



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
January 15, 2026

Administrator
Courage Kenny Rehabilitation Institutes Trp
3915 GOLDEN VALLEY ROAD
GOLDEN VALLEY, MN 55422

RE: CCN: 245519
Cycle Start Date: November 6, 2025

Dear Administrator:

On January 14, 2026, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore, no remedies will be imposed.

Feel free to contact me if you have questions.

A handwritten signature in blue ink that reads 'Holly Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Freeman Building | HRD-OLF 3B
625 Robert St. N.
P.O. Box 64975
St. Paul, MN 55164-0899
Office: 651-201-4384 | Email: holly.zahler@state.mn.us



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January 15, 2026

Administrator

Courage Kenny Rehabilitation Institutes Trp

3915 GOLDEN VALLEY ROAD

GOLDEN VALLEY, MN 55422

Re: Reinspection Results
Event ID: 1DAA75-H2

Dear Administrator:

On January 14, 2026, survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on November 6, 2025. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Holly Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
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Protecting, Maintaining and Improving the Health of All Minnesotans

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December 10, 2025

Administrator
Courage Kenny Rehabilitation Institutes Trp
3915 Golden Valley Road
Golden Valley, MN 55422

RE: CCN:245519

Cycle Start Date: December 10, 2025

In response to the federal shutdown, the cycle start date has been changed to the date the cert letters are posted (per CMS direction).

Dear Administrator:

On November 6, 2025, a survey was completed at your facility by the Minnesota Departments of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice. What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417).
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" and/or an "E" tag), i.e., the plan of correction should be directed to:

Elizabeth Silkey, Regional Operations Supervisor
Mankato District Office
Health Regulation Division
Minnesota Department of Health
12 Civic Center Plaza, Suite #2105
Mankato, Minnesota 56001
Email: elizabeth.silkey@state.mn.us
Office: (507) 344-2742 Mobile: (651) 368-3593

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued, and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by March 10, 2026 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by June 10, 2026 (six months after the identification of noncompliance), your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,



Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Freeman Building | HRD-OLF 3B
625 Robert St. N.
P.O. Box 64975
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Electronically delivered
December 10, 2025

Administrator
Courage Kenny Rehabilitation Institutes Trp
3915 Golden Valley Road
Golden Valley, MN 55422

Re: State Nursing Home Licensing Orders
Event ID: 1DAA75H1

Dear Administrator:

The above facility survey was completed on November 6, 2025, for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a “suggested method of correction” has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The “suggested method of correction” is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

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.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Elizabeth Silkey, Regional Operations Supervisor
Mankato District Office
Health Regulation Division
Minnesota Department of Health
12 Civic Center Plaza, Suite #2105
Mankato, Minnesota 56001
Email: elizabeth.silkey@state.mn.us
Office: (507) 344-2742 Mobile: (651) 368-3593

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.



Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Office: 651-201-4384
Email: holly.zahler@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245519	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/10/2025
NAME OF PROVIDER OR SUPPLIER Courage Kenny Rehabilitation Institutes Trp			STREET ADDRESS, CITY, STATE, ZIP CODE 3915 GOLDEN VALLEY ROAD , GOLDEN VALLEY, Minnesota, 55422	
(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) COMPLETION DATE
F0000	<p>INITIAL COMMENTS</p> <p>On 11/05/25 to 11/06/25, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaint was reviewed:</p> <p>H55196962C (2658411) with a deficiency cited at F686.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F0000		01/12/2026
F0686 SS = D	<p>Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) Skin Integrity</p> <p>§483.25(b)(1) Pressure ulcers.</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p>	F0686	<p>This plan of correction constitutes our written allegation of compliance for the deficiencies cited. Submission of this plan is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.</p> <p>Courage Kenny Rehabilitation Institute - TRP ensures that residents receive care consistent with professional standards of practice to prevent pressure ulcers, and that residents with pressure ulcers receive necessary treatment and services consistent with professional standards of practice to promote healing, prevent infection, and prevent new ulcers from developing.</p> <p>R1's care plan has been reviewed and revised. The pressure injury has healed.</p> <p>Any resident could potentially be affected.</p> <p>The records of residents at risk for pressure ulcers will be reviewed and their care plans will be revised as needed, for example, if resident is refusing care.</p>	01/12/2026

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 reverse for further 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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F0686 SS = D	<p>Continued from page 1</p> <p>Based on interview and document review, the facility failed to comprehensively reassess pressure ulcer interventions and develop and implement new interventions to prevent pressure injuries for 1 of 1 resident (R1) who was identified as refusing repositioning on the overnight and acquired a new pressure sore.</p> <p>Findings Include:</p> <p>Definitions of pressure ulcer types according to National Pressure Ulcer Advisory Panel (NPUAP):</p> <p>Unstageable Pressure Ulcer: Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because the wound bed is obscured by slough or eschar. If the slough or eschar is removed, a Stage 3 or Stage 4 pressure ulcer will be revealed.</p> <p>R1's quarterly Minimum Data Set (MDS) assessment dated 10/21/25, indicated diagnoses of traumatic spinal cord dysfunction, neurogenic bladder (condition where nerve damage from the brain, spinal cord, or peripheral nerves leads to a loss of bladder control) and quadriplegia (paralysis that affects all of a person's limbs and body from the neck down). The MDS indicated R1 was cognitively intact and required extensive assistance of two with all activities of daily living. The MDS indicated R1 was at risk for developing pressure ulcers, no pressure ulcers and had pressure reducing device for his chair and bed.</p> <p>R1's Care Plan dated 10/27/25, indicated impaired skin integrity or potential for impaired skin integrity related to immobility. R1's Care Plan goal was to demonstrate a knowledge of risk factors and interventions for preventing skin breakdown with a revision date of 11/03/25. Interventions included assess condition of skin and document weekly, assist in keeping skin clean and dry, cleanse perineal area well with each incontinence, educate and encourage in the importance of meeting nutrition and hydration needs, educate and encourage participant in increasing skin tolerance. If resident refuses repositioning, provide education and document refusal and education provided (initiated 10/27/25). Replace on regular repositioning schedule (initiated 10/15/25), refer to physical therapy (PT) for positioning/seating/mobility needs (initiated 10/15/25), turn and reposition every two hours (initiated 10/15/25). The Care Plan further indicated R1 had indwelling foley catheter and received a new leg bag every morning and new bed bag at night with staff to empty every four hours.</p>	F0686	<p>Continued from page 1</p> <p>The standard work procedure for refusal of care will be reviewed and revised as needed.</p> <p>The standard work checklist for new wounds will be reviewed and revised as needed.</p> <p>Nursing staff will be educated regarding the regulation and this plan of correction, including the standard work for refusal of care and new wounds, as well as the importance of completing care that is ordered and accurately documenting such care.</p> <p>The Administrator or designee will conduct weekly audits to identify residents who refused care and ensure the standard work procedure was followed. Audits will continue until the 1/22/26 QAPI meeting.</p> <p>The Administrator will share audit results with the QAPI committee for further recommendations.</p> <p>The Administrator is responsible for compliance with this requirement.</p>	

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F0686 SS = D	<p>Continued from page 2</p> <p>R1's Treatment Administration Record (TAR) indicated on 10/26/25, to apply Mepilex (foam dressing) to sacrum (triangular bone in the lower back formed from fused vertebrae and situated between the two hipbones of the pelvis and bilateral gluteal cleft) remove before showers and allow regular skin care. Cleanse with wound cleanser. Cover with large Mepilex. Change daily and as needed for dislodgement every evening shift. The TAR further directed staff to turn and reposition every 2-3 hours with a start date of 10/15/25.</p> <p>Progress Note dated 11/06/25, completed by register nurse (RN)-A indicated a pressure injury staged at Deep Tissue Pressure Ulcer/Injury: Persistent non-blanchable deep red, maroon or purple discoloration. The note indicated Wound history/plan: per client nursing had noted a red area on his coccyx last week. Floor nurse reported this to wound team on Friday 10/24/25, but was unable to be assessed as client was already up and in therapy for the day. Wound was seen over the weekend by nursing and WOC (registered nurse specializing in Wound, Ostomy, and Continence care) first thing on Monday. The note indicted R1 reports he occasionally declined repositioning at night. However, last Wednesday 10/22/25, R1 reports he spend all day in bed due to being sick. Referred to therapy for pressure mapping in bed and chair. The note indicated Wound Status Initial Assessment was on 10/27/25, coccyx 5 centimeters (cm) x1 cm x 0.1 cm and the left buttock 1.5 cm x 0 cm x 0 cm. right gluteal fold developed during stay on 10/24/25. Etiology: wound developed during stay and is from trauma possibly related to sling. Comments indicated as the coccyx wound is a deep tissue injury (DTI) it is impossible to know the extent of the injury before it surfaces and evolves. The coccyx is likely to evolve to a full thickness wound even with strict offloading. Education was provided to R1 about DTPI and the projected evolution. A photo was taken for R1 on his personal cell phone for his own records and education.</p> <p>During interview on 11/05/25 at 1:07 p.m., R1 stated he never had any skin issues at the two previous places he was at for the past 60 days and then arrived at this facility and within 11 days developed a pressure ulcer. R1 stated he did refuse his first or second night to be repositioned due to the night shift staff being so loud with his roommate when providing cares and he was so tired and did not want to be bothered. R1 stated he also got upset with one of the night NAR's when she was attempting to take his shirt off and felt she hurt him and requested for her to never come back in his room. R1 stated now all of the aides are saying he is</p>	F0686		

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F0686 SS = D	<p>Continued from page 3</p> <p>refusing cares and staff which he feels is not true. R1 stated he recalled on 10/22/25, he was not feeling well and went to bed around 3:00 p.m. and slept until 11:00 a.m. the following day and does not recall any staff attempting to reposition him or offering to. R1 stated he feels that was when the pressure ulcer developed. R1 stated a NAR while changing him informed him he had a sore on 10/24/25, and it was not looked at by the nurse until 10/27/25 and was informed it was a pressure ulcer. R1 stated his pressure ulcer was looked at again by the wound nurse on 10/31/25, and I was told the dressing would be changed every evening over the weekend and no one came to change it. R1 further stated NAR-B worked Monday morning noticed drainage and told me she would inform the nurse working. That was when I asked for it (dressing) to be changed in the morning.</p> <p>During interview on 11/06/25 at 8:45 a.m., nursing assistant (NA)-A stated she worked the night shift with R1, and prior to him getting his pressure ulcer he would refuse to be turned and repositioned all of the time and would only allow to be turned usually one time during the night. NA-A stated after R1 received the pressure ulcer, he would usually let us turn and reposition him every three hours during the night.</p> <p>During interview on 11/06/25 at 9:58 a.m. registered nurse (RN)-A stated she does the wound rounds and completed R1's admission wound assessment on 10/14/25. RN-A indicated she had no concerns with R1's skin. RN-A stated she provided R1 with a new bed which was a adapt, group three wound mattress with alternating air. On 10/24/25 at 9:30 a.m., RN-A stated she was informed there was wound concern and needs to know prior to her wound rounds at 8:00 a.m. which residents she is to see. RN-A stated she was told R1 was at therapy and instructed the nurse to let her know when he is in bed and she would look at his skin. RN-A stated the nurse never got back to her and at around 6:00 p.m. she was able to see R1 who was busy all day with therapy and at that time was up in his chair and had visitors. RN-A stated she set up arrangements to look at his skin right away on Monday morning 10/27/25, that was when she saw he had a deep tissue injury (DTI) on his coccyx. RN-A stated R1 had a history of refusing to be repositioned during the night and was never informed of this and unfortunately the staff did not document this or the risks vs. benefits although knowing he was aware. RN-A stated R1 was on a every three to four hour turning and repositioning program and was immediately changed to a strict every two-hour schedule and after R1 saw the picture of his wound he has been compliant to his schedule. In addition, RN-A stated the nurse that originally found R1's wound on 10/24/25, should</p>	F0686		

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F0686 SS = D	<p>Continued from page 4 have filled out the proper paperwork and at a minimum filled out a progress note describing the new skin area which she failed to do.</p> <p>During observation and interview on 11/06/25 at 11:45 a.m., RN-A removed R1's dressings and indicated his deep tissue injury on his coccyx now had slough and some dead tissue. RN-A stated this would be expected with a DTI. R1 questioned RN-A if his dressing changes were to be completed daily over the weekend after she changed the dressing on Friday 10/31/25. RN-A informed R1 they were to be changed daily. RNA-A stated the dressing had not been changed until Monday 11/03/25, by the dayshift nurse.</p> <p>During interview on 11/06/25 at 12:46 p.m., R1's nurse practitioner (NP) stated she was informed on R1's pressure ulcer on Monday 10/27/25, when RN-A observed the wound and R1 was pressure mapped for pressure areas. NP further stated she was made aware after the finding of the pressure ulcer R1 was not allowing staff to turn and reposition him during the night.</p> <p>During interview on 11/06/25 at 2:57 p.m., RN-B stated he worked the weekend of 11/01/25 to 11/02/25 and had several issues going on that weekend with other residents with blood pressures and helping the nursing assistants. RN-B stated he screwed up and didn't get the dressing change done and just didn't get the dressing changes completed. RN-B stated the acuity has increased and staffing can be a component on his shift.</p> <p>During interview on 11/06/25 at 3:14 p.m., RN-A stated the dressing change was to be completed every evening and she will follow up with RN-B. RN-A stated for pressure injuries that are not significant in depth the dressings can be left on for three to five days but with R1 she would like the dressing changed daily so the wound could be monitored and assessed. RN-A stated she did expect some necrosis (dead tissue) on the wound due to natural evolution of the DTI and about 75% of DTI become necrotic.</p> <p>The Facility New Wound or Worsening Skin Concern undated, indicated nursing is to observe and assess the area of concern. Note the location, measurements, depth, drainage and appearance. Determine the best treatment based on the "Wound and Skin Care Guidelines" and place a nursing order for that treatment. Identify the potential causes for the wound. Document your assessment and intervention's initiated on a "skin/wound" progress note. Fill out a wound tracker form and email to team to communicate the presence of a skin concern of existing wounds. Notify responsible</p>	F0686		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245519	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/10/2025
NAME OF PROVIDER OR SUPPLIER Courage Kenny Rehabilitation Institutes Trp			STREET ADDRESS, CITY, STATE, ZIP CODE 3915 GOLDEN VALLEY ROAD , GOLDEN VALLEY, Minnesota, 55422	
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F0686 SS = D	Continued from page 5 party/POA, with client approval, if they do not have a guardian and put completed check list in the DON mailbox.	F0686		

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20000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS:</p> <p>On 11/05/25 to 11/06/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.</p>	20000		01/12/2026

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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20000	<p>Continued from page 1 The following complaint was reviewed:</p> <p>H55196962C (2658411) with a licensing order issued at 0900.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.</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>	20000		
20900	<p>Rehab - Pressure Ulcers</p> <p>CFR(s): MN Rule 4658.0525 Subp. 3</p> <p>Subp. 3. Pressure sores. Based on the comprehensive resident assessment, the director of nursing services must coordinate the development of a nursing care plan which provides that:</p> <p>A. a resident who enters the nursing home without</p>	20900	<p>This plan of correction constitutes our written allegation of compliance for the deficiencies cited. Submission of this plan is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.</p> <p>Courage Kenny Rehabilitation Institute - TRP ensures that residents receive care consistent with professional standards of practice to prevent pressure ulcers, and that residents with pressure ulcers receive</p>	01/12/2026

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20900	<p>Continued from page 2 pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates, and a physician authenticates, that they were unavoidable; and</p> <p>B. a resident who has pressure sores receives necessary treatment and services to promote healing, prevent infection, and prevent new sores from developing.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review, the facility failed to comprehensively reassess pressure ulcer interventions and develop and implement new interventions to prevent pressure injuries for 1 of 1 resident (R1) who was identified as refusing repositioning on the overnight and acquired a new pressure sore.</p> <p>Findings Include:</p> <p>Definitions of pressure ulcer types according to National Pressure Ulcer Advisory Panel (NPUAP):</p> <p>Unstageable Pressure Ulcer: Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because the wound bed is obscured by slough or eschar. If the slough or eschar is removed, a Stage 3 or Stage 4 pressure ulcer will be revealed.</p> <p>R1's quarterly Minimum Data Set (MDS) assessment dated 10/21/25, indicated diagnoses of traumatic spinal cord dysfunction, neurogenic bladder (condition where nerve damage from the brain, spinal cord, or peripheral nerves leads to a loss of bladder control) and quadriplegia (paralysis that affects all of a person's limbs and body from the neck down). The MDS indicated R1 was cognitively intact and required extensive assistance of two with all activities of daily living. The MDS indicated R1 was at risk for developing pressure ulcers, no pressure ulcers and had pressure reducing device for his chair and bed.</p> <p>R1's Care Plan dated 10/27/25, indicated impaired skin integrity or potential for impaired skin integrity related to immobility. R1's Care Plan goal was to demonstrate a knowledge of risk factors and interventions for preventing skin breakdown with a revision date of 11/03/25. Interventions included assess condition of skin and document weekly, assist in keeping skin clean and dry, cleanse perineal area well with each incontinence, educate and encourage in the</p>	20900	<p>Continued from page 2 necessary treatment and services consistent with professional standards of practice to promote healing, prevent infection, and prevent new ulcers from developing.</p> <p>R1's care plan has been reviewed and revised. The pressure injury has healed.</p> <p>Any resident could potentially be affected.</p> <p>The records of residents at risk for pressure ulcers will be reviewed and their care plans will be revised as needed, for example, if resident is refusing care.</p> <p>The standard work procedure for refusal of care will be reviewed and revised as needed.</p> <p>The standard work checklist for new wounds will be reviewed and revised as needed.</p> <p>Nursing staff will be educated regarding the regulation and this plan of correction, including the standard work for refusal of care and new wounds, as well as the importance of completing care that is ordered and accurately documenting such care.</p> <p>The Administrator or designee will conduct weekly audits to identify residents who refused care and ensure the standard work procedure was followed. Audits will continue until the 1/22/26 QAPI meeting.</p> <p>The Administrator will share audit results with the QAPI committee for further recommendations.</p> <p>The Administrator is responsible for compliance with this requirement.</p>	

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20900	<p>Continued from page 3 importance of meeting nutrition and hydration needs, educate and encourage participant in increasing skin tolerance. If resident refuses repositioning, provide education and document refusal and education provided (initiated 10/27/25). Replace on regular repositioning schedule (initiated 10/15/25), refer to physical therapy (PT) for positioning/seating/mobility needs (initiated 10/15/25), turn and reposition every two hours (initiated 10/15/25). The Care Plan further indicated R1 had indwelling foley catheter and received a new leg bag every morning and new bed bag at night with staff to empty every four hours.</p> <p>R1's Treatment Administration Record (TAR) indicated on 10/26/25, to apply Mepilex (foam dressing) to sacrum (triangular bone in the lower back formed from fused vertebrae and situated between the two hipbones of the pelvis and bilateral gluteal cleft) remove before showers and allow regular skin care. Cleanse with wound cleanser. Cover with large Mepilex. Change daily and as needed for dislodgement every evening shift. The TAR further directed staff to turn and reposition every 2-3 hours with a start date of 10/15/25.</p> <p>Progress Note dated 11/06/25, completed by register nurse (RN)-A indicated a pressure injury staged at Deep Tissue Pressure Ulcer/Injury: Persistent non-blanchable deep red, maroon or purple discoloration. The note indicated Wound history/plan: per client nursing had noted a red area on his coccyx last week. Floor nurse reported this to wound team on Friday 10/24/25, but was unable to be assessed as client was already up and in therapy for the day. Wound was seen over the weekend by nursing and WOC (registered nurse specializing in Wound, Ostomy, and Continence care) first thing on Monday. The note indicted R1 reports he occasionally declined repositioning at night. However, last Wednesday 10/22/25, R1 reports he spend all day in bed due to being sick. Referred to therapy for pressure mapping in bed and chair. The note indicated Wound Status Initial Assessment was on 10/27/25, coccyx 5 centimeters (cm) x1 cm x 0.1 cm and the left buttock 1.5 cm x 0 cm x 0 cm. right gluteal fold developed during stay on 10/24/25. Etiology: wound developed during stay and is from trauma possibly related to sling. Comments indicated as the coccyx wound is a deep tissue injury (DTI) it is impossible to know the extent of the injury before it surfaces and evolves. The coccyx is likely to evolve to a full thickness wound even with strict offloading. Education was provided to R1 about DTPI and the projected evolution. A photo was taken for R1 on his personal cell phone for his own records and education.</p>	20900		

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20900	<p>Continued from page 4</p> <p>During interview on 11/05/25 at 1:07 p.m., R1 stated he never had any skin issues at the two previous places he was at for the past 60 days and then arrived at this facility and within 11 days developed a pressure ulcer. R1 stated he did refuse his first or second night to be repositioned due to the night shift staff being so loud with his roommate when providing cares and he was so tired and did not want to be bothered. R1 stated he also got upset with one of the night NAR's when she was attempting to take his shirt off and felt she hurt him and requested for her to never come back in his room. R1 stated now all of the aides are saying he is refusing cares and staff which he feels is not true. R1 stated he recalled on 10/22/25, he was not feeling well and went to bed around 3:00 p.m. and slept until 11:00 a.m. the following day and does not recall any staff attempting to reposition him or offering to. R1 stated he feels that was when the pressure ulcer developed. R1 stated a NAR while changing him informed him he had a sore on 10/24/25, and it was not looked at by the nurse until 10/27/25 and was informed it was a pressure ulcer. R1 stated his pressure ulcer was looked at again by the wound nurse on 10/31/25, and I was told the dressing would be changed every evening over the weekend and no one came to change it. R1 further stated NAR-B worked Monday morning noticed drainage and told me she would inform the nurse working. That was when I asked for it (dressing) to be changed in the morning.</p> <p>During interview on 11/06/25 at 8:45 a.m., nursing assistant (NA)-A stated she worked the night shift with R1, and prior to him getting his pressure ulcer he would refuse to be turned and repositioned all of the time and would only allow to be turned usually one time during the night. NA-A stated after R1 received the pressure ulcer, he would usually let us turn and reposition him every three hours during the night.</p> <p>During interview on 11/06/25 at 9:58 a.m. registered nurse (RN)-A stated she does the wound rounds and completed R1's admission wound assessment on 10/14/25. RN-A indicated she had no concerns with R1's skin. RN-A stated she provided R1 with a new bed which was a adapt, group three wound mattress with alternating air. On 10/24/25 at 9:30 a.m., RN-A stated she was informed there was wound concern and needs to know prior to her wound rounds at 8:00 a.m. which residents she is to see. RN-A stated she was told R1 was at therapy and instructed the nurse to let her know when he is in bed and she would look at his skin. RN-A stated the nurse never got back to her and at around 6:00 p.m. she was able to see R1 who was busy all day with therapy and at that time was up in his chair and had visitors. RN-A stated she set up arrangements to look at his skin</p>	20900		

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20900	<p>Continued from page 5 right away on Monday morning 10/27/25, that was when she saw he had a deep tissue injury (DTI) on his coccyx. RN-A stated R1 had a history of refusing to be repositioned during the night and was never informed of this and unfortunately the staff did not document this or the risks vs. benefits although knowing he was aware. RN-A stated R1 was on a every three to four hour turning and repositioning program and was immediately changed to a strict every two-hour schedule and after R1 saw the picture of his wound he has been compliant to his schedule. In addition, RN-A stated the nurse that originally found R1's wound on 10/24/25, should have filled out the proper paperwork and at a minimum filled out a progress note describing the new skin area which she failed to do.</p> <p>During observation and interview on 11/06/25 at 11:45 a.m., RN-A removed R1's dressings and indicated his deep tissue injury on his coccyx now had slough and some dead tissue. RN-A stated this would be expected with a DTI. R1 questioned RN-A if his dressing changes were to be completed daily over the weekend after she changed the dressing on Friday 10/31/25. RN-A informed R1 they were to be changed daily. RNA-A stated the dressing had not been changed until Monday 11/03/25, by the dayshift nurse.</p> <p>During interview on 11/06/25 at 12:46 p.m., R1's nurse practitioner (NP) stated she was informed on R1's pressure ulcer on Monday 10/27/25, when RN-A observed the wound and R1 was pressure mapped for pressure areas. NP further stated she was made aware after the finding of the pressure ulcer R1 was not allowing staff to turn and reposition him during the night.</p> <p>During interview on 11/06/25 at 2:57 p.m., RN-B stated he worked the weekend of 11/01/25 to 11/02/25 and had several issues going on that weekend with other residents with blood pressures and helping the nursing assistants. RN-B stated he screwed up and didn't get the dressing change done and just didn't get the dressing changes completed. RN-B stated the acuity has increased and staffing can be a component on his shift.</p> <p>During interview on 11/06/25 at 3:14 p.m., RN-A stated the dressing change was to be completed every evening and she will follow up with RN-B. RN-A stated for pressure injuries that are not significant in depth the dressings can be left on for three to five days but with R1 she would like the dressing changed daily so the wound could be monitored and assessed. RN-A stated she did expect some necrosis (dead tissue) on the wound due to natural evolution of the DTI and about 75% of DTI become necrotic.</p>	20900		

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20900	<p>Continued from page 6</p> <p>The Facility New Wound or Worsening Skin Concern undated, indicated nursing is to observe and assess the area of concern. Note the location, measurements, depth, drainage and appearance. Determine the best treatment based on the "Wound and Skin Care Guidelines" and place a nursing order for that treatment. Identify the potential causes for the wound. Document your assessment and intervention's initiated on a "skin/wound" progress note. Fill out a wound tracker form and email to team to communicate the presence of a skin concern of existing wounds. Notify responsible party/POA, with client approval, if they do not have a guardian and put completed check list in the DON mailbox.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee, should review all residents at risk for pressure ulcers to assure they are receiving the necessary treatment/services to prevent pressure ulcers from developing and to promote healing of pressure ulcers, ensure refusal for treatment are tracked and reported and risk versus benefits are provided to appropriate residents who continue to refuse treatment interventions. The DON or designee should conduct measurable audits for a specific amount of time of the delivery of care to residents affected and those who have the potential to be affected to ensure appropriate care and services are implemented and reduce the risk for pressure ulcer development. The DON or designee should bring all audit information to the Quality Assurance Performance Improvement (QAPI) committee to determine compliance or the need for further monitoring.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	20900		