STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245600	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Blackduck	172 Summit Avenue West Blackduck, MN 56630

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 0803 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review the facility failed to ensure mechanically altered diets were served as prescribed for 6 of 6 residents (R1, R2, R3, R4, R5, R7) with a physician ordered modified texture diet.ˆ ˆThis resulted in R1 receiving the incorrect diet, an unaltered piece of pizza, on 6/10/26. R1 required the Heimlich maneuver to dislodge the pizza from her throat. The immediate jeopardy (IJ) began on 6/10/26, at approximately 5:30 p.m., when facility staff served R1 the incorrect diet resulting in R1 needing the Heimlich maneuver performed to dislodge a piece of pizza from her throat. The IJ was identified on 7/1/26, the administrator was notified of the IJ on 7/1/26, at 3:15 p.m. The immediate jeopardy was removed on 6/11/26, the deficient practice was corrected prior to the start of the survey and was therefore issued at past noncompliance.ˆ Findings include: R1 R1's admission Record indicated she was admitted to the facility 4/24/26. R1's diagnoses included hemiplegia/hemiparesis (paralysis or weakness on one side of the body), failure to thrive and dysphagia (difficulty or discomfort in swallowing). R1's admission Minimum Data Set (MDS) dated [DATE]. Indicated she required substantial/maximal assistance to eat. The MDS indicated R1 received a mechanically altered diet. R1's Dietician assessment dated [DATE], indicated R1 received a pureed diet with mildly thick liquids. R1's Physician Order Report dated 6/10/26 through 7/1/26, identified the following order: heart healthy diet, level 6 soft and bite sized (features tender, moist pieces no larger than 1.5 cm x 1.5 cm that can be mashed with a fork and require chewing before swallowing). R1's care plan dated 4/24/26, indicated she required a mechanically altered diet related to dysphagia. The care plan directed heart healthy diet, International Dysphagia Diet Standardization Initiative (ISSD) diet 6 soft and bite sized. The care plan identified a self-care deficit and indicated she required set up and supervision with eating due to choking risk. R1's Progress note dated 6/10/26, indicated licensed practical nurse (LPN)-A was called down to dining room during dinner. R1 was choking. LPN-A immediately viewed R1's mouth and did not see anything, LPN-A started doing the Heimlich maneuver, three-to-four (3-4) thrusts were given followed by 3-4 back blows. Registered nurse (RN)-A was notified and assisted. During interview on 7/1/26 at 11:21 a.m., RN-A stated on 6/10/26, she was called to assist in the dining room. R1 was choking and could not talk. RN-A took over for LPN-A and performed abdominal thrusts and back blows. RN-A stated R1 was able to cough up the food. The dislodged food looked like a piece of pizza crust. R1 had the wrong food consistency served to her and after making sure R1 was okay, RN-A verified with the kitchen staff, R1 was prescribed a soft and bite sized diet. RN-A stated the cook told her she thought if the food was cut up small enough it would have been appropriate for R1's diet type. RN-A stated everyone on a mechanically altered diet had received the incorrect diet type for the evening meal on 6/10/26. RN-A stated, since the incident they had changed the process and said staff were using diet slips and two staff verified the diet was correct prior to serving the residents. RN-A stated the facility had also implemented diet cards that staff attached to their name badges. The diet cards outlined each diet type and what food was appropriate for each diet type. During interview on 7/1/26 at 12:19 p.m., LPN-A stated she was in the nursing office during dinner, and a staff member asked her to come to (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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F 0803 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	auditing meals, and the diets were verified with two staff prior to serving the meal. Facility policy Texture Modified Diets revised 6/10/26, indicated food and nutrition services provided texture modified diets prescribed by the residents attending physician. The policy indicated that any diet could be modified to accommodate chewing, coughing, choking and swallowing concerns. The facility implemented the following on 6/11/26, therefore the deficiency is being issued at past non-compliance: Implemented a new process with focus on meal tickets. Staff education completed for nursing and dietary staff on: Policy review of texture modified diets. IDDSI food and drink standards and IDDSI food texture restrictions Implemented a badge buddy (IDDSI food and drink levels attached to staff name badge). All resident care plans, diet orders and meal tickets were reviewed for accuracy.