STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245403	A. Building B. Wing	11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Battle Lake	105 Glenhaven Drive Battle Lake, MN 56515

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review the facility failed to assess for safe self administration for 1 of 1 resident (R37) who had medications left at the bedside.Findings Include: R37's quarterly Minimum Data Set, dated [DATE], identified R37 was cognitively intact and had diagnoses which included: diabetes mellitus, depression and anxiety. R37's MDS also identified R37 was independent in most activities of daily living (ADL). R37's care plan revised 6/20/25, identified R37 had diabetes mellitus, and chose to self-administer medications as demonstrated ability to safely administer insulin via pump per interdisciplinary team determination and physician order. Interventions included:R37 would self-administer insulin per physician's order, keep medication locked in dresser in R37's room, and document R37's self-administration of medications. R37's care plan lacked documentation of topical or ear medications safe to be self-administered. R37's Order Summary Report signed 9/25/25, included the following:-acetic acid otic (ear) solution 2% -instill four drops in both ears as needed for cerumen (ear wax) twice a day (BID) as needed (PRN)-triamcinolone acetonide external cream 0.1 % topical-apply to hands topically as needed for rash/itch BID PRN-ok to self administer insulin via pumpR37's Order Summary Report lacked documentation of topical or ear medication ok to be self-administered. Review of R37's Self-Administration of Medication (SAM) form, dated 4/1/25, identified R37 was safe to administer insulin from pump. However, the evaluation did not identify R37 was safe to self-administer topical medication or ear drops. During interview on 11/17/25 at 3:11 p.m., R37 stated she got rashes on her hands, and used Triamcinolone cream. R37 indicated she usually used it twice a day, but could use it up to four times a day. R37 pulled a tube of Triamcinolone cream out of the pocket on her recliner, and showed surveyor. During observation on 11/19/25 at 8:55 a.m., R37 was in the dining room eating breakfast. R37's door was closed at the time. R37 had one tube of Triamcinolone cream and one new box of Triamcinolone cream with pharmacy label in the pocket of her recliner. R37 also had a small bottle of acetic acid ear drops with pharmacy label, sitting on the table next to her recliner. During phone interview on 11/19/25 at 8:49 a.m., consultant pharmacist (CP)-A stated for self-administration of medications, residents should be assessed and assured competent, and then documented. CP-A indicated it was important to assure medications were administered correctly. During interview on 11/19/25 at 9:10 a.m., R37 indicated she usually administered her Triamcinolone cream at least two times a day, sometimes three. R37 stated she used her ear drops for dry ears and had been doing that for some time. During interview on 11/19/25 at 9:35 a.m., nursing assistant (NA)-A stated she had observed R37 apply the Triamcinolone cream to her hands, but had not observed R37 put her ear drops in. During interview on 11/19/25 at 9:50 a.m., licensed practical nurse (LPN)-A stated R37 self-administered her insulin via her pump and had no concerns with that. LPN indicated was not aware if R37 had any other medications she could self-administer, but stated she had observed R37 self-administer her Triamcinolone cream. At 9:55 a.m. LPN-A entered R37's room, then verified R37 had Triamcinolone cream in the pocket of her recliner, and ear drops on the table next to her while R37 sat in the recliner. LPN-A indicated she thought the facility process for self-administration of medications included a nurse to educate and observe a resident prior to them self-administering medications and an order was needed. During (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245403	A. Building B. Wing	11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Battle Lake	105 Glenhaven Drive Battle Lake, MN 56515

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interview on 11/19/25 at 10:50 a.m., registered nurse (RN)-A stated R37 self-administered her insulin via her pump. RN-A reviewed R37's SAM form, and confirmed R37's form lacked documentation R37 could self administer topical medications or ear drops. RN-A indicated, she would expect all other medications would be safely stored in her locked medication drawer. During interview on 11/19/25 at 11:03 a.m., director of nursing (DON) confirmed R37's Triamcinolone cream or acetic acid ear drops were not addressed on R37's SAM form. DON indicated her expectation would be R37's topical medication and ear drops would be documented on her SAM form as safe to administer, or be stored in her locked medication drawer. DON stated this was important to assure medications were accurately administered. The facility policy titled Self-Administration Of Medication dated 10/31/25, identified procedures which included the following: Complete the Resident Self-Administration of Medications form to determine if the resident could safely administer medications and create a plan. The interdisciplinary team would determine where the medications would be stored. The nurse's station, in locked medication cart, or a locked compartment or locked drawer in the resident's room. It would be determined who would document the medication administration. A physician order must be obtained and be specific to which medication would be self-administered. The care plan must indicate which medications the resident was self-administering, where they were kept, who would document the medication, and the location of administration. All medications stored in resident's room must be reconciled and documented by a licensed nurse at least weekly on the medication administration record (MAR).