STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245488	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Woodland	100 Buffalo Hills Lane Brainerd, MN 56401

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review, the facility failed to update care plans to reflect contact precautions for 2 of 3 residents (R1, R40) reviewed for transmission-based precautions.Findings include:R1R1's admission Minimum Data Set (MDS) dated [DATE], identified R1 was cognitively intact, diagnoses included non-pressure chronic ulcer of the right lower leg/extremity (RLE), and multidrug-resistant organism (MDRO - microorganism that is resistant to one or more classes of antibiotics). R1 received interventions including ointment/medication and nonsurgical dressings on two venous/arterial ulcers and was not in isolation or quarantine for active infection during the assessment period.R1's care plan, revised 1/29/25, identified R1 had cellulitis and MDRO in the right lower extremity and was on enhanced barrier precautions (EBP). Staff were to wear PPE including gowns and gloves during high contact cares and to perform hand hygiene.R40R40's admission MDS dated [DATE], identified R40 had moderate cognitive impairment and had diagnoses including methicillin-resistant staphylococcus aureus (MRSA - an infection resistant to methicillin antibiotics). R40 was at risk for pressure ulcers and had open lesions other than ulcers, rashes or cuts. The assessment identified R40 was not in isolation or quarantine for active infection during the assessment period.R40's care plan dated 1/8/26, identified R40 was on EBP due to MRSA and staff were to wear PPE including gowns and gloves during high contact cares and to perform hand hygiene.On 2/9/26 at 7:47 p.m., observed a contact precaution sign on R1's door and R40's door.On 2/11/26 at 3:57 p.m. observed staff put on gowns and gloves prior to entering R1's room.On 2/11/26 at 1:07 p.m., registered nurse (RN)-A stated R1 had lower leg cellulitis that was positive for MRSA. R40 had a lower leg wound that was positive for MRSA. Both residents were at risk and were on contact precautions. Contact precautions should be on R1 and R40's care plans for staff to easily view. On 2/11/26 at 3:12 p.m., nursing assistant (NA)-A stated the residents care plan listed the type of precautions a resident was on. There was also a sign on the resident's door. For both EBP and contact precautions staff wore gowns and gloves. R1 and R40 had both EBP and contact precautions signs on their doors. R1 was on precautions due to skin redness on the leg and R40 was on precautions due to a wound on the lower leg. NA-A stated she was uncertain if R1 and R40 should be on EBP or contact precautions because both signs were on their doors.On 2/11/26 at 3:15 p.m., licensed practical nurse (LPN)-A stated R1 was on precautions for leg cellulitis and R40 was on precautions for a leg wound. NAs looked at the care plan and nurses looked at the medication administration record (MAR) and orders to review the type of precautions a resident had.During interview on 2/11/26 at 3:23 p.m., RN-B, who is also the infection preventionist, and the director of nursing (DON) stated R1 and R40 should be on contact precautions for infections in their wounds. It was important for staff to know what type of precautions a resident was on so they could protect the residents and themselves by wearing the appropriate PPE. Staff should wear gowns and gloves for contact precautions. The type of precautions would be listed in the resident's care plan. RN-B stated R1's care plan listed both EBP and contact precautions, and R40's care plan listed EBP. Both residents had MRSA in their wounds, and both care plans should list contact precautions. MRSA was (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a major infection, and staff should be aware of the positive infection as well as the appropriate precautions to protect the residents, themselves and other staff. RN-B stated R1 and R40's care plans were not accurate and should have been updated.The facility Care Plan policy identified each resident will have an individualized, person-centered, comprehensive plan of care that will include measurable goals and timetables directed toward achieving and maintaining the resident's optimal medical, nursing, physical, functional, spiritual, emotional, psychosocial, and educational needs. Any problems, needs and concerns identified will be addressed through use of departmental assessments, the Resident Assessment Instrument (RAI) and review of the physician's orders. The plan of care will be modified to reflect the care currently required/provided for the residents.