STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245500	A. Building B. Wing	10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Bethany	804 Wright Street 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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure dignity was maintained for 1 of 3 residents (R2) reviewed for dignity related to dressing. Findings Include: R2's admission minimum data set (MDS) dated [DATE], indicated R2 was admitted on [DATE], was able to communicate clearly and understand others, moderate to mild cognitive impairment category, and had the following diagnoses: anxiety, mood disturbance, and dementia. R2's care plan last revised 8/29/25, indicated R2 required an assist of one for dressing related to activity intolerance, Dementia, and impaired balance. The care plan also indicated R2 had enhanced psychosocial well-being related to individualized daily routine and honoring personal preference. During observation on 10/1/25 at 9:40 a.m., the following events occurred:- 9:40 a.m., R2 was observed lying in bed in the highest position, wearing only a brief with his door wide open. - 9:55 a.m. nursing assistant (NA)-A was walking down R2's hall and walked right past R2's room which still had the door wide open leaving R2 exposed only in his brief. - 10:04 a.m. R2 sits up in his bed and begins to say help, help- 10:06 a.m. NA-B is observed walking past R2's room.- 10:12 a.m. an unidentified male staff is observed walking past R2's room.- 10:22 a.m. facility activity aid is observed entering R2's room and placing an activity calendar on his wall. - 10:35 a.m. NA-A walks past R2's room.- 10:38 a.m. NA-B walks past R2's room.- 10:39 a.m. facility social worker (SW)-A walks past R2's room.- 10:49 a.m. registered nurse (RN)-B walks past R2's room.- 10:50 a.m. SW-A walks past R2's room.- 10:52 a.m. RN-B walks past R2's room.- 11:00 a.m. an unidentified facility resident in a wheelchair, wheels past R2's room.- 11:03 a.m. NA-A walks past R2's room.- 11:05 a.m. NA-A walks past R2's room.- 11:10 a.m. NA-B walks past R2's room.- 11:12 a.m. an unidentified female resident walk past R2's room.- 11:18 a.m. an unidentified female enters R2's room and closes the door. On 10/1/25, at 11:18 a.m. NA-C stated she was a nursing assistant from hospice. NA-C stated when she arrived R2's door was wide open and R2 was lying in his bed in only a brief. R2 had no other clothing was on him, nor was there a blanket covering him. NA-C comes typically 3 x a week to provide cares, and this is typical to find R2 like this. On 10/1/25, at 10:23 a.m. during an interview R2 stated he would not want others to see him only in his brief. On 10/1/25, at 10:34 a.m., NA-B stated part of their role is to get residents up and assist them with activities of daily living (ADL), which would include getting the residents dressed. It would be a dignity issue if residents are exposed due to being left in only their brief with the door open. On 10/1/25, at 10:44 a.m. NA-A stated R2 is one of her assigned residents for the day and her shift had started at 6:00 a.m. R2 has not been assisted with any activities of daily living yet this morning, including repositioning, incontinence care, getting out of bed, or dressing. Leaving a resident in only their brief with the door open is a dignity concern and should not happen. On 10/1/25, at 11:48 a.m. director of nursing (DON) stated leaving a resident exposed in only their brief with the door open is a dignity concern. All residents have the right to have privacy and to be treated with dignity. All staff is responsible in ensuring residents are provided care with dignity. The facility Resident Dignity policy last reviewed 12/2024, indicated the facility will promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of their individuality. The facility activities of Daily Living policy last reviewed 12/2024, indicated facility staff are to provide residents with appropriate treatment and services to maintain or improve abilities in activities of daily living for the well-being of mind, body, and soul.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review failed to provide repositioning and toileting/incontinence cares for 1 of 3 residents (R2) reviewed for activities of daily living (ADL) and who were dependent on staff for ADL's.Findings Include: R2's admission minimum data set (MDS) dated [DATE], indicated R2 was admitted on [DATE], was able to communicate clearly and understand others, was moderate to mild cognitive impairment category, and had the following diagnoses: anxiety, mood disturbance, and dementia. R2's Braden Scale for Predicting Pressure Sore Risk dated 9/23/25 had a score of 14 indicating R2 is a moderate risk for skin breakdown. The intervention guide included frequent turning with a planned schedule and managing moisture. R2's care plan last revised 8/29/25, indicated R2 has bowel and blader incontinence related to Alzheimer's Disease. The care plan indicated R2 will remain free from skin breakdown due to incontinence and brief use. RS was to be checked for incontinence every two hours. The care plan also indicted R2 has potential for pressure ulcer development related to disease process and immobility. Staff are to turn and reposition R2 in bed every 2 hours. During observation on 10/1/25 at 9:40 a.m., the following events occurred:- 9:40 a.m., R2 was observed lying in bed in the highest position, wearing only a brief with his door wide open. - 9:55 a.m. nursing assistant (NA)-A was walking down R2's hall and walked right past R2's room which still had the door wide open leaving R2 exposed only in his brief. - 10:04 a.m. R2 sits up in his bed and begins to say help, help- 10:06 a.m. NA-B is observed walking past R2s room.- 10:35 a.m. NA-A walks past R2's room.- 10:38 a.m. NA-B walks past R2's room.- 10:49 a.m. registered nurse (RN)-B walks past R2's room.- 10:50 a.m. SW-A walks past R2's room.- 10:52 a.m. RN-B walks past R2's room.- 11:03 a.m. NA-A walks past R2's room.- 11:05 a.m. NA-A walks past R2's room.- 11:10 a.m. NA-B walks past R2's room.- 11:8 a.m. an unidentified female enters R2's room and closes the door.On 10/1/25, at 11:18 a.m. NA-C stated she was a nursing assistant from hospice. NA-C stated when she arrived R2's door was wide open and R2 was lying in his bed in only a brief. R2 had no other clothing was on him, nor was there a blanket covering him. NA-C stated R2's brief was saturated with urine and feces. The brief was so saturated with urine that the sheet R2 was lying on was also soaked in urine. NA-C comes typically 3 x a week to provide cares, and this is common to find R2 like this. On 10/1/25, at 10:23 a.m. during an interview R2 stated he would not want others to see him only in his brief. On 10/1/25, at 10:34 a.m., NA-B stated part of their role is to get residents up and assist them with activities of daily living (ADL), which would include getting the residents dressed. It would be a dignity issue if residents are exposed due to being left in only their brief with the door open. She has not provided any care for R2 so far this shift. On 10/1/25, at 10:44 a.m. NA-A stated R2 is one of her assigned residents for the day and her shift had started at 6:00 a.m. R2 has not been assisted with any activities of daily living yet this morning, including repositioning, incontinence care, getting out of bed, or dressing. R2 is to have his brief checked and changed at least every 2 hours. On 10/1/25, at 11:48 a.m. director of nursing (DON) stated leaving a resident in their brief for greater than 2 hours and not repositioning if needed increases the risk for skin breakdown. Staff are to be following the individual residents care plan and if it directs staff to check and change a resident and reposition every 2 hours then staff are to be doing so. R2 should have been assisted with incontinence and repositioned at a minimum every 2 hours. The facility Bowel and Bladder: Evaluation Assessment, Toileting Program policy last reviewed 5/2025, indicated based on the resident's comprehensive assessment, the location will ensure that each resident with bowel or bladder incontinence will receive appropriate treatment and services to restore as much normal bowel or bladder functioning as possible. The facility Skin Assessment Pressure Ulcer Prevention and Documentation Requirements policy last reviewed 4/2025, indicated residents who are unable to reposition themselves independently, as indicated on the Sit-Stand-Walk Data Collection Tool UDA, should be repositioned as often as directed by the care plan approaches. Developing an individualized repositioning schedule is required for those residents unable to position themselves and is based on nutrition, hydration, incontinence, diagnoses, mobility, and observation of the resident's skin over a period of time. The facility activities of Daily Living policy last reviewed 12/2024, indicated facility staff are to provide residents with appropriate treatment and services to maintain or improve abilities in activities of daily living for the well-being of mind, body, and soul. The facility Resident Dignity policy last reviewed 12/2024, indicated the facility will promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of their individuality