

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL240974923M
Compliance #: HL240971148C

Date Concluded: November 4, 2025

Name, Address, and County of Licensee

Investigated:

KSMS Our House Senior Living
1401 15th Ave NW
Austin, MN 55912
Mower County

Facility Type: Assisted Living Facility with
Dementia Care (ALFDC)

Evaluator's Name: Julie Serbus, RN
Special Investigator

Finding: Not Substantiated

Nature of Investigation:

The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

Initial Investigation Allegation(s): The facility neglected the resident when she had sustained bruising of an unknown origin.

Investigative Findings and Conclusion: The Minnesota Department of Health determined neglect was not substantiated. The resident did have multiple injuries apparently from unwitnessed falls. The facility took appropriate steps to address the injuries and to reduce the risk of falls. The resident's bruising was complicated by the use of blood thinner.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator contacted a family member. The investigation included review of the resident record(s), hospital records, facility internal investigation, facility incident reports, staff schedules, related facility policy and procedures. Also, the investigator observed interactions with the facility staff and resident during an onsite visit.

The resident resided in an assisted living memory care unit. The resident's diagnoses included Alzheimer's disease. The care plan indicated the resident was independent with transfers, ambulation and encouraged to use a walker and, if using a wheelchair, could self-propel. The resident required cueing and standby assist with toileting.

One Friday evening the resident came out of her room for the evening meal when an unlicensed caregiver noticed and documented some discoloration around the resident's left eye, a purple bruise on top of right hand, and the resident complained of both knees hurting. No witnesses were identified regarding how the injuries nor pain occurred.

The next morning, Saturday, an unlicensed caregiver documented in the resident's progress note when the resident had come out for breakfast the resident's eye was not black. However, at 9:30 a.m. when caregiver saw the resident again noticed she had a black eye. The caregiver asked the resident if she knew what happened and resident denied falling and did not know what had happened. The caregiver called both the on-call nurse to report as well as a family member.

On Sunday, a progress note indicated further changes with the resident's skin not only was her left eye black but also now her right eye was black. The progress note indicated a family member noticed resident's right knee had a bruise as well.

On Monday, a progress note indicated nursing completed a skin check as well as measurements of each bruise. The same document indicated the resident denied pain. The daughter transported the resident to the emergency department for evaluation. After being evaluated the resident returned the same day to the facility.

On Wednesday at 7:40 a.m., a progress note indicated an unlicensed caregiver went into the resident's room for a safety check and discovered her laying on her back on the floor between the bed and recliner. The resident was complaining of pain and unable to get up. The on-call nurse was notified, 911 called to transport, and family member contacted.

Hospital records indicated resident was diagnosed with multiple right sided mildly displaced rib fractures, a small right pneumothorax, a small pleural effusion, and mild consolidation within the right lung base. The hospital records indicated the resident had been diagnosed with a urinary tract infection a day prior to when staff noticed skin changes and was prescribed an antibiotic for which she ended up having an allergic reaction. Hospital records indicated the resident had been on a blood thinner prior to hospitalization.

Resident progress note indicated resident returned to the facility after a hospital stay.

During an interview, an unlicensed caregiver stated the resident was independent with walking and the morning of the incident had gone into the resident's room for a safety check. The resident did not know how she fell but was laying on her side asking for help to get up. The

caregiver asked the resident if she was in pain, did some light range of motion, and determined resident was injured and contacted nurse prior to calling emergency medical services for a transport and then contacted family member.

During an interview, family member stated resident uses a walker but at times forgot where she placed it and required assistance to locate it. The family member stated prior to staff noticing skin changes and prior to the fall the resident had been diagnosed with a urinary tract infection and order antibiotics and while hospitalized found to have an allergic reaction to the antibiotic previously ordered. The facility felt the bed was too high for the resident and now family has purchased a bed that is about three inches lower, and the head of the bed can be slightly elevated. The family member stated the resident has a habit of locking her room but is unable to unlock it herself and staff do have the key for the room. Family stated it is difficult to prevent falls even with interventions in place as the resident moves around the room herself.

In conclusion, the Minnesota Department of Health determined neglect was not substantiated.

“Not Substantiated” means:

An investigatory conclusion indicating the preponderance of evidence shows that an act meeting the definition of maltreatment did not occur.

Neglect: Minnesota Statutes, section 626.5572, subdivision 17

“Neglect” means neglect by a caregiver or self-neglect.

(a) "Caregiver neglect" means the failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

- (1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
- (2) which is not the result of an accident or therapeutic conduct.

Vulnerable Adult interviewed: NA, related to cognitive status

Family/Responsible Party interviewed: Yes

Alleged Perpetrator interviewed: NA

Action taken by facility: Increased safety checks to hourly, removed some furniture from her room to make it easier for resident to move around, medical provider requested physical and occupational therapy, and blood thinner was discontinued prior to hospital discharge.

Action taken by the Minnesota Department of Health: No further action taken at this time.

cc:

The Office of Ombudsman for Long Term Care

The Office of Ombudsman for Mental Health and Developmental Disabilities

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/09/2025
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NAME OF PROVIDER OR SUPPLIER KSMS OUR HOUSE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1313 15TH AVENUE NW AUSTIN, MN 55912
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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
0 000	<p>Initial Comments</p> <p>On September 9, 2025, the Minnesota Department of Health initiated an investigation of complaint #HL240971148C/#HL240974923M. No correction orders are issued.</p>	0 000		

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