



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

March 13, 2025

Licensee  
KP Enterprises Inc  
1507 17th Drive Southwest  
Austin, MN 55912

RE: Project Number SL40490016

Dear Licensee:

This is your **official notice** that you have been **granted your comprehensive home care license**. Your license effective and expiration dates remain the same as on your temporary license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 45 days prior to your expiration date, please contact us at (651) 201-5273 or by email at: [health.homecare@state.mn.us](mailto:health.homecare@state.mn.us).

The Minnesota Department of Health (MDH) completed an initial survey on February 12, 2025, for the purpose of assessing compliance with state licensing statutes. At the time of the survey MDH noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A.

The Department of Health concludes the licensee is in substantial compliance. State law requires the agency must take action to correct the state correction orders and document the actions taken to comply in the agency's records. The Department reserves the right to return to the agency at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

#### **STATE CORRECTION ORDERS**

The enclosed State Form documents the state correction orders. MDH documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

In accordance with Minn. Stat. § 144A.474 Subd. 11, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey at your agency.**

#### **DOCUMENTATION OF ACTION TO COMPLY**

Per Minn. Stat. § 144A.474, Subd. 8(c), the licensee must document actions taken to comply with the

correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the client(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's clients/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

### **CORRECTION ORDER RECONSIDERATION PROCESS**

In accordance with Minn. Stat. § 144A.474, Subd. 12, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 business days of the correction order receipt date.

To submit a reconsideration request, please visit:

**<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at [susan.winkelmann@state.mn.us](mailto:susan.winkelmann@state.mn.us) or call 651-201-5952.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

Sincerely,



Jodi Johnson, Supervisor  
State Evaluation Team  
Email: [Jodi.Johnson@state.mn.us](mailto:Jodi.Johnson@state.mn.us)  
Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H40490</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/12/2025</b>
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0 000	<p><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>HOME CARE PROVIDER LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p><b>INITIAL COMMENTS:</b> Project #SL40490016-0</p> <p>On February 10, 2025, through February 12, 2025, an evaluator of this Department's staff visited the above temporary Comprehensive Home Care licensed provider and the following correction orders were issued. At the time of the evaluation, there were 32 active clients receiving services under the temporary Comprehensive Home Care License.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).</p>	
0 510 SS=F	<p><b>144A.473, Subd. 2 Temporary License</b></p> <p>(a) For new license applicants, the commissioner</p>	0 510		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Minnesota Department of Health

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0 510	<p>Continued From page 1</p> <p>shall issue a temporary license for either the basic or comprehensive home care level. A temporary license is effective for up to one year from the date of issuance, except that a temporary license may be extended according to subdivision 3. Temporary licensees must comply with sections 144A.43 to 144A.482.</p> <p>(b) During the temporary license period, the commissioner shall survey the temporary licensee within 90 calendar days after the commissioner is notified or has evidence that the temporary licensee is providing home care services.</p> <p>(c) Within five days of beginning the provision of services, the temporary licensee must notify the commissioner that it is serving clients. The notification to the commissioner may be mailed or emailed to the commissioner at the address provided by the commissioner. If the temporary licensee does not provide home care services during the temporary license period, then the temporary license expires at the end of the period and the applicant must reapply for a temporary home care license.</p> <p>(d) A temporary licensee may request a change in the level of licensure prior to being surveyed and granted a license by notifying the commissioner in writing and providing additional documentation or materials required to update or complete the changed temporary license application. The applicant must pay the difference between the application fees when changing from the basic level to the comprehensive level of licensure. No refund will be made if the provider chooses to change the license application to the basic level.</p> <p>(e) If the temporary licensee notifies the commissioner that the licensee has clients within 45 days prior to the temporary license expiration, the commissioner may extend the temporary</p>	0 510		

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0 510	<p>Continued From page 2</p> <p>license for up to 60 days in order to allow the commissioner to complete the on-site survey required under this section and follow-up survey visits.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the licensee failed to notify the commissioner they were serving clients within five days of providing comprehensive home care services under the temporary comprehensive license.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>On February 10, 2025, at 1:32 p.m., director of operations (DO)-A stated the licensee had been providing services to clients since November 20, 2023. DO-A indicated she thought this was a change of ownership not a new temporary license.</p> <p>On February 12, 2025, at 1:30 p.m., owner (O)-G stated he was not aware of the requirement to send the notice in within five days, but once he was aware of it, he completed the form and submitted Minnesota Department of Health (MDH).</p> <p>The licensee's "Notice from Temporary Licensee of Providing Licensed Home Care Services"</p>	0 510		

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0 510	Continued From page 3  document signed and dated by O-G on October 4, 2024, indicated the licensee began providing home care services on November 20, 2023.  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 865 SS=D	144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions  (a) No later than 14 days after the date that home care services are first provided, a home care provider shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided. The service plan must be revised, if needed, based on client review or reassessment under subdivisions 7 and 8. The provider must provide information to the client about changes to the provider's fee for services and how to contact the Office of the Ombudsman for Long-Term Care. (c) The home care provider must implement and provide all services required by the current service plan. (d) The service plan and revised service plan must be entered into the client's record, including notice of a change in a client's fees when applicable. (e) Staff providing home care services must be informed of the current written service plan.  This MN Requirement is not met as evidenced by:	0 865		

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0 865	<p>Continued From page 4</p> <p>Based on observation, interview, and record review, the licensee failed to ensure the service plan was revised with changes in services for one of two clients (C3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>The licensee's attachment A included three tiers of service. Tier 1 (one) companion care \$34.00 per hour to include:</p> <ul style="list-style-type: none"> <li>-mental and social stimulation, companionship;</li> <li>-meal prep and clean up;</li> <li>-errands and shopping;</li> <li>-light housekeeping and laundry;</li> </ul> <p>Tier 2 (two) personal care \$36.00 per hours to include:</p> <ul style="list-style-type: none"> <li>-all Tier one services</li> <li>-bathing and showering</li> <li>-incontinence assistance;</li> <li>-oral hygiene assistance;</li> <li>-medication reminders;</li> <li>-dressing and grooming assistance;</li> </ul> <p>Tier 3 (three) comprehensive care \$38.00 per hour to include:</p> <ul style="list-style-type: none"> <li>-all Tier one and Tier two services</li> <li>-oral medication administration;</li> <li>-wound care;</li> <li>-blood glucose checks and monitoring;</li> <li>-ear/eye drops;</li> <li>-suppositories;</li> </ul>	0 865		
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0 865	<p>Continued From page 5</p> <p>-assistance with using medical equipment including Hoyer lift (mechanical patient lifting device), CPAP (continuous positive airway pressure) (machine that uses air pressure to keep breathing airways open while you sleep), oxygen, nebulizers, etc.</p> <p>C3's diagnoses included diabetes, malignant neoplasms (cancer) of breast, lymph nodes, and bone, and stage two pressure ulcer (open wound) of bilateral buttocks.</p> <p>C3's service agreement dated November 20, 2023, indicated C3 received a tier two package by unlicensed personnel (ULP) up to three hours per day, up to seven days per week.</p> <p>C3's care plan dated January 10, 2025, indicated C3 received services including shower assistance, shampoo, grooming, dressing, toileting assistance, assist with walking, transfers, oral care reminder, medication and blood sugar check reminder, skin fold checks, wound care, rotate pillow under bottom every two hours, use ROHO (relieves pressure on body to reduce risk of pressure sores) cushion, housekeeping, laundry, and meal prep. In addition, C3 had a supplement to care plan for delegated tasks dated January 10, 2025, that indicated C3 received services including topical medication administration, pulse oximeter, and wound care.</p> <p>On February 11, 2025, at 10:45 a.m., ULP-F was observed to apply clindamycin lotion to C3's face and assist C3 into a recliner chair. ULP-F then used a soft cloth to apply acetic acid to C3's front groin and fold areas. ULP-F stated the acetic acid was to dry there for 20 minutes and then would be applying a barrier cream and repeating the process to C3's buttock wounds.</p>	0 865		

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0 865	<p>Continued From page 6</p> <p>A review of C3's completed tasks dated February 3-7, 2025, and February 10-12, 2025, included staff initials and identified C3 had received wound cares daily.</p> <p>C3's medication administration record (MAR) dated February 3-7, 2025, and February 10, 2025, listed topical medications, times, and staff initials to indicate the medications had been administered.</p> <p>On February 11, 2025, at 3:07 p.m., director of operations (DO)-A stated C3 received level three services and was billed at a level three, but C3's service plan read C3 received level two services. DO-A stated C3's service plan did not match the cares or billing and would need to revise it.</p> <p>The licensee's Service Plan policy dated March 16, 2021, indicated the service plan must be revised, if needed, based on client review or reassessment. The service plan and all revisions are entered into the client's clinical record, including notice of a change in a client's fees when applicable.</p> <p>No further information was provided.</p> <p>TIME PERIOD TO CORRECT: Twenty-one (21) days.</p>	0 865		
0 905 SS=D	<p>144A.4792, Subd. 2 Provision of Medication Mgt Services</p> <p>(a) For each client who requests medication management services, the comprehensive home care provider shall, prior to providing medication management services, have a registered nurse,</p>	0 905		

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0 905	<p>Continued From page 7</p> <p>licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the client. The assessment must include an identification and review of all medications the client is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.</p> <p>(b) The assessment must:</p> <p>(1) identify interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications; and</p> <p>(2) provide instructions to the client or client's representative on interventions to manage the client's medications and prevent diversion of medications.</p> <p>"Diversion of medications" means the misuse, theft, or illegal or improper disposition of medications.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management assessment to include all required content for one of one client (C3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or</p>	0 905		

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0 905	<p>Continued From page 8</p> <p>a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>During the entrance conference on February 10, 2025, at 1:30 p.m., director of operations (DO)-A stated the licensee did not provide medication management services to any of their current clients.</p> <p>C3's diagnoses included diabetes, malignant neoplasm (cancer) of breast, lymph nodes, and bone, and stage two pressure ulcer (open wound) of bilateral buttocks.</p> <p>C3's service agreement dated November 20, 2023, indicated C3 received a tier two package by unlicensed personnel (ULP) up to three hours per day, up to seven days per week.</p> <p>C3's supplement to care plan for delegated tasks dated January 10, 2025, indicated C3 received services including topical medication administration.</p> <p>On February 1, 2025, at 10:45 a.m., the surveyor observed ULP-F apply clindamycin lotion to C3's face.</p> <p>C3's prescriber orders dated September 19, 2024, included:</p> <ul style="list-style-type: none"> <li>-cleanse groin folds with acetic acid. Allow to sit on the area for about 15-20 minutes. Then pat dry well, can fan the area or use a hair dryer on the cool setting. Apply a dusting of nystatin powder to the areas once to twice daily.</li> <li>-cleanse bilateral buttocks wound bases with acetic acid. Apply antifungal cream to the areas daily.</li> </ul>	0 905		

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0 905	<p>Continued From page 9</p> <p>C3's prescriber orders dated October 17, 2024, included: -ketoconazole 2% cream (for fungal infections) apply topically twice daily to rash on buttocks/genitals. -nystatin 100,000 unit/gram powder (for fungal or yeast infections of the skin) apply one to twice daily to rash of skin folds.</p> <p>C3's prescriber orders dated November 12, 2024, included clindamycin 1% lotion (topical antibiotic) apply topically to face daily.</p> <p>C3's medication administration record (MAR) dated February 3-7, 2025, and February 10, 2025, listed the following medications, times, and staff initials to indicate the medications had been administered. -nystatin powder 100,000 unit/gram in the a.m. -ketoconazole 2% cream twice daily to genitals and buttocks in the a.m. -antifungal barrier cream in the a.m. -acetic acid 0.25% dry 20 minutes in the a.m. -clindamycin lotion to face once daily in the a.m.</p> <p>C3's record lacked evidence the RN conducted a face-to-face review of all medications C3 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.</p> <p>On February 12, 2025, at 10:19 a.m., registered nurse (RN)-C stated a face-to-face medication management assessment had not been completed for C3. RN-C stated another nurse had managed this case and recently left employment. RN-C indicated she would be taking this case over and would need to get things in compliance.</p> <p>The licensee's Assessment for Medication</p>	0 905		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>KP ENTERPRISES INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1507 17TH DRIVE SOUTHWEST AUSTIN, MN 55912</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 905	<p>Continued From page 10</p> <p>Management Program policy dated August 17, 2019, indicated the clinician would provide and document a face-to-face assessment with the client and the assessment would include the following elements:</p> <ul style="list-style-type: none"> <li>-identification of all medications, including over-the-counter and herbal/dietary supplements</li> <li>-medication reconciliation</li> <li>-identification of the most accurate list of all medications the client is taking, including the name, dosage, frequency, and route by comparing the client record to an external list of medications obtained from the client, hospital, prescriber of the provider</li> <li>-assessment of the following: indication of medications, effectiveness of drug therapy, side effects, immediate desired effects, unusual and unexpected effects, actual or potential drug interactions, duplicate drug therapy, drug therapy currently associated with laboratory monitoring, allergic reactions, changes in condition that contraindicate continued administration of the medication</li> <li>-potential for diversion of medication by the client or others with access to it. The risks (high, moderate, or low risk) for diversion will be measured.</li> </ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 905		
0 920 SS=D	<p>144A.4792, Subd. 5 Individualized Medication Mgt Plan</p> <p>(a) For each client receiving medication management services, the comprehensive home care provider must prepare and include in the</p>	0 920		

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0 920	<p>Continued From page 11</p> <p>service plan a written statement of the medication management services that will be provided to the client. The provider must develop and maintain a current individualized medication management record for each client based on the client's assessment that must contain the following:</p> <ul style="list-style-type: none"> <li>(1) a statement describing the medication management services that will be provided;</li> <li>(2) a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;</li> <li>(3) documentation of specific client instructions relating to the administration of medications;</li> <li>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;</li> <li>(5) identification of medication management tasks that may be delegated to unlicensed personnel;</li> <li>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</li> <li>(7) any client-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</li> </ul> <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by:</p>	0 920		

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0 920	<p>Continued From page 12</p> <p>Based on interview and record review, the licensee failed to ensure a current and individualized medication management plan was developed and maintained with all the required content for one of one client (C3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>C3's diagnoses included diabetes, malignant neoplasm (cancer) of breast, lymph nodes, and bone, and stage two pressure ulcer (open wound) of bilateral buttocks.</p> <p>C3's service agreement dated November 20, 2023, indicated C3 received a tier two package (personal care) by unlicensed personnel (ULP) up to three hours per day, up to seven days per week.</p> <p>C3's supplement to care plan for delegated tasks dated January 10, 2025, indicated C3 received services including topical medication administration and wound care.</p> <p>C3's prescriber orders dated September 19, 2024, included: -cleanse groin folds with acetic acid. Allow to sit on the area for about 15-20 minutes. Then pat dry well, can fan the area or use a hair dryer on the cool setting. Apply a dusting of nystatin</p>	0 920		
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0 920	<p>Continued From page 13</p> <p>powder to the areas once to twice daily. -cleanse bilateral buttocks wound bases with acetic acid. Apply antifungal cream to the areas daily. C3's prescriber orders dated October 17, 2024, included: -ketoconazole 2% cream (for fungal infections) apply topically twice daily to rash on buttocks/genitals. -nystatin 100,000 unit/gram powder (for fungal or yeast infections of the skin) apply one to twice daily to rash of skin folds. C3's prescriber orders dated November 12, 2024, included clindamycin 1% lotion (topical antibiotic) apply topically to face daily.</p> <p>C3's medication administration record (MAR) dated February 3-7, 2025, and February 10, 2025, listed the following medications, times, and staff initials to indicate the medications had been administered. -nystatin powder 100,000 unit/gram in the a.m. -ketoconazole 2% cream twice daily to genitals and buttocks in the a.m. -antifungal barrier cream in the a.m. -acetic acid 0.25% dry 20 minutes in the a.m. -clindamycin lotion to face once daily in the a.m.</p> <p>C3's record lacked a medication management plan to include: - a statement describing the medication management services that would be provided; - a description of storage of medications based on the client's needs and preferences; - documentation of specific client instructions relating to the administration of medications; - identification of persons responsible for monitoring medication supplies and refills; - identification of medication management tasks that may be delegated to unlicensed personnel;</p>	0 920		

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0 920	<p>Continued From page 14</p> <ul style="list-style-type: none"> <li>- procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</li> <li>- any client-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</li> </ul> <p>On February 12, 2025, at 10:19 a.m., registered nurse (RN)-C stated the client's record lacked the required content noted above. RN-C stated another nurse had managed this case and recently left employment. RN-C indicated she would be taking this case over and would need to get things in compliance.</p> <p>The licensee's Assessment for Medication Management Program policy dated August 17, 2019, noted based on the results of the medication assessment the clinician would document an individualized medication management plan, including the following elements:</p> <ul style="list-style-type: none"> <li>- description of medication management services to be provided;</li> <li>- description of medication storage based on client need, preference, risk of diversion and per manufacturer's direction;</li> <li>- documentation procedures;</li> <li>- procedures for verification that medications are administered as prescribed;</li> <li>- procedures for monitoring medication use to prevent complications or adverse reactions;</li> <li>- identification of person responsible for monitoring medication supplies and ensuring refills are ordered in a timely manner;</li> <li>- identification of medication management</li> </ul>	0 920		

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0 920	Continued From page 15  tasks delegated to unlicensed staff; and - procedures for notifying the registered nurse or licensed health profession regarding problems arising with medication management services.  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	0 920		
0 935 SS=D	144A.4792, Subd. 8 Documentation of Administration of Medication  Each medication administered by comprehensive home care provider staff must be documented in the client's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the client's needs when medication was not administered as prescribed and in compliance with the client's medication management plan.  This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure documentation of medication administration was completed as prescribed for one of one client (C3).  This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to	0 935		

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0 935	<p>Continued From page 16</p> <p>cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>During the entrance conference on February 10, 2025, at 1:30 p.m. director of operations (DO)-A stated the licensee did not provide medication management services to any of their current clients.</p> <p>C3's diagnoses included diabetes, malignant neoplasm (cancer) of breast, lymph nodes, and bone, and stage two pressure ulcer (open wound) of bilateral buttocks.</p> <p>C3's service agreement dated November 20, 2023, indicated C3 received a tier two package (personal care) by unlicensed personnel (ULP) up to three hours per day, up to seven days per week.</p> <p>C3's supplement to care plan for delegated tasks dated January 10, 2025, indicated C3 received services including topical medication administration.</p> <p>C3's prescriber orders dated September 19, 2024, included: -wound care to buttocks and groin with acetic acid.</p> <p>C3's prescriber orders dated October 17, 2024, included: -antifungal cream -antifungal powder</p> <p>C3's prescriber orders dated November 12, 2024, included a topical antibiotic.</p>	0 935		

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0 935	<p>Continued From page 17</p> <p>C3's medication administration record (MAR) dated February 3-7, 2025, and February 10, 2025, listed the following medications, times, and staff initials to indicate the medications had been administered.</p> <ul style="list-style-type: none"> <li>-nystatin powder (for fungal or yeast infections of the skin) 100,000 unit/gram in the a.m.</li> <li>-ketoconazole 2% cream (for fungal infections) twice daily to genitals and buttocks in the a.m.</li> <li>-antifungal barrier cream in the a.m.</li> <li>-acetic acid 0.25% dry 20 minutes in the a.m.</li> <li>-clindamycin lotion (topical antibiotic) to face once daily in the a.m.</li> </ul> <p>On February 11, 2025, at 10:45 a.m., ULP-F stated C3 does not have nystatin powder or ketoconazole cream in the home and does not administer those medications. ULP-F stated she documents on the MAR as administered because she thought the antifungal barrier cream was the same thing as applying the nystatin powder and ketoconazole cream.</p> <p>On February 12, 2025, at 10:19 a.m., registered nurse (RN)-C stated she expected all areas on the MAR to be documented as administered, or the reason it was not administered.</p> <p>The licensee's Medication Documentation policy dated July 1, 2014, noted each medication administered by staff will be documented in the client's clinical record. Documentation will be complete, accurate and legible.</p> <p>1. Complete documentation of medication administration includes the following:</p> <ol style="list-style-type: none"> <li>a. Client's name</li> <li>b. Medication name</li> <li>c. Medication dosage</li> <li>d. Date and time of administration</li> </ol>	0 935		

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0 935	<p>Continued From page 18</p> <p>e. Method/route of administration f. Initial of staff administering the medication</p> <p>2. If the administration of one or more medications was not completed, staff will document the following:</p> <p>a. The reason why the medication was not administered b. Follow up procedures to meet the client's needs in compliance with the medication management plan. c. Appropriate notification to RN supervisor or other persons as instructed regarding missed dosages d. Medication error report, if appropriate.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 935		
01145 SS=F	<p>144A.4795, Subd. 7(b) Training/Competency Evals All Staff</p> <p>(b) Training and competency evaluations for all unlicensed personnel must include the following:</p> <p>(1) documentation requirements for all services provided; (2) reports of changes in the client's condition to the supervisor designated by the home care provider; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic</p>	01145		

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01145	<p>Continued From page 19</p> <p>devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls for providers working with the elderly or individuals at risk of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and clients and the client's family; (14) procedures to utilize in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency evaluations were completed as required, prior to providing direct care, for two of two employees (unlicensed personnel (ULP)-E, and ULP-F).</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when</p>	01145		

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01145	<p>Continued From page 20</p> <p>problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p><b>ULP-E</b> ULP-E was hired on August 1, 2023, to provide direct care services to the licensee's clients.</p> <p>ULP-E's employee record lacked documented evidence to indicate the employee completed training and competency testing as required in the following areas: - hair care; and - dressing and assisting with toileting.</p> <p><b>ULP-F</b> ULP-F was hired on February 16, 2024, to provide direct care services to the licensee's clients.</p> <p>ULP-F's employee record lacked documented evidence to indicate the employee completed training and competency testing as required in the following areas: - hair care; - dressing; and - medication, exercise, and treatment reminders.</p> <p>On February 12, 2025, at 1:00 p.m., director of operations (DO)-A stated the licensee's current competency form lacked dressing as a demonstrated skill and they would need to update the form to include it. DO-A indicated none of the current staff would have a dressing competency. DO-A further added there was a change in the registered nurse, resulting in some of the lack in competencies.</p>	01145		

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01145	<p>Continued From page 21</p> <p>The licensee's Staff Competency policy dated July 2, 2014, noted training and competency evaluations for all unlicensed personnel include the following: - medication, exercise and treatment reminders. The policy further noted unlicensed personnel would demonstrate competency by a practical skills test: - appropriate and safe techniques in personal hygiene and grooming, including bathing, hair care, oral hygiene (teeth, gums and oral prosthetics), care and use of hearing aids, dressing and toileting.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	01145		
01190 SS=D	<p>144A.4796, Subd. 6 Required Annual Training</p> <p>(a) All staff that perform direct home care services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the home care provider or another source and must include topics relevant to the provision of home care services. The annual training must include: (1) training on reporting of maltreatment of minors under chapter 260E and maltreatment of vulnerable adults under section 626.557, whichever is applicable to the services provided; (2) review of the home care bill of rights in section 144A.44; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand-washing techniques; the need for and use of protective</p>	01190		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H40490</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/12/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KP ENTERPRISES INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1507 17TH DRIVE SOUTHWEST AUSTIN, MN 55912</b>
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01190	<p>Continued From page 22</p> <p>gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting of communicable diseases; and (4) review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures.</p> <p>(b) In addition to the topics listed in paragraph (a), annual training may also contain training on providing services to clients with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research-based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of one employee (unlicensed personnel (ULP)-E) received a minimum of eight hours of training to include the required topics for each 12 months of employment as required.</p>	01190		

Minnesota Department of Health

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01190	<p>Continued From page 23</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-E had a hire date of August 1, 2023, to provide direct care services to the licensee's clients.</p> <p>ULP-E's record lacked evidence to indicate the employee had completed the required eight hours of annual training to include the required topics in the following areas:</p> <ul style="list-style-type: none"> <li>- training on reporting of maltreatment of minors under chapter 260E and maltreatment of vulnerable adults under section 626.557, whichever is applicable to the services provided;</li> <li>- review of the home care bill of rights in section 144A.44;</li> <li>- review of infection control techniques used in the home; and</li> <li>- a review of the licensee's policies and procedures relating to the provision of home care services and how to implement those policies and procedures.</li> </ul> <p>On February 12, 2024, at 1:00 p.m. director of operations (DO)-A stated ULP-E's record lacked the above required annual training. DO-A further stated she had emailed the employee multiple times on the need for her to complete the annual training that was due by the end of 2024, but it</p>	01190		

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01190	<p>Continued From page 24</p> <p>still had not been completed.</p> <p>The licensee's Staff Orientation and Education policy dated August 17, 2019, noted all staff providing direct home care would complete at least eight hours of education for every twelve months of employment. Education topics would include the following:</p> <ul style="list-style-type: none"> <li>a. Reporting of maltreatment of adults or minors</li> <li>b. Review of home care bill of rights</li> <li>c. Review of the organization's policies and procedures related to implementation of home care services.</li> <li>d. Infection control techniques used in the home.</li> </ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01190		