Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 04/02/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245591	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2026
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Pipestone		STREET ADDRESS, CITY, STATE, ZIP CODE 1311 North Hiawatha Pipestone, MN 56164	

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 0805 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to follow physician orders for a texture modified diet for 1 of 3 residents (R1) reviewed for diet orders. This resulted in an immediate jeopardy (IJ) for R1 when he was served a regular texture diet and choked while eating, which resulted in R1 requiring emergency department (ED) services and admission to a higher level of care hospital. The facility implemented corrective action prior to the investigation so the deficiency was issued at Past Noncompliance. The IJ began on 12/29/25 at 5:00. p.m. when the dietary cook and nursing assistant (NA)-B served R1 with a regular texture tuna fish melt on a bun and sweet potato tots. R1 began to choke, staff performed the Heimlich Maneuver (used on people who can't breathe, speak, or cough because they are choking) three times before R1 was transferred by ambulance to the emergency department (ED), intubated (insertion of a tube into the windpipe to keep the airway open), air flown and admitted to a higher level of care hospital. The administrator and director of nursing (DON) were notified of the IJ on 1/7/26 at 4:46 p.m. The facility implemented corrective action on 12/30/25, prior to the start of the survey and was therefore Past Noncompliance.Findings include: R1's admission Minimum Data Set (MDS) dated [DATE], identified R1 had moderately impaired cognition, received staff assist with transferring and dressing but was independent with eating and was on a regular texture diet. Diagnoses included epilepsy, chronic obstructive pulmonary disease (COPD), and malignant neoplasm of lower lobe (right lung).R1's Order Summary Report signed on 11/19/25 indicated R1 had a regular diet, regular texture, thick consistency liquids, and 1500 milliliters (ml) fluid restriction.R1's hospital discharge physician order dated 12/26/25, identified R1 was discharged back to the facility following a hospital stay for pneumonitis (inflammation of lung tissue) due to inhalation of food and vomit. Diet order was IDDSI define 5 minced and moist with slightly thick liquids.R1's care plan revised on 12/26/25 identified R1 required slightly thick liquids. Revisions on 1/2/26, identified R1 sat on assistive side of dining room for supervision, cueing, and occasional assistance. R1 was able to feed himself after set-up help. R1 required a therapeutic diet related to pneumonitis due to inhalation of food and vomit evidenced by regular diet, 5 (five) minced and moist texture, slightly thick consistency diet order. Interventions include monitor closely/report signs and symptoms of chewing/swallowing difficulties, coughing, choking, etcetera.R1's Diet Notification Form dated 12/26/25, identified R1's diet was changed to 5 Minced and Moist diet texture; liquids slightly thick fluid consistency, level of supervision was marked as direct supervision and comments indicated R1 was moved to assisted side (of dining room).R1's point of care charting dated 12/29/25 at 6:10 p.m., indicated R1 ate 26-50% of his supper meal.R1's nurse progress noted dated 12/29/25 at 7:00 p.m., by licensed practical nurse (LPN)-A indicated at approximately 5:30 p.m., dietary aid observed resident actively choking and called for the nurse. The resident was removed from the dining room and brought to the nurse's station. The resident was hunched forward in his wheelchair, not breathing, cyanotic, (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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