



Kent Villa
620 22nd Street, Windom, Windom, MN,
56101

DOB: 09/29/1971
Age: 53 Years
MA Number: 01987342

Phone
(507) 832-8310
Email
Kent@noemail.com

Responsible Party Name/Address
Patti Campbell
4705 S. Ash Avenue, Sioux Falls, SD, US, 57103

Responsible Party Phone
(605) 940-6497

Allergies

NKA

Diagnosis

F70(Mild intellectual disabilities),K21.9(Gastro-esophageal reflux disease without esophagitis),Q90.9(Down syndrome, unspecified)

Medication

Medication	Start Date	End Date	Instructions
Omeprazole 40 mg Oral Capsule			Take 1 Cap Daily
Escitalopram oxalate 5 mg Oral Tablet			Take 1 tab daily
Chondroitin sulfate sodium (bovine) 500 mg Oral Capsule (Glucosamine)			Take 1 cap daily
Buspirone HCl 5 mg Oral Tablet			Take 1 tab BID
Depakote 125 mg Oral Capsule			Take 2 Caps (250 mg) daily at HS
Trazodone HCl 50 mg Oral Tablet			Take 1 tab daily at HS
Diphenhydramine HCl 25 mg Oral Tablet [Benadryl]			PRN - 1 tab every 4-6 hours as needed
Naproxen 500 mg Oral Tablet			PRN - Take 1 tab twice daily as needed
Acetaminophen 500 mg Oral Tablet			PRN - Take 1 tab every 6 hours as needed

Contact Details

Name / Contact Type	Address	Email / Phone
Kent Villa (Primary Contact)	620 22nd Street, Windom, Windom, MN, 56101	Kent@noemail.com (507) 832-8310
Vicky Borgsgard (External Case Manager)	PO Box 9, Windom, MN, US, 56101	vickyb@noemail.com (507) 831-1274
Patti Campbell (Guardian)	4705 S. Ash Avenue, Sioux Falls, SD, US, 57103	campbellp9@sio.midco.net (605) 940-6497
Patti Campbell (Emergency Contact)	4705 S. Ash Avenue, Sioux Falls, SD, US, 57103	campbellp9@sio.midco.net (605) 940-6497
Lori Grote (Guardian)	82511 525th Ave, Jackson, MN, US, 56143	lorigrote1313@gmail.com (507) 840-0320
Lori Grote (Emergency Contact)	82511 525th Ave, Jackson, MN, US, 56143	lorigrote1313@gmail.com (507) 840-0320
Kurt Villa (Sibling)	725 Columbus Ave, Westbrook, MN, US, 56183	kurtvilla@noemail.com (507) 227-7460
Sandy D Swanson (Program Director, DAC)	304 2nd Avenue North, PO Box 805, Lakefield, MN, US, 56150	sandy_swanson@jacksoncountydac.com (507) 840-1354
Debroah Lopez (Residential Supervisor)	620 22nd Street, Windom, MN, US, 56101	deborah.lopez@sevitahealth.com (507) 832-8310
Patti Campbell (Responsible Party)	4705 S. Ash Avenue, Sioux Falls, SD, US, 57103	campbellp9@sio.midco.net (605) 940-6497
Josie Veigel (DAC Designated Coordinator, Day Support Services)	304 2nd Ave. North, Lakefield, MN, US, 56150	josie_veigel@jacksoncountydac.com (507) 327-5481

Advanced Directive Details

Advance Directives: Full Resuscitation

Backup Person: Deborah Lopez

Backup Contact: (507) 832-8310

Backup Staffing Plan: Staffing will be provided during scheduled hours.

Emergency Procedures: Staff will call 911 in case of emergency and contact Designated Coordinator, Program Director and/or Executive Director.

Client History/Condition: Kent has a diagnosis of down syndrome, mild mental retardation, and acid reflux.

RP Contact Instructions:

Service Agreements

Agreement #1**SA Number:** 52429003082**Service Line:** DSS (Day Support Services)**Payor:** MN Department of Human Services**Status:** Active**Start Date:** 07/01/2025**End Date:** 06/30/2026**Alternate Providers****#1****Name:** Dr. Bret VanKley**Provider Number:****Phone Number:** 507-831-2223**Email:** bret@noemail.com**Alternative Phone Number:****Fax Number:****Address:** 591 2nd Ave. N., Windom, MN 56101**#2****Name:** Dr. Plotz**Provider Number:****Phone Number:** 507-836-1000**Email:** plotz@noemail.com**Alternative Phone Number:****Fax Number:****Address:** 2711 Broadway Ave #100, Slayton, MN 56172**#3****Name:** Lewis Drug**Provider Number:****Phone Number:** 507-831-4161**Email:** lewis@noemail.com**Alternative Phone Number:****Fax Number:****Address:** 599 2nd Ave. N., Windom, MN 56101**#4****Name:** Dr. Fisher**Provider Number:****Phone Number:** 507-831-3478**Email:** fisher@noemail.com**Alternative Phone Number:****Fax Number:****Address:** 230 10th Street, Windom, MN 56101