

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245441	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2026
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Albert Lea		STREET ADDRESS, CITY, STATE, ZIP CODE 75507 240th Street Albert Lea, MN 56007	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and document review, the facility failed to ensure food stored in the refrigerators were labeled, dated and discarded properly. In addition, the facility failed to ensure pans were completely dry before storing, utensils were covered or placed in drawers, and personal items from staff were not allowed in the food prep area. These findings had the potential to affect all 69 residents who were served food from the kitchen. Findings include: During the initial kitchen tour on 5/11/26, commencing at 9:48 a.m., with the manager of nutrition and food services (MNFS)-C, the following observations were made: In a walk-in refrigerator, observed opened and dated food stored past the facility seven-day window per their policy, as well as two opened and undated containers: Facility-made strawberry frost in a hard plastic container with green cover, dated 3/19. Chopped red onion in a plastic storage bag, dated 4/25. Red grapes in a plastic storage bag, dated 10/14. There had been a cloudy whitish/grayish liquid in bag with the grapes. Chef Grade brand hard boiled peeled eggs, 25 pounds, dated 4/21. MNFS-C did not know the manufacturer recommendation for how long the eggs were good after opening. On 5/12/26 at 11:10 a.m., MNFS-C stated the hard-boiled peeled eggs were good for five days after opening. Lettuce in a hard plastic container with green cover. No date. Leaves brown. Sour cream container, five pounds, undated and approximately one half left. A paper sign on the outside of the walk-in refrigerator dated 1/30/25, indicated: All dated food items must be tossed at the end of 7 days. MNFS-C removed the items from the refrigerator and stated she would discard them, adding foods were to be dated when opened and prepared foods were to be discarded after seven days. MNFS-C confirmed staff date/mark foods when opened with the month and day, and don't include the year. In addition, the following observations were made: Two stainless steel, rectangular stacked pans, with areas of water on inner surfaces. Three containers of utensils were observed on a wire cart, uncovered. Crumbs in one container. Personal items belonging to staff on or in food preparation counters/storage areas including cell phone, car keys, pink mini wallet, small bag of chips, plastic water bottles, thermal mug. In addition, a cell phone was observed in a drawer with utensils. During interview, MNFS-C was unaware of the wet pans, and stated they should have been completely dry before stacking. MNFS-C was unaware utensils should be in a drawer or covered container. MNFS-C acknowledged the potential for food contamination with findings. During an interview on 5/12/26 at 3:06 p.m., MNFS-C stated on Mondays and Thursdays, the two day-shift cooks were responsible for monitoring food in the refrigerators and discarding opened items after seven days. During an interview on 5/12/26 at 4:35 p.m., food service assistant (FSA)-A stated her role was to bake desserts, check cooler for adequate foods for the Always Available menu, among other tasks. FSA-A stated personal items such as cell phones, keys, snacks, were not okay to have in the food prep areas - it's not appropriate and could lead to distractions. FSA-A acknowledged the potential for food contamination too. FSA-A stated MNFS-C had talked to dietary staff about not having personal items in the kitchen. During an interview on 5/13/26, at 8:50 a.m., registered nurse (RN)-C who was also the infection preventionist stated there had been no foodborne illnesses. During a phone interview on 5/13/26 at 9:16 a.m., registered dietician (RD)-F had not been aware of kitchen survey findings and therefore informed. RD-F stated (continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>she conducted monthly audits using forms through Dining RD software. RD-F had noticed staff not dating opened food. RD-F had not specifically noticed open containers of food past the seven-day window, but stated the standard was to remove opened/dated foods in seven days or less. RD-F stated copies of audits had been given to MNFS-C and going forward would work with MNFS-C and the administrator to ensure on-going compliance. During an interview on 5/13/26 at 10:27 a.m., the administrator stated she had been made aware of some kitchen finding by MNFS-C. The administrator stated she expected MNFS-C to have oversight over the kitchen and monitor and ensure staff adhered to policies and regulations. The administrator stated they had started audits with the expectation MNFS-C complete them Monday through Friday and the cooks complete them on the weekends. Facility Date-Marking Food and Nutrition policy with reviewed/ revised date of 4/7/26, indicated the purpose was to provide guidelines for proper date-marking to ensure food was handled and stored safely. Definitions included: Time/Temperature Control for Safety Foods (TCS), meant food that required time/temperature control to limit pathogenic microorganism growth or toxin formation. TCS food that had been opened but remained in storage, must be clearly date-marked when the original container was opened and the date/day by which the food should be consumed or discarded. At no time should a TCS prepared food be held more than seven days in a non-froze state. A policy on infection control measures in the kitchen, included personal items of staff was requested, but according to MNFS-C, the facility did not have such policy.</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>Based on observation, interview, and record review, the facility failed to ensure services and assistance were provided to preserve independence for 1 of 1 residents (R44), reviewed for vision and whose vision was highly impaired. Findings include:R44's significant change Minimum Data Set (MDS) assessment, dated 4/16/26, indicated intact cognition, clear speech, was understood and able to understand. R44's vision was highly impaired, indicating he saw large print, but not regular print in newspapers/books. R44 was independent in some activities of daily living and dependent on staff for others. R44 was able to walk short distances such as to the bathroom.R44's care plan dated 11/25/25, indicated R44 had impaired visual function related to macular degeneration evidenced by moderately impaired vision. R44 would maintain optimal quality of life within limitations imposed by visual function. R44 was able to see very large print/newspaper headlines with magnifying glass and glasses; provide R44 with both. The care plan did not indicate R44 had blindness in his left eye.R44's Optometrist visit note dated 2/16/26, indicated R44 had age-related macular degeneration in right eye and blindness in left eye. Discussed MN (Minnesota) State Services for the Blind and information given.R44's Provider visit note dated 4/8/26, indicated R44 had progressive vision loss and was blind in the left eye from a prior injury and had severe macular degeneration in the right eye. R44's care conference note dated 4/10/26, in which R44 had not been in attendance, indicated R44 had blurry vision even with magnifying glass.Progress note dated 5/12/26 at 12:02 p.m., indicated social worker (SW)-A had met with R44 regarding referral options from optometrist for vision services, R44 had voiced interest in referral to services for the blind and a referral had been made.During an interview and observation on 5/11/26 at 11:47 a.m., R44 stated he had vision issues and was blind in his left eye. R44 stated he had macular degeneration in right eye, and cataracts in both eyes. R44 was observed holding two very small magnifying glasses (about 2 inches in diameter) stacked on top of each other, up to his right eye. The menu was touching his nose in order for him to make out one or two words at a time. The menu was a paper sheet 11 inches X 17 inches and included menus for 7 days/3 meals a day. The font was approximately size 11.During an interview on 5/12/26 at 9:07 a.m., nursing assistant (NA)-A stated she had been aware of R44's difficulty seeing and stated staff were supposed to sit down with him and go through the new weekly menu and help him select his meals. NA-A stated staff wrote directly on the menu, kept a copy for R44 and sent a copy to the kitchen. NA-A stated not all staff did this though. NA-A stated nursing and kitchen staff were aware of his visual impairment. During an interview on 5/12/26 at 9:12 a.m., R44 was asked if he could read anything on the menu. On the reverse side of the menu was the activity calendar. He would read the word May - which was about 72 font and bold, if held up close without a magnifying glass. He could not read anything else without the aid of the small magnifying glasses. R44 stated no one had offered him a larger magnifying glass.During an interview on 5/12/26 at 11:02 a.m., cook (C)-A stated she had not been aware R44 had a visual impairment. When informed he did, C-A stated they should be using a divider plate so staff could tell him where his food was positioned. C-A stated she had never seen a paper menu for R44 with changes made to it. During a review of 5 or 6 paper menus modified by residents none were for R44.During an interview on 5/12/26 at 11:10 a.m., the manager of nutrition and food services (MNFS)-C stated she had not been aware R44 had visual impairments and did not know what staff were doing to help him select his meals. During an interview on 5/12/26 at 11:28 a.m., social worker (SW)-A stated she had not been aware R44 had visual impairments and suggested speaking to R44's nurse manager. During an interview on 5/12/26 at 11:36 a.m., registered nurse (RN)-A, who was also a clinical care leader, stated she was aware of R44's visual impairments. RN-A stated R44 used his own magnifying glass to read the print on the menu and to select his meals. RN-A stated she had seen the magnifying glass and agreed it was small. RN-A stated she had not considered providing R44 with a bigger magnifying glass because he had not asked for one, nor had he (continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>asked staff for help with his menu. RN-A was not aware that an NA had reported she sat down with R44 with a new menu to help him select his meals. RN-A stated R44 had not asked for that. RN-A admitted she had not approached R44 to ask him how staff could be of assistance to him in selecting his meals given he had difficulty reading the menu. RN-A stated she would talk to therapy to ask if they have a larger magnifying glass for R44. During an interview and observation at 5/12/26 at 11:55 a.m., SW-A had a magnifying glass, approximately four inches in diameter with a handle and light that she would give R44 to try. During an interview on 5/12/26 at 12:08 p.m., in R44's room, he picked up the new magnifying glass to read the menu. Even with the larger magnifying glass, R44 had to hold the menu very close to the magnifying glass in order to read the words. R44 could slowly read one word at a time. R44 stated prior to surveyor asking him if he would like assistance selecting his meals due to his visual impairment, R44 stated no one had ever asked him, nor helped him make meal selections before. R44 stated staff did not come into his room to assist him with meal selections when the new menu came out. R44 stated, Is that possible? During an interview on 5/12/26 at 5:44 p.m., the director of nursing (DON) stated he had not been aware of R44's visual impairment, adding, He never came to us and told us. Further, the DON stated, If staff would have noticed, we would have taken more action. The DON had not been aware macular degeneration and blindness had not been listed on R44's diagnoses list. The DON was informed R44's MDS indicated his vision was highly impaired, and there were limited interventions on the care plan related to his visual impairment. Facility Auxiliary Aids for Persons with Disabilities with reviewed/ revised date of 1/15/26, indicated appropriate steps would be taken to ensure persons with disabilities, including persons who were blind or who had other sensory impairments had an equal opportunity. All necessary auxiliary aids and services would be provided without cost. For persons who were blind or who had low vision, staff would communicate information contained in written materials by reading out loud and explaining forms to persons who were blind or who had low vision. Social services was responsible to provide aids and services in a timely manner using qualified readers, reformatting into large print, taping or recording print materials, or other effective methods. Auxiliary aids and services must be provided in accessible formats in a timely manner and in a way that protects the privacy and independence of the individual with the disability. Examples include screen reader software, magnification software.</p>		