection from Contamination: limit hand contact, tasting

3-301.11A ** Priority 1 **

MN Rule 4626.0225A Discontinue bare hand contact with ready-to-eat foods. Use deli tissue, spatulas, tongs, single-use gloves or other dispensing equipment.

Employee serving food was observed handling ready to eat hot dogs with their bare hands.

Comply By: 12/19/22

6-200 Physical Facility Design and Construction

6-202.15A

MN Rule 4626.1395A Seal holes, gaps, and other openings along floors, walls and ceilings to the outside of the building and provide self-closing, tight-fitting doors and windows for all outside openings.

Exterior door has visible light shining through at the bottom.

Comply By: 12/26/22

Surface and Equipment Sanitizers

Hot Water: = at 160 Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 36 Degrees Fahrenheit - Location: Cooler
Violation Issued: No

Type: Full
Date: 12/19/22
Time: 12:00:00
Report: 1033221202
Good Samaritan Society-Luverne

Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding
Temperature: 0> Degrees Fahrenheit - Location: Freezer
Violation Issued: No

Process/Item: Hot Holding
Temperature: 147 Degrees Fahrenheit - Location: Enchiladas-Steam Well
Violation Issued: No

Process/Item: Hot Holding
Temperature: 170 Degrees Fahrenheit - Location: Hot Dogs-Steam Well
Violation Issued: No

| Total Orders | In This Report | Priority 1 | Priority 2 | Priority 3 |
|--------------|----------------|------------|------------|------------|
| | | 1 | 0 | 1 |

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the inspection report number 1033221202 of 12/19/22.

Certified Food Protection Manager Pamela K Baker

Certification Number: FM97302 Expires: 02/05/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
Pamela K Baker

Signed:  _____
Isaiah Armendariz
Environmental Health Specialist
Mankato District Office
507-344-2743
isaiah.armendariz@state.mn.us