

CHAPTER 4655

DEPARTMENT OF HEALTH

BOARDING CARE HOMES

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4655.0090 SCOPE.

This chapter applies to boarding care homes unless the content clearly indicates otherwise.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08; 256B.431*

History: *19 SR 1803; 20 SR 303; 21 SR 196*

4655.0100 DEFINITIONS.

Subpart 1. **Ambulatory.** “Ambulatory” shall mean a patient or resident who is physically and mentally capable of getting in or out of bed and walking a normal path to safety, including the ascent and descent of stairs in a reasonable period of time without the aid of another person.

Subp. 2. **Department.** The term “department” shall mean the Minnesota Department of Health.

Subp. 3. **Boarding care home.** A “boarding care home” shall mean a licensed facility or unit used to provide care for aged or infirm persons who require only personal or custodial care and related services in accordance with these regulations. A boarding care home license is required if the persons need or receive personal or custodial care only. Nursing services are not required. Examples of personal or custodial care: board, room, laundry, and personal services; supervision over medications which can be safely self-administered; plus a program of activities and supervision required by persons who are not capable of properly caring for themselves.

Subp. 4. [Repealed, 21 SR 196]

Subp. 5. **Existing facility.** “Existing facility” shall mean a nursing home or a boarding care home licensed prior to the effective date of these rules. It shall also mean a nursing home or boarding care home or addition under construction or for which final working drawings and specifications have been approved not more than one year prior to the effective date of these rules.

Subp. 6. **Licensed nurse.** A “licensed nurse” shall mean a registered nurse or a licensed practical nurse.

Subp. 7. **Licensee.** The “licensee” is the person or governing body to whom the license is issued. The licensee is held responsible for compliance with the applicable rules herein.

Subp. 8. [Repealed, 21 SR 196]

Subp. 9. **Nursing personnel.** The term “nursing personnel” shall include registered nurses, licensed practical nurses, nurse aides, and orderlies.

Subp. 10. [Repealed, 21 SR 196]

Subp. 11. **Resident.** A “resident” is any individual cared for in a boarding care home.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

History: 21 SR 196

4655.0110 FOREWORD.

These regulations will serve as the basis for licensing nursing homes and boarding care homes in accordance with the state law for licensing hospitals and related institutions, Minnesota Statutes, sections 144.50 to 144.58.

Federal programs under the Social Security Act, as amended require certification of facilities which will be participating. All facilities must be licensed by the state prior to certification and must also meet any additional requirements as established by such certification standards.

The purpose of the licensing law and these regulations is to protect the public health through the development and enforcement of minimum requirements for the care of patients and residents in convalescent or long-term care facilities. Moreover, these regulations serve an educational purpose in providing guidelines for quality patient and residential care.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

BOARDING CARE HOME LICENSE

4655.0300 LICENSING IN GENERAL.

Subpart 1. **Required.** For the purpose of these rules, a state license is required for any facility where nursing, personal, or custodial care is provided for five or more aged or infirm persons who are not acutely ill.

Subp. 2. **License fees.** Each application for either an initial or renewal license to operate a nursing home or boarding care home shall be accompanied by a fee based upon the formula established in part 4735.0200. A bed must be licensed if it is available for use by patients or residents. If the number of licensed beds is increased during the term of the license, \$12 for each additional bed shall be paid. There shall be no refund for a decrease in licensed beds.

Subp. 3. **License expiration date.** Initial and renewal licenses shall be issued for the calendar year for which application is made and shall expire on December 31 of such year. License renewals shall be applied for on an annual basis. Applications for license renewals shall be submitted no later than December 31 of the year preceding the year for which application is made. Any application for an initial license submitted after November 1 shall be considered as an application for the following year; provided, however, that a license may be issued and be effective prior to January 1 of the year for which application is made without payment of fees for two years.

Subp. 4. **License to be posted.** The license shall be conspicuously posted in an area where patients or residents are admitted.

Subp. 5. **Separate licenses.** Separate licenses shall be required for institutions maintained on separate premises even though operated under the same management. A separate license shall not be required for separate buildings maintained by the same owner on the same premises.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.0310 PROCEDURE FOR LICENSING OF BOARDING CARE HOMES.

Application for a license to establish or maintain a boarding care home shall be made in writing and submitted on forms provided by the department. If the applicant is a corporation, the officers shall furnish the department a copy of the articles of incorporation and bylaws and any amendments thereto as they occur. In addition, out-of-state corporations shall furnish the department with a copy of the certificate of

authority to do business in Minnesota. No license shall be issued until all final inspections and clearances pertinent to applicable laws and regulations have been complied with.

Statutory Authority: *MS s 144.56*

4655.0320 [Repealed, 20 SR 303]

GENERAL REQUIREMENTS

4655.0400 TYPES OF PATIENTS OR RESIDENTS NOT TO BE RECEIVED.

Subpart 1. **Admittance of certain adults.** Maternity patients, disturbed mental patients (see part 4655.6600), and patients or residents, who in the opinion of the attending physician have or are suspected of having a disease endangering other patients or residents shall not be admitted to or retained in either a nursing home or a boarding care home.

Subp. 2. **Admittance of children.** A nursing home or a boarding care home for adults shall not receive either sick children or well children for care. For the purpose of these rules, children are defined as persons under 16 years of age.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.0500 CAPACITY PRESCRIBED.

Each license shall specify the maximum allowable number of patients or residents to be cared for at any one time. No greater number of patients or residents shall be kept than is authorized by the license.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.0600 HOME NOT TO BE MISREPRESENTED.

A nursing home or a boarding care home shall not use in its title the words of description: "Hospital," "Sanitorium," "Rehabilitation Facility," "Rehabilitation Center," or any other words which indicate that a type of care or service is provided which is not covered by the license.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.0700 NO DISCRIMINATION.

There shall be no discrimination with respect to patients or residents, employees, or staff on the ground of race, color, or national origin.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.0800 PRELIMINARY PLANNING.

Contact shall be made with the department to discuss the proposed program, location, staffing requirements, and other pertinent aspects prior to planning a new care facility or purchasing or leasing an existing care facility.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.0900 EVALUATION.

Facilities shall be subject to evaluation and approval of the physical plant and its operational aspects prior to a change in ownership, classification, capacity, or services.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

VARIANCES

4655.1000 VARIANCE AND WAIVERS.

A nursing home or boarding care home may request that the department grant a variance or waiver from the provisions of these rules. All requests for a variance or

waiver shall be submitted to the department in writing. Each request shall contain the following information:

- A. the specific rule or rules for which the variance or waiver is requested;
- B. the reasons for the request;
- C. the alternative measures that will be taken if a variance or waiver is granted;
- D. the length of time for which the variance or waiver is requested; and
- E. such other relevant information necessary to properly evaluate the request for the variance or waiver.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.1010 CRITERIA FOR EVALUATION.

The decision to grant or deny a variance or waiver shall be based on the department's evaluation of the following criteria:

- A. the variance or waiver will not adversely affect the health, treatment, comfort, safety, or well-being of a patient or resident;
- B. the alternative measures to be taken, if any, are equivalent to or superior to those prescribed in the rules; and
- C. compliance with the rule or rules would impose an undue burden upon the applicant.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.1020 NOTIFICATION OF VARIANCE.

The applicant shall be notified in writing of the department's decision. If a variance or waiver is granted, the notification shall specify the period of time for which the variance or waiver will be effective and the alternative measures or conditions, if any, to be met by the applicant.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.1030 EFFECT OF ALTERNATIVE MEASURES OR CONDITIONS.

All alternative measures or conditions attached to a variance or waiver shall have the force and effect of the licensure rule(s) and shall be subject to the issuance of correction orders and penalty assessments in accordance with the provisions of Minnesota Statutes, sections 144.653 and 144A.10. The period of time for correction and the amount of fines specified for the particular rule for which the variance or waiver was requested, shall apply.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.1040 RENEWAL.

Any request for the renewal of a variance or waiver shall be submitted in writing prior to its expiration date. Renewal requests shall contain the information specified in part 4655.1000. A variance or waiver shall be renewed by the department if the applicant continues to satisfy the criteria contained in parts 4655.1010 and 4655.1020 and demonstrates compliance with the alternative measures or conditions imposed at the time the original variance or waiver was granted.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.1050 DENIAL, REVOCATION, OR REFUSAL TO RENEW.

The department shall deny, revoke, or refuse to renew a variance or waiver if it is determined that the criteria specified in parts 4655.1010 and 4655.1020 are not met. The applicant shall be notified in writing of the decision to deny, revoke, or refuse to renew the variance or waiver, informed of the reasons for the denial, revocation, or refusal to renew, and informed of the right to appeal this decision.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.1060 APPEAL PROCEDURE.

An applicant may contest the denial, revocation, or refusal to renew a variance or waiver by requesting a contested case hearing under the provisions of the Administrative Procedure Act, Minnesota Statutes, chapter 14. The applicant shall submit, within 15 days of the receipt of the department's decision, a written request for a hearing. The request for hearing shall set forth in detail the reasons why the applicant contends the decision of the department should be reversed or modified. At the hearing, the applicant shall have the burden of proving that it satisfied the criteria specified in parts 4655.1010 and 4655.1020, except in a proceeding challenging the revocation of a variance or waiver.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

**PROCEDURES FOR EXCEPTIONS TO
NURSING HOME BED MORATORIUM**

4655.1070 DEFINITIONS.

Subpart 1. **Scope.** For the purposes of parts 4655.1070 to 4655.1098, the following terms have the meanings given them in this part.

Subp. 2. **Advisory review panel.** "Advisory review panel" means the group of individuals that must form recommendations according to part 4655.1086 and that is appointed by the Interagency Long-Term Care Planning Committee under part 4655.1074 and Minnesota Statutes, section 144A.073, subdivision 3.

Subp. 3. **Allowable costs.** "Allowable costs" means costs allowable according to part 9549.0035, subpart 1.

Subp. 4. **Alternative care grant.** "Alternative care grant" has the meaning given in part 9505.2395, subpart 4.

Subp. 5. **Annual statistical report.** "Annual statistical report" means the report incorporated by reference under part 4655.1072.

Subp. 6. **Appraised value.** "Appraised value" means the value of the nursing home buildings, attached fixtures, and land improvements used for resident care as determined under part 9549.0060.

Subp. 7. **Attached fixtures.** "Attached fixtures" has the meaning given in part 9549.0020, subpart 6.

Subp. 8. **Attached hospital.** "Attached hospital" means a hospital that is under common ownership and operation with a nursing home and shares with that nursing home the cost of common service areas such as nursing, dietary, housekeeping, laundry, plant operations, or administrative services.

Subp. 9. **Buildings.** "Buildings" has the meaning given in part 9549.0020, subpart 7.

Subp. 10. **Certified boarding care home.** "Certified boarding care home" means a facility licensed under parts 4655.0090 to 4655.1060 and 4655.1200 to 4655.9900, and certified to participate in medical assistance under United States Code, title 42, sections 1396 to 1396p as amended.

Subp. 11. **Commenced construction.** "Commenced construction" has the meaning given it under Minnesota Statutes, section 144A.071, subdivision 3, paragraph (b).

Subp. 12. **Commissioner.** "Commissioner" means the commissioner of the Department of Health or the commissioner's representative.

Subp. 13. **Conversion.** "Conversion" has the meaning given in Minnesota Statutes, section 144A.073, subdivision 1, paragraph (a).

Subp. 14. **Cost report.** "Cost report" means the document and supporting material specified by the commissioner of the Department of Human Services and prepared by the nursing home. The cost report includes the statistical, financial, and other relevant information required in part 9549.0041 for rate determination.

Subp. 15. **Department.** "Department" means the Minnesota Department of Human Services.

Subp. 16. **Estimated operating costs.** "Estimated operating costs" means a facility's estimated operating costs during the first 24 months after completion of the project.

Subp. 17. **Facility.** "Facility" means the attached hospital, nursing home, or certified boarding care home named on a proposal.

Subp. 18. **Hospital.** "Hospital" means an acute care institution licensed under Minnesota Statutes, sections 144.50 to 144.58.

Subp. 19. **Interagency long-term care planning committee or INTERCOM.** "Interagency long-term care planning committee" or "INTERCOM" means the committee established under Minnesota Statutes, section 144A.31, subdivision 1.

Subp. 20. **Land improvement.** "Land improvement" has the meaning given in part 9549.0020, subpart 28.

Subp. 21. **Medical assistance.** "Medical assistance" means the program established under title XIX of the Social Security Act and Minnesota Statutes, chapter 256B.

Subp. 22. **Medical assistance cost.** "Medical assistance cost" means the annual amount by which medical assistance payments will change if a proposal is implemented. Medical assistance costs are determined according to part 4655.1084, subpart 2, and as provided under Minnesota Statutes, section 144A.073.

Subp. 23. **Nursing home.** "Nursing home" means a facility licensed according to Minnesota Statutes, chapter 144A.

Subp. 24. **Operating costs.** "Operating costs" has the meaning given in part 9549.0020, subpart 32.

Subp. 25. **Proposal.** "Proposal" means a detailed written plan for a conversion, renovation, replacement, or upgrading.

Subp. 26. **Proposer.** "Proposer" means the organization or individual authorized by a facility's governing board or management to prepare and submit a proposal to the INTERCOM.

Subp. 27. **Relocation.** "Relocation" means the movement of licensed nursing home beds or certified boarding care home beds from the existing site as permitted under Minnesota Statutes, section 144A.073, subdivision 5.

Subp. 28. **Renovation.** "Renovation" has the meaning given in Minnesota Statutes, section 144A.073, subdivision 1, paragraph (b).

Subp. 29. **Replacement.** "Replacement" means the demolition or delicensure and reconstruction or construction of an addition to all or a substantial part of an existing facility.

Subp. 30. **Soft costs.** "Soft costs" means costs capitalized as part of the project relating to implementation of the proposal, including:

- A. sales taxes on materials;
- B. contractor's overhead and profit;
- C. architect and engineering fees;
- D. construction period interest;
- E. permits, zoning, and construction financing;
- F. feasibility, economic, and demographic studies;
- G. legal, accounting, and consulting fees relating to creation of the development; and
- H. cost of designing the improvements.

Subp. 31. **Statutory restriction.** "Statutory restriction" means a replacement restriction, conversion restriction, or upgrading restriction as described under Minnesota Statutes, section 144A.073, subdivisions 5 to 7.

Subp. 32. **Submission deadline.** "Submission deadline" means the date by which a proposal must be received by the INTERCOM, which, according to part 4655.1080, subpart 3, is no later than 90 days after the date a request for proposals is published in the State Register.

Subp. 33. **Upgrading.** "Upgrading" has the meaning given in Minnesota Statutes, section 144A.073, subdivision 1, paragraph (d).

Subp. 34. **Working day.** "Working day" means Monday, Tuesday, Wednesday, Thursday, or Friday, excluding legal holidays recognized by the state of Minnesota.

Statutory Authority: *MS s 144A.071; 144A.073*

History: 20 SR 340

4655.1072 INCORPORATION BY REFERENCE OF ANNUAL STATISTICAL REPORT.

The 1994 Annual Statistical Report to the Commissioner of Health, Nursing Homes and Boarding Care Homes, and future amendments are incorporated by reference and are available through the Minitex interlibrary loan system. The report is subject to frequent change.

Statutory Authority: *MS s 144A.071; 144A.073*

History: 20 SR 340

4655.1074 APPOINTMENT OF ADVISORY REVIEW PANEL.

Subpart 1. **Procedures.** The INTERCOM shall appoint an advisory review panel according to subparts 2 to 5.

Subp. 2. **Membership.** The advisory review panel must consist of five members:

A. two representatives from organizations that represent consumers of nursing home services;

B. two representatives from organizations representing providers of nursing home services; and

C. one who has a background in long-term care and either accounting, engineering, building construction, or design.

Subp. 3. **Advisory review panel chairperson.** The executive director of the INTERCOM shall chair and convene the advisory review panel.

Subp. 4. **Nominations.** A member of the advisory review panel must be nominated. Anyone can nominate an advisory review panel member.

The INTERCOM shall publish in the State Register a request for nominations to the advisory review panel no later than September 27, 1995, and at least 30 days before the expiration date of the term of an advisory review panel member. A nomination must be written, must state the name and address of the nominee, must include a description of the nominee's professional experience and training, and must state the positions indicated under subpart 2 for which the person is being nominated.

Subp. 5. **Appointments.** A nominee shall be appointed by a majority vote of the INTERCOM.

Subp. 6. **Length of term.** A term on the advisory review panel begins the first working day after the vote of the INTERCOM appointing a person to the panel. An advisory review panel member representing consumers and one representing providers shall serve two years on the panel. The remaining consumer and provider members shall serve three-year terms. The member with the background in long-term care and either accounting, engineering, building construction, or design shall serve a three-year term. An advisory review panel member may serve two consecutive terms.

Statutory Authority: *MS s 144A.071; 144A.073*

History: 20 SR 340

4655.1076 INTERCOM PUBLICATION OF REQUEST FOR PROPOSALS.

Subpart 1. **Date of publication of request for proposals.** The INTERCOM shall publish in the State Register a request for proposals within 30 days of the first day of each state fiscal biennium, and as frequently thereafter as determined by the commissioner.

Subp. 2. **Contents of request for proposals.** The request for proposals must state:

A. a proposal submission deadline date consistent with part 4655.1080, subpart 3;

B. the amount of the legislative appropriation available for medical assistance costs or state that proposals will not be requested because no appropriations were made;

C. other relevant information regarding current state long-term care policy goals;

D. how the approval criteria will be prioritized by the advisory review panel, the interagency long-term care planning committee, and the commissioner; and

E. that the information under part 4655.1078 must be included in a proposal.

Statutory Authority: *MS s 144A.071; 144A.073*

History: *20 SR 340*

4655.1078 FORMAT AND CONTENTS OF PROPOSAL.

A proposal must be on a form approved by the commissioner and must:

A. include the name, telephone number, and address of the proposer or other authorized person who can be contacted by the commissioner or the INTERCOM with questions regarding the proposal;

B. include the name and address of the nursing home or boarding care home for which the project is being proposed;

C. be signed by an authorized representative of the entity submitting the proposal;

D. state whether the proposal is for renovation, replacement, conversion, or upgrading;

E. describe the problem the proposal will address;

F. include schematic drawings and an outline of specifications, prepared by a registered architect, for all construction projects including replacement and renovation;

G. include a cost estimate, prepared by a contractor or architect and other participants in the development of the proposal, for the project described by the drawings and outline of specifications required by item F, including costs of buildings, attached fixtures, land improvements, construction site preparation, and related soft costs;

H. provide current estimated long-term financing costs of the proposal, including amount and sources of money, bond fund reserve, or other similar reserves as required under the proposed financing mechanisms, annual payments scheduled, interest rates, length of term, closing costs and fees, and insurance costs that are directly related to the building, attached fixtures, land, land improvements, and building site preparation;

I. state the current cost of real estate taxes and special assessments for the facility and also an estimate of those that would be assessed if the proposal were implemented;

J. state the current annual care-related and other operating costs and also an estimation of these costs for the first 24 months after completion of the project if the proposal were implemented;

K. describe the environmental conditions in the facility that are reviewed under part 4655.1084, subpart 10, and any proposed changes in those conditions;

L. for proposals involving replacement of all or part of a facility, provide the property identification number and a general description of the proposed location of a replacement facility;

M. provide an estimate of the costs of renovation as an alternative to replacement or of replacement as an alternative to renovation;

N. include the estimated beginning date of construction for renovation and replacements and the proposed timetable for completion of construction;

O. briefly explain why the proposer chose replacement rather than renovation or renovation rather than replacement; and

P. a statement concerning any licensure or certification orders, deficiencies, or substantiated complaints or sanctions during the 24 months prior to submission of the proposal.

Statutory Authority: *MS s 144A.071; 144A.073*

History: *20 SR 340*

4655.1080 SUBMISSION OF PROPOSAL.

Subpart 1. **Who may submit proposal.** A proposal must be submitted by a proposer.

Subp. 2. **Where to submit proposal.** A proposal must be submitted to the INTERCOM.

Subp. 3. **Submission deadline.** A proposal must be received by the INTERCOM no later than 90 days after the date a request for proposals is published in the State Register.

Statutory Authority: *MS s 144A.071; 144A.073*

History: *20 SR 340*

4655.1082 INITIAL SCREENING OF PROPOSALS BY INTERCOM.

The INTERCOM shall process a proposal according to items A to K.

A. The INTERCOM shall determine whether a proposal was submitted according to the submission deadline under part 4655.1080, subpart 3.

B. If a proposal was not submitted according to the deadline indicated under part 4655.1080, subpart 3, the INTERCOM shall return the proposal to the proposer with a written notice that the proposal will not receive further consideration because the proposal was received after the submission deadline.

C. If a proposal is received according to the deadline, the INTERCOM shall determine whether the proposal meets the definition of conversion, renovation, replacement, or upgrading as those terms are defined under part 4655.1070. If a proposal does not meet any of those definitions, the INTERCOM shall return that proposal to the proposer with a written notice that the proposal will not receive further consideration because it does not meet the definition of conversion, renovation, replacement, or upgrading.

D. If the proposal is for an exception that meets the definition of upgrading, renovation, replacement, or conversion as those terms are defined under part 4655.1070, the INTERCOM shall determine whether the proposal is substantially complete and consistent with part 4655.1078. A proposal is substantially complete and consistent if it contains the information specified in part 4655.1078, items B, D to K, and M.

E. If an item required for a substantially complete proposal under item D is missing from a proposal that is submitted to the INTERCOM, the proposal shall be returned to the proposer with a written notice that the proposal will not receive further consideration because of the missing item.

F. If a proposal is substantially complete and consistent according to item D, staff shall, if needed, ask for additional information in writing within ten days after the submission deadline. Additional information shall be requested only if, in the judgment

of the INTERCOM, the additional information is needed to clarify or support previously submitted information.

G. If requested additional information is not received within 17 days after the submission deadline, the proposal shall be returned to the proposer with a notice that the proposal is not approved because the additional information was not received within 17 days following the submission deadline.

H. A proposal that is not completed by the submission of additional information requested under item F shall be returned to the proposer with a notice that the proposal will not receive further consideration because the requested additional information submitted was insufficient.

I. If the format and contents of a proposal submitted to the commissioner are substantially complete and consistent with part 4655.1078, the INTERCOM shall determine whether the proposal satisfies the statutory restrictions.

J. If a proposal fails to satisfy a statutory restriction, the INTERCOM shall return the proposal to the proposer with a written notice stating that the proposal will not receive further consideration because it does not satisfy a statutory restriction.

K. If a proposal satisfies all statutory restrictions, data regarding the proposal shall be collected according to part 4655.1084. The INTERCOM shall submit the findings and other information from the review conducted under part 4655.1084 to the advisory review panel to review and form recommendations on the proposal according to part 4655.1086.

Statutory Authority: *MS s 144A.071; 144A.073*

History: *20 SR 340*

4655.1084 DATA COLLECTION.

Subpart 1. **Staff.** The INTERCOM and the commissioners of agencies represented on the INTERCOM shall assign staff to collect the data under subparts 2 to 14. The INTERCOM shall use the data collected under this part to develop recommendations to the commissioner under part 4655.1094 on a proposal screened under part 4655.1082.

Subp. 2. **Medical assistance cost of a proposal.** The medical assistance costs of a proposal shall be estimated by:

A. reviewing the accuracy of operating costs provided according to part 4655.1078, item J;

B. determining the accuracy of the real estate taxes and special assessments provided under part 4655.1078, item I;

C. determining the increase in allowable appraised value according to part 9549.0060, subpart 4; staff shall assume that the costs provided under part 4655.1078, item G, are equal to the total increase in appraised value;

D. determining the increase in the allowable annual costs of the elements identified in part 4655.1078, item H, according to part 9549.0060, subparts 5, 6, and 7;

E. determining an estimate of the total allowable annual costs for the cost categories reviewed in items B to D;

F. determining an estimate of the number of medical assistance resident days and of the proportion of medical assistance resident days to total resident days using information from the most recent cost report of the facility;

G. multiplying the proportion of resident days developed in item F by the estimated annual costs developed in item E;

H. determining the annual medical assistance costs of the proposal by multiplying the amount found in item G by the most recent proportion of medical assistance paid by the state of Minnesota; and

I. multiplying the amount found in item H by two to yield the biennial medical assistance cost of the proposal.

Subp. 3. **Cost information.** In addition to the cost estimates in subpart 2, the current and projected costs of the proposal shall be calculated according to cost per licensed bed, percent change in cost per licensed bed, and total biennial state and medical assistance costs.

Subp. 4. **Age-related data.** The percentage of individuals in the county of the facility and of counties contiguous to that county who are 65 to 74 years of age, 75 to 84 years of age, and who are 85 or more years of age shall be calculated using either census data or projections of the state demographer based on census data, whichever provides the more recent estimate.

Subp. 5. **Facility occupancy.** The average occupancy rate of the facility's existing beds shall be obtained from the most recent Annual Statistical Report.

Subp. 6. **County-region occupancy.** The average percentage occupancy of the existing licensed beds of all the facilities in the county of the facility and of all facilities in counties contiguous to that county according to the most recent Annual Statistical Report, shall be calculated.

Subp. 7. **Number of licensed beds.** The number of nursing home and licensed boarding care home beds per 1,000 individuals aged 65 or more, aged 75 or more, and aged 85 or more, for the county of each facility, for the region composed of the counties contiguous to the county of the facility, and for the state shall be calculated.

Subp. 8. **Number of occupied licensed beds.** The number of occupied nursing home and licensed boarding care home beds per 1,000 individuals aged 65 or more, aged 75 or more, and aged 85 or more, for the county of each facility, for the region composed of the counties contiguous to the county of the facility, and for the state shall be calculated.

Subp. 9. **Alternative care grant use.** Alternative care grant use means the dollar amount and percentage of alternative care grant allocations used by the county in which the facility is located in the most recent year for which data is available, and shall be obtained for each proposal that is acceptable according to part 4655.1082. The amount of alternative care grant per person 65 years of age or older spent in the county in which the facility is located, in counties contiguous to the county of the facility, and in the state shall be calculated.

Subp. 10. **Environmental conditions for evaluation.** Information shall be developed that describes the differences between selected existing environmental conditions described under this subpart and the corresponding state licensing standards for new construction and between the proposed correction changes in these environmental conditions and the state licensing standards for new construction. This subpart refers only to those parts of the facility affected by the proposal.

The development of selected information for the purpose of evaluation, comparison, and ranking does not supersede or limit licensing and certification requirements established in chapters 4660 and 9505. The environmental conditions and standards for physical plant evaluation are listed in items A to L.

A. The width of corridors shall be compared with the standards in part 4658.4120, subpart 2.

B. The width of door frames shall be compared with the standards in part 4658.4110, subpart 3.

C. Fire exit enclosures shall be compared with the standards in part 4658.3005.

D. The method and materials of construction of the building shall be compared with the standards for Group D occupancy in the State Building Code. State Building Code has the meaning given in Minnesota Statutes, section 16B.60, subdivision 4.

E. The number of beds per resident room and the floor area per bed shall be compared to standards in parts 4658.4100 and 4658.4105, subpart 2.

F. The amount of artificial light in resident rooms and major activity areas shall be compared to standards in parts 4658.4615 and 4660.9900.

G. The amount of natural light in resident rooms shall be compared with the standard in part 4658.4105, subpart 6.

H. The number and type of bathing facilities or toilet facilities adjacent to bedrooms shall be compared to the standards in parts 4658.4135 and 4658.4140.

I. Ventilation arrangements shall be compared to the standards in parts 4658.3500, subpart 2, item A, and 4658.4515 to 4658.4550.

J. Dining room space shall be compared to the standards in parts 4658.4200 and 4658.4210.

K. Day room space shall be compared to the standard in parts 4658.4200 and 4658.4205.

L. Heating and cooling arrangements shall be compared to the standards in part 4658.4510.

Subp. 11. **History of state licensing correction orders and federal certification deficiencies.** For each proposal that is acceptable according to part 4655.1082, the accumulated number and content of licensing correction orders and federal certification deficiencies incurred during the 24 months before the submission deadline for the proposal shall be collected.

Subp. 12. **History of licensing and certification waivers.** The number and purpose of licensing and federal certification waivers incurred during the 24 months before the submission deadline for a proposal shall be collected.

Subp. 13. **History of complaints.** The number and content of substantiated licensing and federal certification complaints about a facility received during the 24 months before the deadline for submission of a proposal shall be collected. If ownership of a facility has changed in the 24 months before the submission deadline, a history of complaints shall be collected only for the tenure of the current owner.

Subp. 14. **History of sanctions.** The number and content of sanctions relating to licensure and certification that have been levied against a facility and incurred during the 24 months before the submission deadline for the proposal shall be collected.

Statutory Authority: *MS s 144A.04; 144A.071; 144A.073; 144A.08*

History: *20 SR 340; 21 SR 196*

4655.1086 FORMATION OF ADVISORY REVIEW PANEL RECOMMENDATIONS TO INTERCOM.

Subpart 1. **Review of proposals.** A proposal that satisfies the requirements of part 4655.1082 shall be reviewed, evaluated, and ranked by the advisory review panel.

Subp. 2. **Method of evaluation.** The advisory review panel shall evaluate proposals using the information submitted according to parts 4655.1078 and 4655.1080 and the data collected by staff under part 4655.1084.

Subp. 3. **Ranking of proposals.** The advisory review panel shall rank proposals to indicate which proposals should be approved in order of priority based only on the criteria in Minnesota Statutes, section 144A.073.

Subp. 4. **Formation of recommendations to INTERCOM.** Based on the ranking of proposals, the advisory review panel shall recommend that the INTERCOM recommend approval or disapproval of a proposal. The advisory review panel shall provide written justifications for its recommendations to the INTERCOM.

Subp. 5. **Deadline for submission of recommendations.** The advisory review panel must submit its recommendations to the INTERCOM no later than ten days after receipt of the staff review information.

Statutory Authority: *MS s 144A.071; 144A.073*

History: *20 SR 340*

4655.1088 PUBLIC HEARING.

The INTERCOM shall hold one public hearing on all proposals submitted in response to a request for proposals. The public hearing shall be held after the submission deadline under part 4655.1080, subpart 3, but before the INTERCOM submits recommendations to the commissioner. The INTERCOM shall publish a notice of the public hearing in the State Register that states the time, date, place, and subject of the hearing.

Statutory Authority: *MS s 144A.071; 144A.073*

History: *20 SR 340*

4655.1090 EVALUATION, COMPARISON, AND RANKING OF PROPOSALS.

The INTERCOM shall use the findings of the staff data collection process, the advisory review panel, and the public hearing to evaluate, compare, and rank the proposals according to the long-term care needs they address. An evaluation, comparison, or ranking must be based on the application in a consistent manner of the criteria provided in Minnesota Statutes, section 144A.073.

Statutory Authority: *MS s 144A.071; 144A.073*

History: *20 SR 340*

4655.1092 REIMBURSEMENT LIMITS.

Subpart 1. **Cost reimbursement.** The acceptance or determination of costs under parts 4655.1070 to 4655.1098 is not binding for reimbursement. Actual reimbursement of costs is determined according to parts 9549.0010 to 9549.0080.

Subp. 2. **Medical assistance costs.** The sum of the estimated medical assistance costs of all recommended proposals during the first 24 months of operation must not exceed the amount provided by the legislature as noted in the request for proposals according to part 4655.1076, subpart 2, item B.

Statutory Authority: *MS s 144A.071; 144A.073*

History: *20 SR 340*

4655.1094 INTERCOM RECOMMENDATIONS TO COMMISSIONER.

The INTERCOM shall recommend that the commissioner approve or disapprove a proposal. A recommendation under this part must be based on the evaluation, comparison, and ranking completed under part 4655.1090. A written report of the evaluation, comparison, and ranking completed under part 4655.1090, and the recommendations formed under this part must be submitted to the commissioner not more than 21 days after receipt of the recommendations of the advisory review panel.

Statutory Authority: *MS s 144A.071; 144A.073*

History: *20 SR 340*

4655.1096 COMMISSIONER'S APPROVAL OR DISAPPROVAL OF PROPOSAL.

Subpart 1. **Approval or disapproval of proposal.** The commissioner shall approve or disapprove a proposal within 30 days after receiving the INTERCOM recommendations.

Subp. 2. **Notice of approval or disapproval.** No later than ten days after the commissioner's approval or disapproval of a proposal the commissioner shall send a written notice of approval or disapproval to the proposer. The notice must state the reasons for the approval or disapproval.

Subp. 3. **Expiration of commissioner's approval.** The commissioner's approval of a proposal expires 18 months after the date of the commissioner's signature on the notice of approval unless the facility has commenced construction.

Statutory Authority: *MS s 144A.071; 144A.073*

History: *20 SR 340*

4655.1098 DOCUMENTATION.

Subpart 1. **Preliminary plans.** The proposer of a renovation, replacement, or upgrading that is approved by the commissioner shall submit preliminary plans as defined in part 4660.0600 before drawing final plans.

Subp. 2. **Final working drawings.** The proposer of a renovation or replacement that is approved by the commissioner shall submit final architectural, mechanical, and electrical drawings as defined in parts 4660.0700 and 4660.0800 to the Minnesota Department of Health for review and approval before implementation of the project.

Subp. 3. **Changes in approved projects.** Changes in approved projects for renovation, replacement, or upgrading which alter the methods or materials described in the final working drawings must be submitted to the commissioner for review and approval before the changes are made, according to part 4660.0900.

Subp. 4. **Change orders.** If the commissioner approves the reported changes in a project, a change order permitting the changes shall be issued. The issuance of a change order does not alter the allowable costs as estimated in part 4655.1084, subpart 2.

Subp. 5. **Cost overruns.** The proposer shall immediately report to the commissioner any cost overruns including a description of the reasons for the overrun as required by Minnesota Statutes, section 144A.073, subdivision 3b.

Subp. 6. **Final statement of costs.** On completion of the proposed project, the proposer shall submit to the Department of Human Services, a final statement of costs that includes a sworn statement of actual costs of items for which costs were estimated according to part 4655.1078, item G, and that compares the actual costs to the estimates.

Statutory Authority: *MS s 144A.071; 144A.073*

History: *20 SR 340*

ADMINISTRATION**4655.1200 LICENSEE.**

Subpart 1. **Duties in general.** The licensee in each nursing home or boarding care home shall be responsible for its management, control, and operation.

Subp. 2. **Specific duties.** The licensee shall develop written bylaws and/or policies which shall be available to all members of the governing body and shall assume full legal responsibility for matters under its control, for the quality of care rendered and for compliance with applicable laws and rules of legally authorized agencies. The responsibilities of the licensee shall include:

A. Full disclosure of each person having an interest of ten percent or more of the ownership of the home to the commissioner of health with any changes promptly reported in writing. In case of corporate ownership, the name and address of each officer and director shall be made known. If the home is organized as a partnership, the name and address of each partner shall be furnished. In the case of a home operated by a lessee, the persons or business entities having an interest in the lessee organization shall be reported and an executed copy of the lease agreement furnished. If the home is operated by the holder of a franchise, disclosure as specified above shall be made as to the franchise holder who shall also furnish an executed copy of the franchise agreement.

B. Appointment of a licensed nursing home administrator or a person in charge who shall be responsible for the operation of the home in accordance with law and established policies.

C. The authority to serve as administrator or person in charge shall be delegated in writing.

D. The administrator of a hospital with a convalescent and nursing care unit may serve both units. See the Nursing Home Administrator Licensing Law, Laws of Minnesota 1969, chapter 770.

E. Notification of the termination of service of the administrator or the person in charge as well as the appointment of a replacement shall be given within five days in writing to the commissioner of health by the governing body of the home. If a licensed nursing home administrator or person in charge of the boarding care home is not available to assume the position immediately, such notification to the commissioner of health shall include the name of the person temporarily in charge of the home. The governing body of a nursing home shall not employ an individual as the permanent administrator until it is determined that the administrator qualifies for licensure as a nursing home administrator in Minnesota. See the Nursing Home Administrator Licensing Law, Laws of Minnesota 1969, chapter 770.

F. Provision of a competent staff and maintenance of professional standards in the care of patients and residents.

G. Employment of qualified personnel. There shall be sufficient personnel to provide the basic services such as food service, housekeeping, laundry, and plant maintenance. Employees or volunteers under 18 years of age shall be under direct supervision.

H. Provision of facilities, equipment, and supplies for care consistent with the needs of the patients and residents.

I. Provision of evidence of adequate financing, proper administration of funds, and the maintenance of required statistics.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

History: *L 1977 c 305 s 39; 17 SR 1279*

4655.1300 ADMINISTRATOR IN CHARGE.

Subpart 1. **Designation of person.** There shall be one individual who shall be in immediate charge of the operation and administration of the nursing home or boarding care home, whether the person is the "licensee" or a person designated by the licensee. This person shall be empowered to carry out the provisions of these rules and shall be charged with the responsibility of doing so.

Subp. 2. **Full-time requirements.** The person in charge shall be full-time, serving only one nursing home and shall not serve as the director of nurses.

Subp. 3. **Administrator's absence; requirements.** The administrator or person in charge shall not leave the premises without giving information as to where this person can be reached and without delegating authority to a person who is at least 21 years of age, physically able, competent, and capable of acting in an emergency. At no time shall a home be left without competent supervision. The person left in charge shall have the authority and competency to act in an emergency.

Subp. 4. **Notice of person in charge.** The name of the person in charge at the time shall be posted at the main entrance.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

History: *17 SR 1279*

4655.1400 RESPONSIBILITIES OF THE ADMINISTRATOR IN CHARGE.

The responsibilities of the administrator in charge shall include:

A. Maintenance, completion, and submission of reports and records as required by the commissioner of health.

B. Formulation of written general policies; admission, discharge, and transfer policies; and personnel policies, practices, and procedures that adequately support sound patient or resident care, including:

(1) Current personnel records for each employee (see part 4655.4400).

(2) Written job descriptions for all positions which define responsibilities, duties, and qualifications. These shall be readily available for all employees with copies on file in the administrator's office. Each employee shall be thoroughly familiar with the employee's duties and responsibilities.

(3) Work assignments consistent with qualifications and the work load.

(4) Maintenance of a weekly time schedule which shows each employee's name, job title, hours of work, and days off for each day of the week. This schedule shall be dated and posted in a convenient location for employees' use. These schedules, the time cards, and the payroll records shall be kept on file in the home for three years and shall be available to representatives from the department.

(5) Orientation for new employees and volunteers and provision of a continuing in-service education program for all employees and volunteers to give assurance that they understand the proper method of carrying out all procedures.

(6) Written personnel policies which specify hours of work, vacations, illness, sick leave, holidays, retirement, employee health services, group insurance, promotions, personal hygiene practices, attire, conduct, disciplinary actions, and other items which will enable employees to perform their duties properly. See part 4655.2000, subpart 1.

C. Establishment of a recognized accounting system. There shall be financial resources at the time of initial licensure to permit full service operation of the home for six months without regard to income from patient or resident fees.

D. The development and maintenance of channels of communications with employees which include: distribution of written personnel policies to employees; regularly scheduled meetings of supervisory personnel; employee suggestion system; and at least annual employee evaluations.

E. Establishing and maintaining effective working relationships with hospitals and other types of care facilities and with public or voluntary health and social agencies for the purpose of:

(1) developing specific patient or resident transfer procedures, including, where possible, a communitywide transfer agreement and a uniform interagency referral form and providing for the transfer of pertinent information to go with the patient or resident to promote continuity of care;

(2) promoting the sharing of services and facilities;

(3) conducting and participating in cooperative educational programs;

(4) participating in areawide planning activities to assist in determining the need for additional beds and facilities and establishing alternatives to institutional living.

Examples of such alternatives are day care programs, foster home programs, housing for the well elderly, home care programs, activity centers, outpatient services, and communitywide recreation and adult education programs.

F. Developing written disaster plan with procedures for the protection and evacuation of all persons in the case of fire or explosion or in the event of floods, tornadoes, or other emergencies. The plan:

(1) The plan shall be developed specifically for each facility and its type of occupancy in cooperation with the state fire marshal, the local fire department, and the Office of Civil Defense.

(2) The plan shall include information and procedures relative to locations of alarm signals and fire extinguishers, frequency of drills, assignments of specific tasks and responsibilities of the personnel on each shift, persons and local emergency departments to be notified, precautions and safety measures during tornado alerts, procedures for evacuation of ambulatory and nonambulatory persons during fire or floods, planned evacuation routes from the various floor areas to safe areas within the building, or from the building when necessary, and arrangements for temporary emergency housing in the community in the event of total evacuation.

(3) These drills do not involve the evacuation of patients except when such is planned in advance. Copies of the disaster plan containing the basic emergency procedures shall be posted at all nurses' stations, attendants' stations, kitchens, laundries, and boiler rooms. Complete copies of the detailed disaster plan shall be available to all supervisory personnel.

G. This item applies to nursing homes only. Establishment of a patient care policy committee in each nursing home with representation from all disciplines directly involved in patient care for the development and implementation of guidelines for patient care. The patient care policy committee is to include at least one physician and one registered nurse to govern the medical, nursing, and other services provided.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

History: *L 1977 c 305 s 39; 17 SR 1279*

4655.1500 TYPE OF ADMISSIONS.

Subpart 1. **Selection of residents and patients.** The administrator, in cooperation with the director of the nursing service in a nursing home or the person in charge in a boarding care home shall be responsible for exercising discretion in the type of patients or residents admitted to the home in accordance with the admission policies of the home.

Subp. 2. **Patients not accepted.** Patients or residents shall not be accepted or retained for whom care cannot be provided in keeping with their known physical, mental, or behavioral condition.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.1600 AGREEMENT AS TO RATES AND CHARGES.

At the time of admission, there shall be a written agreement between the home and the patient, resident, the person's agent, or guardian regarding the base rate, extra charges made for care or services, obligations concerning payment of such rates and charges, and the refund policy of the home. All patients' and residents' bills shall be itemized as to the services rendered.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

History: *17 SR 1279*

4655.1700 CENSUS REGISTER.

Each nursing home and boarding care home shall maintain a permanent, bound, chronological registry book for all persons admitted showing the date of admission, name of patient or resident, and date of discharge or death. See part 4655.3700.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.1800 AVAILABILITY OF LICENSING REGULATIONS.

Subpart 1. **Accessibility to personnel.** Copies of these licensing regulations shall be made readily available for the use of all personnel of the facility.

Subp. 2. **Training of personnel.** All personnel shall be instructed in the requirements of the law and the rules pertaining to their respective duties and such instruction shall be documented. All personnel shall be fully informed of the policies of the home and procedure manuals to guide them in the performance of their duties shall be readily available.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.1910 POLICIES CONCERNING PATIENTS.

Subpart 1. **Visiting hours.** Visiting hours shall be established as a written policy of the home and shall be posted in plain view of visitors. Unrestricted visiting hours are recommended.

Subp. 2. **Visits by a pastor.** A patient's or resident's pastor shall be permitted to visit at any time. Privacy for consultation, communion, or for interviews shall be the privilege of every patient or resident.

Subp. 3. **Visits to critically ill patients.** Relatives or guardians shall be allowed to visit critically ill patients in nursing homes at any time.

Subp. 4. **Telephones.** There shall be at least one non-coin-operated telephone which is accessible at all times in case of emergency. Patients and residents shall have access to a public telephone at a convenient location within the building.

Subp. 5. **Mail.** Patients and residents shall receive their mail unopened unless a legal guardian has requested in writing that the mail be reviewed. The outgoing mail shall not be censored.

Subp. 6. **Funds and possessions.** No home shall handle the personal major business affairs of a patient or resident without written legal authorization by the legal guardian.

Subp. 7. **Smoking.** Patients or residents shall not be permitted to smoke in bed except in the case of a bedfast patient while under the direct supervision of a staff member.

Subp. 8. **Pet animals.** Pet animals may be kept on the premises of a nursing home or boarding care home only in accordance with the provisions of part 4638.0200.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

History: *17 SR 1279*

4655.2000 EMPLOYEE POLICIES.

Subpart 1. **Personal hygiene of all employees and volunteers.** There shall be strict adherence to established policies and procedures relating to personal hygiene practices including clean attire and frequent and thorough hand-washing techniques at all times and in all areas of the home. See part 4655.1400, item B, subitem (6).

Subp. 2. **Keys.** The person in charge of the home on each work shift shall have keys to all doors and locks in the home in possession with the exception of keys to the business office.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

History: *17 SR 1279*

4655.2100 PROCEDURE AT DEATH.

When a patient or resident dies in a home, the administrator, nurse, or person in charge shall contact a relative, guardian, or the placement agency regarding funeral arrangements. The body shall be separated from other patients or residents until removed from the home. Where reasonably possible, no body shall remain in a home for more than 12 hours.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.2200 OUTSIDE SERVICES.

Where laundry or food service is obtained from an outside agency or establishment, such service shall be provided pursuant to a written agreement which shall specify that the service meets the same standards as are required under these rules.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.2300 INSPECTION BY DEPARTMENT.

All areas of the facility and all records related to the care and protection of patients and residents including patient, resident, and employee records shall be open for inspection by the department at all times for the purposes of enforcing these rules.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.2410 [Repealed, 20 SR 303]

4655.2420 [Repealed, 20 SR 303]

PERSONNEL

4655.2600 CAPABILITY.

Every employee shall be mentally and physically capable of performing the work to which assigned, in good health, and free from colds and other communicable diseases. The above criteria shall be reviewed if the person is to be assigned to another job in the home.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.2700 ASSIGNMENT TO EXTRA DUTIES.

A person shall not be assigned to duty for two consecutive work periods except in a documented emergency. A work period is normally eight hours.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.2800 PERSONAL BELONGINGS.

Personnel shall not keep wraps, clothing, or other belongings in the food service or patient and resident areas. Provision shall be made elsewhere for their safe storage.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.2900 ILLNESS OR ACCIDENT.

Personnel who have missed work days because of illness or accident shall report to the registered nurse or person in charge who may authorize return to work. If in doubt the nurse or person in charge shall consult with a physician by telephone and be guided by the physician's opinion. This shall be made a part of the employee's personnel record. See Records and Reports, parts 4655.3200 to 4655.4000.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

History: *17 SR 1279*

4655.3000 TUBERCULOSIS TESTING OF EMPLOYEES.

Subpart 1. Responsibility of nursing or boarding care home. The nursing home or boarding care home shall be responsible for assuring that all employees, prior to employment and as otherwise indicated in this part, show freedom from tuberculosis in accordance with the provisions of this part.

Subp. 2. Tuberculin test. All employees, unless certified in writing by a physician to have had a positive reaction to a standard intradermal tuberculin test, shall have a standard intradermal tuberculin test with purified protein derivative (Mantoux) within 45 days prior to employment. If the tuberculin test is negative, the employee shall be considered free from tuberculosis.

Subp. 3. Positive tests. If the tuberculin test is positive or if the employee's physician has certified a positive reaction to the tuberculin test, the employee shall submit prior to employment and annually thereafter, a written report by a physician of a negative full-sized chest X-ray taken within the previous 45 days. Annual written reports of the employee's negative chest X-ray shall be required for five years after a documented positive standard intradermal tuberculin test, after which time the employee shall be considered free from tuberculosis. All employees showing positive reaction to the tuberculin test who have taken a complete course of preventive therapy as directed by their physician, shall be considered free from tuberculosis at the completion of the program and shall be exempt from the testing requirements of this part.

Subp. 4. **Written documentation of compliance.** Written documentation of compliance with the above requirements shall be filed in the employee's personnel record.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

RECORDS AND REPORTS

4655.3200 PATIENT OR RESIDENT CARE RECORD.

Subpart 1. **Requirement for individual charts.** An individual chart shall be kept on each patient and resident admitted to the home.

Subp. 2. **Form of entries; verification.** All entries shall be made with a pen and signed by the person making the entry.

Subp. 3. **Duration and placement of records.** Accurate, complete, and legible records for each patient or resident from the time of admission to the time of discharge or death shall be kept current and shall be maintained in a chart holder at the nurses' or attendants' station, a central control point for the storage of records and medications.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.3300 ADMISSION RECORD.

Subpart 1. **Contents of record.** The admission record shall be initiated for each patient and resident within 72 hours after admission and contain identifying information including: name, previous address, social security number, sex, marital status, age, date and place of birth, previous occupation, date and hour of admission; name, address, and telephone number of the nearest relative, and the person to be notified in an emergency or death; information as to funeral arrangements, if available; church affiliation and pastor; and the name of the patient's or resident's attending physician.

Subp. 2. **Disposition at discharge or death.** At the time of discharge or death, this record shall be completed with the date, time, reason for discharge, discharge diagnosis and condition; or date, time, and cause of death. In either case the signature and address of the responsible person to whom released shall be obtained.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.3400 MEDICAL RECORD.

The medical record shall be initiated for each patient or resident within 72 hours in accordance with part 4655.4700.

Statutory Authority: *MS s 144.56; 144.56; 144A.02 to 144A.08*

4655.3500 FILING AND DISPOSITION OF RECORDS.

Subpart 1. **Physical control of records.** The patient or resident care record shall be incorporated into an individual folder and filed at the nurses' or attendants' station, a central control point for the storage of records and medications.

Subp. 2. **Disposition of discharged patient records.** The records of discharged patients or residents shall be promptly completed and filed in the home.

Subp. 3. **Confidentiality of patient records.** Patients' or residents' medical records and patient care plans in nursing homes shall be considered confidential but they shall be made available to all persons in the home who are responsible for the care of the patient or resident and they shall be open to inspection by representatives of the department.

Subp. 4. **Transfer of patient records.** When a patient or resident is discharged to another care facility pertinent information relative to the person's care shall accompany the patient or resident.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

History: 17 SR 1279

4655.3600 STORAGE AND PRESERVATION OF RECORDS.

Space shall be provided for the safe storage of patients' or residents' records at the nurses' or attendants' station, a central control point for the storage of records and medications, and in general storage. Records shall be filed so as to be readily accessible. All patients' and residents' records shall be preserved for a period of at least five years following discharge or death.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.3700 CENSUS REGISTER.

A register shall be kept in a separate bound book, listing in chronological order the names and dates of all admissions and discharges. This register shall be kept in such a manner that total admissions, discharges, deaths, and patient or resident days can be calculated.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.3800 REPORTS AND CORRESPONDENCE TO THE DEPARTMENT.

Reports regarding statistical data and services furnished shall be submitted on forms furnished by the department. Copies shall be retained by the home. All correspondence with the department shall be kept as a permanent, accessible record.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.3900 [Repealed, 20 SR 303]**4655.4000 RESIDENT CARE RECORD.**

Subpart 1. **Application.** This part applies to boarding care homes only.

Subp. 2. **Types of information reported.** The care record for each resident shall contain the resident's weight at the time of admission and at least once each month thereafter and a summary completed at least monthly by the person in charge indicating the resident's general condition, actions, attitude, changes in sleeping habits or appetite, and any complaints. A detailed incident report of any accident or injury and the action taken shall be recorded immediately. All dates and times of visits by physicians or podiatrists and visits to clinics, dentists, or hospitals shall be recorded.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

RECORD OF PATIENTS' AND RESIDENTS' FUNDS**4655.4100 ADMISSION POLICY.**

The admission policies of the nursing home and boarding care home shall specify whether the home will accept the personal funds of patients' or residents' for safekeeping. If the nursing home or boarding care home accepts the personal funds of patients' and residents' for safekeeping, written policies regarding the handling and protection of the funds shall be established in accordance with parts 4655.4100 to 4655.4170.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.4110 AUTHORIZATION.

Subpart 1. **Written authorization.** The personal funds of the patient or resident shall not be accepted for safekeeping without written authorization from the patient or resident or from the patient's or resident's legal guardian or conservator or representative payee.

Subp. 2. **Copy retained.** A copy of this written authorization shall be retained in the patient's or resident's records.

Subp. 3. **Representative payee.** A "representative payee" is an individual designated by the Social Security Administration to receive benefits on behalf of the patient or resident.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.4120 PERSONAL FUND ACCOUNTS.

Subpart 1. **No commingling of funds.** The personal funds of patients and residents shall not be commingled with the funds of the nursing home or boarding care home or with the funds of any person other than patients or residents of the home, unless otherwise authorized by law.

Subp. 2. **Funds of the individual.** The personal funds of patients and residents shall not be used in any way for the purpose of the nursing home, boarding care home, or any other patient or resident and shall be free from any liability that the nursing home or boarding care home incurs.

Subp. 3. **Prohibition of commingling with more than one facility.** A person, firm, partnership, association, or corporation which operates more than one facility licensed in accordance with the provisions of Minnesota Statutes, sections 144.50 to 144.56 or Minnesota Statutes, chapter 144A shall not commingle patient or resident funds from one facility with another.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.4130 WRITTEN ACCOUNTING SYSTEM MAINTAINED.

Subpart 1. **System developed and maintained.** A written accounting system for the personal funds of patients and residents shall be developed and maintained.

Subp. 2. **Access to records.** Each patient or resident and the patient's or resident's legal guardian or conservator, representative payee, or other person designated by the patient or resident shall be allowed access to the written records of all financial arrangements and transactions involving the individual patient's or resident's funds in accordance with the nursing home's and boarding care home's written policy. Such policy shall assure that access be provided in accordance with the needs of patients and residents.

Subp. 3. **Written quarterly accounting.** Each patient or resident, or the patient's or resident's legal guardian or conservator, representative payee, or other person designated in writing by the patient or resident, shall be given a written quarterly accounting of the financial transactions made by or on behalf of the patient or resident.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.4140 INDIVIDUAL WRITTEN RECORD.

An individual written record shall be maintained for each patient or resident which shall include the following items:

A. the date, amount, and source of funds deposited by or on behalf of a patient or resident;

B. the name of all individuals, other than the patient or resident, who have been authorized in writing by the patient or resident or the patient's or resident's legal guardian or conservator or representative payee to withdraw or expend funds from the patient's or resident's personal account; and

C. the date and the amount of all withdrawals from the patient's or resident's personal account.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.4150 PERSONAL FUNDS.

Subpart 1. **Account.** Unless otherwise specified by law, the personal funds of any patient or resident in excess of \$150 shall be deposited in a demand account in a financial institution authorized to do business in Minnesota, the deposits which are federally insured, except that a facility that is operated by a county shall deposit such funds with the county treasurer. This account must be in a form which clearly indicates that the facility has only a fiduciary interest in the funds. Records shall be maintained which specify on whose behalf funds are deposited or withdrawn from this account.

Subp. 2. **Interest on account.** If a patient's or resident's personal funds are deposited in an interest bearing account, the accrued interest shall, unless otherwise specified by law, be prorated in accordance with the amounts attributable to each patient or resident and recorded on the patient's or resident's account.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.4160 WITHDRAWAL OF FUNDS FROM THE ACCOUNT.

Upon the request of the patient or resident or the patient's or resident's legal guardian or conservator or representative payee, the nursing home or boarding care home shall return all or any part of the patient's or resident's funds given to the nursing home or boarding care home for safekeeping, including interest, if any, accrued from deposits. The nursing home or boarding care home shall develop a policy specifying the period of time during which funds can be withdrawn. This policy must ensure that the ability to withdraw funds is provided in accordance with the needs of the residents. This policy must also specify whether or not the nursing home or boarding care home will establish a procedure allowing patients or residents to obtain funds to meet unanticipated needs on days when withdrawal periods are not scheduled. The nursing home or boarding care home shall notify patients and residents of the policy governing the withdrawal of funds. Funds kept outside of the facility shall be returned within five business days.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.4170 DISCHARGE OR DEATH OF PATIENT OR RESIDENT.

Subpart 1. **Discharge of a patient or resident.** Upon discharge of a patient or resident, unless the patient's or resident's bed is being held for anticipated readmission, all funds of that patient or resident shall be returned to the patient or resident or to the patient's or resident's legal guardian or conservator, representative payee or other person designated, in writing, by the patient or resident with a written accounting in exchange for a signed receipt. Funds which are maintained outside of the nursing home or boarding care home shall be returned within five business days.

Subp. 2. **Death of a patient or resident.** Upon the death of a patient or resident, the nursing home or boarding care home shall provide a complete accounting of that patient's or resident's funds.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

OTHER RECORDS

4655.4200 POLICY RECORDS.

All policies and procedures adopted by the home shall be placed on file and be made readily accessible to the personnel.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.4300 UNUSUAL OCCURRENCES.

Any occurrence of food poisoning or reportable disease shall be reported immediately to the department.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.4400 EMPLOYEES' PERSONNEL RECORDS.

A current personnel record shall be maintained for each employee and placed on file in a locked cabinet in the office of the administrator, person in charge, or the business office. These records shall be available to representatives of the department and shall contain the following information:

A. person's name, address, telephone number, age and birth date, sex, marital status, Minnesota license or registration number, if applicable; name, address, and

telephone number of person to be called in case of emergency; social security number, and similar identifying data;

B. resume of individual's training, experience, and previous employment; recommendations and references from previous employers;

C. dates and results of any preemployment physical examination and of any subsequent physical examination, annual physical examinations are recommended;

D. date of employment in home, type of position currently held in home; hours of work, attendance, and salary records;

E. the record of all illnesses and accidents;

F. a listing of all institutes or training courses attended;

G. at least annual evaluations concerning employee's work performance; and

H. date of resignation or discharge and reason for leaving.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

MEDICAL AND DENTAL SERVICES

4655.4600 CARE AND TREATMENT.

Subpart 1. **Designation of physician by patient or resident.** Each patient or resident or the legal guardian or the agency responsible for care shall designate a licensed physician for the supervision of the care and treatment of the patient or resident during the person's stay in the home. This attending physician shall reside in the same or in a nearby community.

Subp. 2. **Agreement with physician for emergency and advisory care.** Each nursing home or boarding care home shall have an agreement with one or more licensed physicians to provide emergency services and to act in an advisory capacity.

Subp. 3. **Posting of physicians names and phone numbers.** A schedule, which lists the names, telephone numbers, and call days of the emergency physician(s) shall be posted in each nurses' or attendants' station.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

History: *17 SR 1279*

4655.4700 PHYSICIANS' EXAMINATIONS AND ORDERS.

Subpart 1. **Physical examination at admission.** Each patient or resident shall have an admission medical history and complete physical examination performed and recorded by a physician within five days prior to or within 72 hours after admission. The medical record shall include: the report of the admission history and physical examination; the admitting diagnosis and report of subsequent physical examinations; a report of a standard Mantoux tuberculin test or, if the Mantoux test is positive or contraindicated, a chest X ray within three months in advance of admission and as indicated thereafter; reports of appropriate laboratory examinations; general medical condition including disabilities and limitations; instructions relative to the patient's or resident's total program of care; written orders for all medications with stop dates, treatments, special diets, and for extent or restriction of activity; physician's orders and progress notes; and condition on discharge or transfer, or cause of death.

Subp. 2. **Periodic physical examination requirements.** Each nursing home patient shall be examined by a physician at least every six months and each boarding care home resident at least annually or more often if indicated by the clinical condition.

Subp. 3. **Records of physical examinations.** A progress note shall be recorded in the patient's or resident's record at the time of each examination.

Subp. 4. **Temporary orders for new admissions.** If orders for the immediate care of a patient or resident are not available at the time of admission, the emergency physician shall write temporary orders which are effective for a maximum of 72 hours.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.4800 DENTAL CARE.

Subpart 1. **Services.** Patients and residents shall be provided with dental services appropriate to their needs.

Subp. 2. **Agreement with dentist for emergency care.** Nursing homes and boarding care homes shall have a written agreement with a licensed dentist to provide emergency dental care when necessary.

Subp. 3. **Posting of dentists' names and phone numbers.** The name and address of the emergency dentist shall be posted at each nurses' or attendants' station.

Subp. 4. **Dental records.** All dental examinations and treatments shall be recorded in the patient's or resident's care record.

Subp. 5. **Dentists' recommendations.** Personnel in the home shall assist patients and residents in carrying out dentists' recommendations.

Subp. 6. **Identification of dentures.** A procedure shall be established for the accurate identification of patients' and residents' dentures.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.4900 [Repealed, 20 SR 303]**STAFFING AND SERVICES****4655.5100 ADEQUATE STAFF.**

Subpart 1. **Amount of staff.** Adequate staff shall be provided to meet the nursing and personal care needs and the maintenance necessary for the well-being of the patients and residents at all times.

Subp. 2. **Requirements for staff.** There shall be at least one responsible person awake, dressed, and on duty at all times. These persons shall be at least 21 years of age and capable of performing the required duties of evacuating the patients and residents.

Subp. 3. **Identification of staff.** Each employee and volunteer shall wear a badge which includes name and position.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.5200 ACTIVITIES PROGRAM.

Subpart 1. **General requirements.** There shall be an organized social and recreational activities program in all nursing homes and boarding care homes which shall be designed to meet the normal needs of all patients and residents for occupation, diversion, and maintenance.

Subp. 2. **Type of programs.** The activities program shall create a normal living environment which is compatible with the needs and interests of the majority of patients and residents. This shall be integrated into the total care program.

Subp. 3. **Patient and resident involvement.** The patient or resident shall be encouraged to be involved in the person's own care through a purposeful activities program which allows the person to function at the person's maximum physical, mental, social, and emotional capacity.

Subp. 4. **Supervision of program.** The activities program shall be supervised by a person employed on the basis of two-thirds hour per bed per week which is equal to 40 hours per week for 60 beds, who is trained and/or experienced in the supervision of such a program.

Subp. 5. **Program directors.** A certified occupational therapy assistant (COTA) is qualified to direct such a program. It is recommended that consultation be provided for the activities director by a registered occupational therapist or a therapeutic recreational specialist.

Subp. 6. **Frequency of program activities.** The activities program shall be regularly scheduled at least five days each week with the program posted one week in advance.

Subp. 7. **Staff assistance with activities.** A sufficient number of personnel shall be assigned to assist with the activities program on a regular basis.

Subp. 8. **Place for activities; requirements.** Appropriate space, equipment, materials, and storage areas shall be provided. This shall include recreational space and activities out-of-doors. A Handbook for Activities Supervisors is available from the department for use as a guide.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

History: *17 SR 1279*

4655.5300 SPIRITUAL NEEDS.

The home shall provide adequate facilities and arrange for personnel to meet the spiritual needs of the patients or residents.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.5400 IN-SERVICE EDUCATION.

There shall be a continuing in-service educational program for all personnel with thorough job orientation for all new personnel in each nursing home and boarding care home.

In nursing homes having 90 beds or more it is recommended that one person other than the director of nursing service be responsible for coordination of all in-service education programs.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.5600 [Repealed, 20 SR 303]

4655.5700 [Repealed, 20 SR 303]

4655.5800 [Repealed, 20 SR 303]

4655.5900 [Repealed, 20 SR 303]

4655.6000 [Repealed, 20 SR 303]

4655.6100 [Repealed, 20 SR 303]

4655.6200 [Repealed, 20 SR 303]

CARE OF PATIENTS AND RESIDENTS

4655.6400 ADEQUATE CARE.

Subpart 1. **Care in general.** Each patient or resident shall receive nursing care or personal and custodial care and supervision based on individual needs. Patients and residents shall be encouraged to be active, to develop techniques for self-help, and to develop hobbies and interests. Nursing home patients shall be up and out of bed as much as possible unless the attending physician states in writing on the patient's medical record that the patient must remain in bed.

Subp. 2. **Criteria for determining adequate care.** Criteria for determining adequate and proper care shall include:

A. Evidence of adequate care and kind and considerate treatment at all times. Privacy shall be respected and safeguarded.

B. Clean skin and freedom from offensive odors. A minimum of a complete tub bath or shower once a week shall be provided for all ambulatory patients and for all residents with adequate assistance or supervision as needed.

C. A minimum of monthly shampoos and assistance with daily hair grooming as needed.

D. Assistance with or supervision of shaving of men patients or residents as necessary to keep them clean and well-groomed.

E. Assistance as needed with oral hygiene to keep the mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips.

F. Proper care and attention to hands and feet. Fingernails and toenails shall be kept clean and trimmed.

G. Clean linen. Bed linen shall be changed weekly, or more often as needed. Beds shall be made daily and straightened as necessary.

H. Clean clothing and a neat appearance. Patients and residents shall be dressed during the day whenever possible.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

History: *17 SR 1279*

4655.6500 SAFETY PROGRAM.

Subpart 1. **Written plan.** Every home shall have an organized safety program in accordance with a written plan and such shall be included in the orientation and in-service training programs of all employees and volunteers to assure safety to patients and residents at all times. In addition to fire safety, such precautions shall include the provision of safety features as outlined in parts 4660.6000 to 4660.7500.

Subp. 2. **Safety equipment requirements.** All attached equipment shall be solidly anchored to avoid accidents.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

History: *21 SR 196*

4655.6600 USE OF RESTRAINTS TO MANAGE DIFFICULT BEHAVIOR.

Disturbed mental patients shall not be received or retained in a nursing home or boarding care home. If a patient or resident becomes suddenly disturbed or difficult behavior creates a problem of management, the person in charge of the home shall take temporary, emergency measures to protect such person and other persons in the home and the physician shall be called immediately. If a restraint is needed, this may be applied only upon the physician's written order. A restraint is any device which restricts the patient's normal movements. In instituting such temporary protective measures, a special attendant shall be placed on duty on the floor or in the section of the building in which such patient or resident is restrained. No form of restraint may be used or applied in such manner as to cause injury to the patient or resident. No locked restraints may be used. No door to a patient's or resident's room may be locked in a manner which will not permit immediate opening in case of emergency. A full record of the use of restraints or seclusion shall be maintained in the patient's or resident's medical record. If the patient or resident does not respond to the treatment prescribed within a period of two days, the person shall be transferred to suitable facilities.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

History: *17 SR 1279*

4655.6700 ACUTE ILLNESS, SERIOUS ACCIDENT, OR DEATH.

In case of acute illness or serious accident, the home shall immediately notify the physician and the family or legal guardian. Apparent deaths shall be reported immediately to the attending physician.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.6800 [Repealed, 20 SR 303]

**RELOCATION OF RESIDENTS FROM NURSING HOMES
AND CERTIFIED BOARDING CARE HOMES****4655.6810 DEFINITIONS.**

Subpart 1. **Scope.** The terms used in parts 4655.6810 to 4655.6830 have the meanings given them in this part.

Subp. 2. **Certified boarding care home.** "Certified boarding care home" means a facility licensed pursuant to Minnesota Statutes, sections 144.50 to 144.56, and certified as an intermediate care facility as defined in United States Code, title 42, section 1396d, as amended through December 31, 1982.

Subp. 3. **Facility.** "Facility" means a nursing home or certified boarding care home.

Subp. 4. **Nursing home.** "Nursing home" means a facility licensed pursuant to Minnesota Statutes, section 144A.01, subdivision 5.

Subp. 5. **Relocation.** "Relocation" means a situation when residents are to be discharged from a nursing home or certified boarding care home as the result of the closing of the facility or the curtailment, reduction, or change of operations or services offered there.

Subp. 6. **Service offered in the facility.** "Service offered in the facility" includes participation in the Medicare and Medicaid programs, or both programs, pursuant to United States Code, title 42, sections 1395 et seq., and 1396 et seq., as amended through December 31, 1982.

Subp. 7. **Social service agency.** "Social service agency" means the county or multicounty agency authorized under Minnesota Statutes, sections 393.01, subdivision 7 and 393.07, subdivision 2, for the county in which the facility is located.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08; 144A.31 subd 4*

History: *10 SR 622*

4655.6820 NOTICE TO DEPARTMENT OF HEALTH.

Subpart 1. **Notice required.** The licensee of the facility shall notify the Department of Health, in writing, at least 90 days prior to the cessation or the curtailment, reduction, or change of operations or services which would result in the relocation of residents.

Subp. 2. **Notice information.** The written notice shall include the following:

A. the date of the closing, curtailment, reduction, or change of operations or services;

B. the number of residents to be relocated; and

C. the names and telephone numbers of the persons in the nursing home responsible for coordinating the relocation of residents.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08; 144A.31 subd 4*

History: *10 SR 622*

4655.6830 FACILITY RESPONSIBILITIES.

Subpart 1. **Cooperation.** The licensee of the facility and facility staff shall cooperate with representatives from the Department of Health and from the social service agency in planning for the relocation of residents.

Subp. 2. **Interdisciplinary team.** The administrator of a facility shall establish an interdisciplinary team which shall be responsible for coordinating and planning the steps necessary to relocate the residents. The interdisciplinary team shall consist of members involved in providing direct care services to residents.

Subp. 3. **Advance notice.** The facility shall send the written notices in items A to C at least 60 days in advance of the date by which the relocation of residents is to be completed.

A. Notice shall be sent to the resident who will be relocated and to the individual responsible for the resident's care. This notice must include the name, address, and telephone number of: the individual in the facility to be contacted for assistance and further information; the social service agency; and the area long-term care ombudsman, provided under section 307(a)(12) of the Older Americans Act, United States Code, title 42, section 3027, as amended through December 31, 1982.

B. Notice shall be sent to the attention of the commissioner of human services and to the social service agency. This notice must include the name of each resident to be relocated and the name, address, and telephone number of the individual responsible for the resident's care and the individual in the facility to be contacted for further information.

C. Notice shall be sent to the attending physician of the resident to be relocated. The resident's attending physician shall be requested to furnish any medical information needed to update the resident's medical records and to prepare transfer forms and discharge summaries. This written notice must include the name and telephone number of the individual in the facility to be contacted for further information.

Subp. 4. **Bed list.** A list of available beds to which the resident can be relocated must be prepared. This list must contain the name, address, and telephone number of the facility, the certification level of the available beds, the type of services available, and the number of beds that are available. This list must be made available to the resident, the individual responsible for the resident's care, the area long-term care ombudsman, and the social service agency.

Subp. 5. **Informational meetings.** The facility shall conduct small group meetings for the residents and the individuals responsible for the care of the residents, to notify them of the steps being taken in arranging for the transfer. Individual residents shall be assisted as necessary.

Subp. 6. **Resident inventory.** The inventory of the resident's personal possessions must be updated and a copy of the final inventory provided to the resident, the individual responsible for the resident's care, or both. A final accounting of personal funds held in the facility must be completed in accordance with part 4655.4170. Arrangements must be made for the transfer of the resident's possessions and personal funds.

Subp. 7. **Site visits.** Unless it is medically inadvisable, as documented by the attending physician in the resident's care record, the resident shall be assisted in making site visits to facilities to which they may be transferred.

Subp. 8. **Administrative duties.** All administrative duties must be completed prior to the actual relocation of the resident. Personnel in the facility to which the resident will be moved shall be provided with the information necessary to provide care and services to the resident, in accordance with part 4655.3500.

Subp. 9. **Final notice.** Unless otherwise agreed to by the resident or the individual responsible for the resident's care, at least a 14-day notice shall be provided to a resident prior to the actual relocation.

Subp. 10. **Transportation.** The resident shall be assisted in making arrangements for transportation to the new facility.

Subp. 11. **Ease in transition.** There must not be a disruption in the provision of meals, medications, or treatments of the resident during the relocation process.

Subp. 12. **Notice to physician.** If not previously notified, the resident's attending physician shall be informed of the new location of the resident within 24 hours after the actual relocation.

Subp. 13. **Status reports.** Commencing the week following the relocation notice to the Department of Health required in part 4655.6820, subpart 1, the facility shall provide weekly written status reports to the Department of Health as to the progress being made in arranging for the relocation. The initial status report must include the

relocation plan developed by the facility, the identity of the interdisciplinary team members, and a schedule for the completion of the various elements of the plan. Subsequent status reports must note the progress being made, any modifications to the relocation plan, any change of interdisciplinary team members, and must include the names of residents who have been relocated during the time period covered by the report. Once relocation has been completed, a listing of the residents who have been relocated and the identity of the facilities or other locations to which the residents were moved must be provided to the Department of Health.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08; 144A.31 subd 4*

History: *10 SR 622*

FURNISHINGS AND EQUIPMENT FOR CARE

4655.7000 PATIENT OR RESIDENT UNITS.

Subpart 1. **Requirements.** The following items shall be provided for each patient or resident:

A. A comfortable bed at least 36 inches wide, good springs, and a clean, firm, comfortable mattress and mattress pad. At least one clean, comfortable pillow with extra pillows available to meet the patient's needs. Clean, lightweight blankets and bed linen in good condition and of the proper size shall be kept on hand for use at all times. Clean sheets and pillow cases shall be furnished at least once a week. Each bed shall have a washable bedspread. A moisture-proof mattress cover or rubber or plastic sheeting shall be provided for mattresses of all bed patients and for other beds as necessary. Rollaway type beds, cots, or folding beds shall not be used.

B. At least one comfortable chair.

C. A locker or closet within the room to allow clothes to be hung. In existing facilities, if a closet is used for two or more persons, there shall be a fixed partition for complete separation of clothing for each person. There shall be dresser drawer space provided for each patient or resident. Closets, lockers, or drawers which are provided with locks shall have a master key available in the administrator's office. See part 4660.3460.

D. A bedside table with a towel bar, a drawer to accommodate personal possessions, and a separate compartment for the storage of bedpans and urinals. (Not required in a boarding care home.)

E. Individual drinking glass, bath towel, hand towel, washcloth, and soap dish. Clean towels shall be provided as needed.

F. Cubicle curtains to afford privacy in all multibed rooms. Existing boarding care homes in converted dwellings may continue to use bed screens. Each window shall have shades or equivalent in good repair.

G. A device for signaling nurses and attendants which shall be kept in working order at all times.

H. A hand-washing facility with a mirror located in the room or convenient to the room for the use of patients, residents, and personnel. It is recommended that these be equipped with gooseneck spouts and wrist-action controls.

I. A bed light providing a minimum of 30 footcandle intensity conveniently located for reading or for doing handiwork in bed or in an adjacent chair.

J. All furnishings and equipment shall be maintained in a usable, safe, and sanitary condition. All rooms and beds shall be numbered. All beds shall be identified with the name of the patient or resident.

Subp. 2. **Written policy for double beds.** The nursing home and boarding care home shall develop a written policy regarding the use of double beds.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

History: *21 SR 196*

4655.7100 FACILITIES FOR EMERGENCY CARE.

First aid supplies shall be maintained in a place known to and readily available to all personnel responsible for the health or well-being of patients or residents.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.7200 HAND-WASHING FACILITIES.

Hand-washing facilities shall be readily available for physicians, nurses, and other personnel attending patients or residents. Single service towels shall be available at all times. Use of a common towel is prohibited.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.7300 ROOMS.

Subpart 1. **Dayrooms.** Each dayroom shall be provided with reading lamps, tables, and chairs of satisfactory design for patients and residents.

Subp. 2. **Dining rooms.** Furnishings shall be well-constructed and designed for patients and residents. Tables shall be of a type that can be used by wheelchair patients.

Subp. 3. **Other areas.** All office spaces, nurses' and attendants' stations, treatment rooms, utility rooms, maintenance rooms, and other spaces or rooms not specifically mentioned elsewhere shall be appropriately furnished and equipped.

Subp. 4. **Nurses' or attendants' station.** There shall be a well-lighted nurses' or attendants' station centrally located in the patient or resident area which shall contain sufficient space for recording and for the storage of charts and the equipment necessary for keeping records and orders current.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.7400 STORAGE.

Subpart 1. **Equipment and supplies in general.** Cabinets and other suitable space shall be provided and identified for the safe storage of equipment and supplies in a sanitary, convenient, and orderly manner. Supplies shall be identified.

Subp. 2. **Sterile supplies.** Sterile supplies shall be marked with the latest date of sterilization and shall be stored apart from unsterile supplies.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.7500 [Repealed, 21 SR 196]

4655.7600 [Repealed, 20 SR 303]

4655.7700 [Repealed, 20 SR 303]

4655.7710 [Repealed, 20 SR 303]

4655.7720 [Repealed, 20 SR 303]

4655.7730 [Repealed, 20 SR 303]

4655.7740 [Repealed, 20 SR 303]

4655.7750 [Repealed, 20 SR 303]

4655.7760 [Repealed, 20 SR 303]

4655.7770 [Repealed, 20 SR 303]

4655.7780 [Repealed, 20 SR 303]

4655.7790 [Repealed, 20 SR 303]

MEDICATION

4655.7810 DISTRIBUTION OF MEDICATIONS.

A system shall be developed in each boarding care home to assure that all medications are distributed safely and properly. All medications shall be distributed and taken exactly as ordered by the physician. Any medication errors or resident reactions shall be reported to the physician at once and an explanation made in the resident's personal care record.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.7820 MEDICINE CABINET.

Subpart 1. **Medicine cabinet location and requirements.** A well-illuminated medicine cabinet shall be provided at each attendants' station, a central control point for the storage of records and medications. The medicine cabinet shall be equipped with separate cubicles which are plainly labeled, or provided with other physical separation for the storage of each resident's prescriptions.

Subp. 2. **Poisons and medications for external use labeling and storage.** Poisons and medications intended for external use only shall be clearly so marked and shall be kept in a separate locked compartment.

Subp. 3. **Refrigerated drugs.** Biologicals and other medications requiring refrigeration shall be kept in a specially locked, securely attached, and labeled, impervious container in a general use refrigerator.

Subp. 4. **Storage with nondrug substances.** All substances, such as cleaning agents, bleaches, detergents, disinfectants, pesticides, paints, and flammable liquids shall be clearly labeled and stored separately from all drugs and foods.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.7830 MEDICATION CONTAINERS.

Subpart 1. **Storage in labeled containers.** All medications shall be kept in their original container bearing the original label with legible information stating the prescription number, name of drug, strength and quantity of drug, expiration dates of all time-dated drugs, directions for use, resident's name, physician's name, date of original issue or in the case of a refill, the most recent date thereof, and name and address of the licensed pharmacy which issued the medications. It shall be the responsibility of the boarding care home to secure the prescription number and name of the medication if these are not on the label.

Subp. 2. **Relabeling containers.** Any drug container having detached, excessively soiled, or damaged labels shall be returned to the issuing pharmacy for relabeling.

Subp. 3. **Disposition of nonlabeled or improperly labeled drugs.** The contents of any drug container having no label or with an illegible label shall be destroyed immediately.

Subp. 4. **Out of date medications.** Medications having a specific expiration date shall not be used after the date of expiration.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.7840 RECORD OF MEDICATIONS.

All medications distributed to each resident shall be recorded on the resident's personal care record. This information shall include the name and quantity of the drug given and the time distributed and shall be initialed by the person distributing the drug. Special notations shall be made whenever medications are started or discontinued.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.7850 DISPOSITION OF MEDICATIONS.

Subpart 1. **Discharged or transferred residents.** If authorized by the attending physician or the physician in charge, medications belonging to residents shall be given to them when discharged or transferred. This shall be recorded on the resident's personal care record.

Subp. 2. **Destroying unused prescription drugs.** Unused portions of prescription drugs remaining in the boarding care home after the death or discharge of the resident for whom they were prescribed or any prescriptions discontinued permanently, shall be destroyed by the person in charge in the boarding care home by flushing them into the sewer system and removing and destroying the labels from the containers.

Subp. 3. **Recording of disposition.** A notation of such destruction giving date, quantity, name of medication, and prescription number shall be recorded on the resident's personal care record. Such destruction shall be witnessed and the notation signed by both persons.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.7860 ADMINISTRATION OF MEDICATIONS BY UNLICENSED PERSONNEL.

Unlicensed nursing personnel who administer medications in a nursing home or a boarding care home certified as an intermediate care facility as defined in United States Code, title 42, section 1396d, must have completed a medication administration training program for unlicensed personnel in nursing homes which is offered through a Minnesota postsecondary educational institution. The nursing home or boarding care home shall keep written documentation verifying completion of the required course by all unlicensed nursing personnel administering medications.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.8000 [Repealed, 21 SR 196]

4655.8100 [Repealed, 20 SR 303]

LINEN SERVICE AND LAUNDRY REQUIREMENTS**4655.8300 LINEN.**

Subpart 1. **Application.** Subparts 2 to 6 apply to boarding homes only.

Subp. 2. **Clean linen.** Clean linen shall be dried, ironed, except for noniron linen, and folded and shall be stored in enclosed, clean, designated locations at least eight inches above the floor. New linen shall be washed and ironed before use. During distribution for use, only the linen needed in an area or room shall be carried into that area or room. Enclosed linen carts are acceptable for linen storage. Linen storage rooms or closets shall be kept clean and used only for the storage of clean linen and clean supply items. Only clean trucks or containers shall be used for the storage and transport of clean linen.

Subp. 3. **Soiled linen.** Soiled linen shall be collected in a cleanable hamper, container, or bag for removal to the soiled linen collection room or to the laundry. Hampers, containers, or bags shall be cleaned or washed regularly. Easily cleanable laundry trucks or containers for off-the-floor storage and sorting of soiled linen shall be provided.

Subp. 4. **Laundering of linen.** Linen shall be washed in commercial-type washers. The water temperature inside the washers shall be at least 160 degrees Fahrenheit during the main washing and rinsing cycles for a total time of at least 30 minutes, excluding time for filling and draining.

Subp. 5. **Outside linen service.** Linen processed in central or commercial laundries outside the facility shall be subject to the laundering standards of these rules; see part 4655.2200.

Subp. 6. **Laundering of personal clothing.** Residents' personal clothing and other nonlinen items shall be laundered in accordance with appropriate washing procedures for the various fabrics and shall be ironed, mended, and labeled as necessary. Domestic-type washers and dryers are acceptable as well as outside washing and drycleaning services.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

DIETARY SERVICE AND SANITATION

4655.8500 DIETARY SERVICE.

Subpart 1. **Dietary consultation requirements.** If the facility accepts or retains individuals in need of medically prescribed therapeutic diets, regularly scheduled dietary consultation shall be provided by a qualified dietitian or nutritionist at least four hours each month unless the dietary supervisor qualifies.

Subp. 2. **Therapeutic diets.** All therapeutic diets shall be prepared as ordered in writing by the attending physician.

Subp. 3. **Availability of diet manuals.** There shall be current diet manuals readily available in the kitchen.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.8510 DIETARY SUPERVISOR.

The administrator shall designate a person trained or experienced in the planning and preparation of meals to be responsible for the dietary service. Other responsibilities of this individual shall include: participation in the selection of other dietary staff and in the formulation of food service personnel policies, orientation, training, and supervision of the dietary staff; and recommending the type and quantity of the food purchased.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.8520 DIETARY STAFF REQUIREMENTS.

Dietary staff:

A. The dietary staff shall be adequate in number to provide personnel on duty 12 or more hours per day. They shall be trained in the performance of their assigned duties. Work assignments and duty schedules shall be posted in the dietary department.

B. The staff shall be in good health, free from symptoms of communicable disease and from open, infected wounds.

C. All persons working in the dietary department shall maintain personal cleanliness, wear a clean uniform, and cover their hair with a hairnet or a cap for short hair, when on duty.

D. They shall wash their hands frequently, especially after using handkerchief or tissue, after handling soiled dishes, and after using toilet facilities and shall observe all other accepted hygienic practices in the prevention of contamination of food. The hand-washing procedure shall also apply to other staff on temporary assignment to the food service and in addition, uniforms shall be changed when soiled activities are involved.

E. Sanitary procedures and conditions shall be maintained in the operation of the dietary department at all times.

F. Smoking or other use of tobacco is not allowed in the food preparation or in the dishwashing area. The kitchen shall not be used for eating meals or for coffee breaks.

G. It is recommended that the department's food handling guide entitled "Information for Food Service Personnel in Hospitals and Related Care Facilities" be made readily available for reference by all food service personnel.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.8600 FOOD HANDLING.

Raw meat products shall be kept separated from cooked or prepared foods. Utensils or equipment and other food contact surfaces used in preparation of such products shall be thoroughly washed before being used for other foods; the person handling the raw products shall wash his or her hands thoroughly before touching other foods or utensils.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

History: *17 SR 1279*

4655.8610 ADEQUACY OF MEALS.

Subpart 1. **Recommended dietary allowances.** The food and nutritional needs of patients and residents shall be met in accordance with physicians' orders and shall, to the extent medically possible, meet the dietary allowances, as adjusted for age, sex, and activity as stated in the Recommended Dietary Allowances, National Academy of Sciences, 7th Edition, 1968 which lists the daily dietary allowances in nutrients. The daily food groups and quantities for each patient or resident that would meet these recommended daily dietary allowances shall include:

Subp. 2. **Meat or protein food.** Two or more servings of protein food of good quality. Consider each of the following as one serving:

A. three ounces cooked (equivalent to four ounces raw) of any meat without bone, such as beef, pork, lamb, poultry, or variety meats such as liver, heart, and kidney;

B. two slices prepared luncheon meat;

C. two eggs;

D. three ounces of fresh or frozen cooked fish or shellfish or one-half cup canned fish; or

E. one cup cooked navy beans.

Subp. 3. **Milk.** Two eight-ounce glasses of milk are required for each patient or resident. A portion of this amount may be served in a cooked form, such as cream soups, desserts, etc. Cheese and ice cream may replace part of the milk. The amount of either it will take to replace a given amount of milk is figured on the basis of calcium content. (One ounce or one slice of cheese equals one-half cup milk; one-half cup cottage cheese equals one-third cup milk; and one-half cup ice cream equals one-fourth cup milk.)

Subp. 4. **Vegetables.** Three servings of vegetables (one-half cup each), one of which is deep green or yellow.

Subp. 5. **Fruits.** Two or more servings. One shall be citrus, such as orange, grapefruit, or tomato. A serving of fruit is defined as:

A. one medium size orange or four ounces of juice;

B. one-half grapefruit or four ounces of juice; or

C. one large tomato or eight ounces of juice.

Subp. 6. **Cereal and bread.** Three to four servings preferably whole grain or enriched. (One slice of bread equals one serving; one-half cup of cereal equals one serving.)

Subp. 7. **Butter or margarine.** Some of either each day as a seasoning and to make food more palatable.

Subp. 8. **Other foods.** Other foods to round out meals plus snacks shall be offered to satisfy individual appetites and provide additional calories.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.8620 FREQUENCY OF MEALS.

Subpart 1. **Time of meals.** At least three meals shall be served at regular times during each 24 hour period with a maximum of 14 hours between a substantial evening meal and breakfast.

Subp. 2. **Preference for dining together.** Meals shall be served in the dining room and bedroom trays kept to a minimum. Patients or residents shall be encouraged to eat together.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.8630 QUALITY AND VARIETY.

Subpart 1. **Diet.** The diet shall be palatable, of adequate quantity and variety, prepared by methods which conserve nutritional value, and attractively served. It is recommended that dishes be used rather than compartment trays. Hot foods shall be served hot; cold foods shall be served cold. Foods shall be served in a form to meet individual needs.

Subp. 2. **Menu planning.** All menus including special diets shall be planned, dated, and posted for a minimum of one week in advance. Notations shall be made of any substitutions in the meals actually served and these shall be of equal nutritional value. Records of menus and of foods purchased shall be filed for six months. A reasonable variety of foods shall be provided. A file of tested recipes adjusted to a yield appropriate for the size of the home shall be maintained.

Subp. 3. **Food habits and customs.** There shall be reasonable adjustment to the food habits, customs, likes, and appetites of individual patients and residents.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.8640 RETURNED FOOD.

Returned portions of food and beverages from individual servings shall not be reused unless such food or beverage is served in a sealed wrapper or container which has not been unwrapped or opened.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.8650 MILK.

All fluid milk shall be procured from suppliers licensed by the commissioner of agriculture. The milk shall be dispensed directly from the original container in which it was packaged, shipped, and received. Milk served for drinking shall be served in the individual original container or shall be poured directly from the original individual container into the drinking glass at meal time or be dispensed from an approved bulk dispenser. Dry milk and milk products may be reconstituted in the dietary department if used for cooking only.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.8660 ICE.

Ice shall be stored and handled in a sanitary manner. Stored ice shall be kept in an enclosed container. If an ice scoop is used, the scoop shall be stored in a separate compartment to prevent the handle from contact with the ice.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.8670 FOOD SUPPLIES.

Subpart 1. **Food.** All food shall be from sources approved or considered satisfactory by the commissioner of health, and shall be clean, wholesome, free from spoilage, free from adulteration and misbranding, and safe for human consumption. No hermetically sealed, nonacid, or low-acid food which has been processed in a place other than a commercial food-processing establishment shall be used.

Subp. 2. **Food containers.** All food or food products prepared or in bulk shall be stored in approved seamless covered containers after opening of the original container. Dry milk and milk products after opening shall be stored in seamless, all tight containers.

Subp. 3. **Storage of nonperishable food.** Nonperishable food and single-service articles shall be stored off the floor on washable shelving in a ventilated room. It shall be protected from dust, flies, rodents, vermin, overhead leakage, and other sources of contamination, and shall be placed away from areas with excessive heat.

Subp. 4. **Storage of perishable food.** All perishable food shall be stored off the floor on washable, corrosion-resistant shelving under sanitary conditions, and at temperatures which will protect against spoilage. Meat and dairy products shall be stored at 40 degrees Fahrenheit or below, and fruit and vegetables at 50 degrees Fahrenheit or below. When stored together, the lower temperature shall apply. Temperatures shall be monitored by an accurate thermometer.

Subp. 5. **Prohibited storage.** The storage of detergents, cleaners, pesticides, and other nonfood items, including employees' personal items, is prohibited in food storage areas.

Subp. 6. **Vending machines.** Storage and dispensing of food and beverages in vending machines shall be in accordance with parts 4635.0100 and 4635.0300 to 4635.1000, November, 1966.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

History: *L 1977 c 305 s 39*

4655.8680 TRANSPORT OF FOOD.

Food shall be covered during transport through nondietary areas, but need not be covered when served in a contiguous dining area. The food service system shall be capable of keeping food hot or cold until served. A dumbwaiter or conveyor, which cab or carrier is used for the transport of soiled linen or soiled dishes, shall not be used for the transport of food.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.8690 FLOOR CLEANING AND TRASH.

Subpart 1. **Cleaning during food preparation.** There shall be no major sweeping or mopping in the kitchen during the time of food preparation.

Subp. 2. **Nondietary activity trash, restrictions.** Trash or refuse unrelated to dietary activities shall not be transported through food preparation areas or food storage areas for disposal or incineration.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.8700 DISHES AND UTENSILS REQUIREMENTS.

Dishes and utensils:

A. Only dishes and utensils with the original smooth finishes shall be used. Cracked, chipped, scratched, or permanently stained dishes, cups, or glasses or damaged, corroded, or open seamed utensils or cookware shall not be used. All tableware and cooking utensils shall be kept in enclosed storage compartments.

B. Accessories for food appliances shall be provided with protective covers unless in enclosed storage.

C. Enclosed lowerators for dishes are acceptable.

D. Machine washed silverware (flatware) shall be washed in approved perforated containers, and stored with the handles up in the same containers.

E. Dishes or plate settings shall not be set out on the tables more than two hours before serving time.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.8800 DISHWASHING.

The dishwashing operation shall provide proper separation in the handling of soiled and clean dishes and utensils, and shall conform with either of the following procedures for washing, rinsing, sanitizing, and drying.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

MACHINE WASHING OF DISHES AND UTENSILS**4655.8810 HOT WATER SANITIZING.**

The dishwashing machine shall be operated in accordance with the manufacturer's instructions which shall be posted nearby; see part 4660.8000, subpart 9. The flow pressure shall be maintained between 15 and 25 pounds per square inch (psi) at the dishwasher. The temperatures of the water shall be maintained at 140 to 160 degrees Fahrenheit for the washing cycle, and at 170 degrees Fahrenheit for the rinsing and sanitizing cycle, both temperatures measured at tray level. If the same person handles both soiled and clean dishes, the person shall wash his or her hands between operations. Dishes and utensils shall be air dried.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

History: *17 SR 1279*

4655.8820 CHEMICAL SANITIZING.**Subpart 1. Dishwashing equipment. Equipment:**

A. Dishwashing machines using chemicals for sanitizing shall bear the seal indicating that the machine meets the standards of the National Sanitation Foundation.

B. Each dishwashing machine shall be equipped with a visual or audible signaling device which indicates when the chemical sanitizing supply is empty. The signaling device shall be maintained in an operating condition.

C. The clean dish counter shall provide space for at least four racks of clean and sanitized dishes and utensils.

Subp. 2. Dishwashing operation. Operation:

A. The dishwashing machines shall be operated in accordance with the manufacturer's instructions which shall be posted nearby.

B. The temperature of the wash water shall not be less than 140 degrees Fahrenheit (60 degrees Celsius).

C. Chemicals added for sanitation purposes shall be automatically dispensed in accordance with the manufacturer's specifications for time and concentration.

D. The chemical sanitizing rinse water temperature shall not be less than 75 degrees Fahrenheit (24 degrees Celsius) nor less than the temperature specified by the machine manufacturer as indicated on the NSF data plate.

E. All chemical sanitizers used in the dishwashing machines shall bear labeling indicating that the chemical sanitizers are registered by the Environmental Protection Agency and shall contain specific instructions for use.

F. If the same person handles both soiled and clean dishes, the person shall wash his or her hands between operations. Dishes and utensils shall be air dried.

G. The dishwashing machine shall be thoroughly cleaned at least once a day in accordance with the manufacturer's recommendation.

Subp. 3. Test kit to measure concentration of sanitizing solution. Test kit:

A. A test kit or other device that accurately measures the parts per million concentration of the sanitizing solution shall be available and used in accordance with this section.

B. The concentration level shall be tested in accordance with the manufacturer's instruction each day the machine is used.

C. The results of the testing shall be recorded in a written log which specifies the result of the test and shall be signed by the individual making the test. The log shall include the name of the chemical used and the manufacturer's recommended concentration of the chemical. This written log shall be maintained for the previous three months.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

History: *17 SR 1279*

4655.8830 HAND WASHING OF POTS AND PANS.

A three-compartment scullery sink, see part 4660.4910, subpart 4, shall be utilized as follows for a complete washing cycle by hand of pots and pans. The first compartment is for soaking and washing, the second compartment is for rinsing, and the third compartment for sanitizing. Sanitizing is accomplished by complete immersion for at least two minutes in 170 degree Fahrenheit water. A unit heater capable of maintaining the water in the sanitizing compartment at 170 degrees Fahrenheit shall be provided, including a long-handled wire basket for the removal of the sanitized items. The temperature shall be monitored with a thermometer. If the mechanical dishwasher is used for sanitizing of pots and pans, a sanitizing compartment is not required. Only air drying is permitted.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

HOUSEKEEPING

4655.9000 HOUSEKEEPING.

Subpart 1. **General requirements.** The entire facility, including walls, floors, ceilings, registers, fixtures, equipment, and furnishings shall be maintained in a clean, sanitary, and orderly condition throughout and shall be kept free from offensive odors, dust, rubbish, and safety hazards. Accumulation of combustible material or waste in unassigned areas is prohibited.

Subp. 2. **Development of cleaning program.** A program shall be established for routine housekeeping. Besides the daily duties, the program shall include policies and procedures for any special cleaning necessary.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.9010 SOLID WASTE DISPOSAL.

Subpart 1. **General requirements.** Solid wastes, including garbage, rubbish, and other refuse shall be collected, stored, and disposed of in a manner that will not create a nuisance or fire hazard, nor provide a breeding place for insects or rodents.

Subp. 2. **Container requirements.** All containers for the collection and storage of garbage and refuse shall be of seamless watertight construction with tightly fitting covers, and be kept in a sanitary condition. Containers shall be stored in a safe location pending removal of contents, and shall be removed from the building and cleaned at frequent intervals.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.9020 HOUSEKEEPING SUPPLIES.

Subpart 1. **Janitor's closet.** The janitor's closets and all other areas used by the housekeeping personnel shall be kept in a clean, sanitary, and orderly condition.

Subp. 2. **Mops and buckets cleaning.** Mop buckets shall be emptied after each cleaning, and mopheads shall be washed after each use and replaced as often as necessary.

Subp. 3. **Storage of housekeeping supplies.** Housekeeping supplies shall be stored at least eight inches off the floor to facilitate cleaning.

Subp. 4. **Labeling of housekeeping supplies.** Disinfectants, pesticides, and other toxic substances shall be clearly identified and stored in a locked enclosure or cabinet.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.9030 DEODORIZERS.

Deodorizers or aerosols shall not be used as a substitute for acceptable ventilation, nor shall they be used to mask odors resulting from ineffective housekeeping or sanitation. Ozone generators are not permitted.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.9040 INSECT AND RODENT CONTROL.

Any condition on the site or in the facility conducive to the harborage or breeding of insects, rodents, or other vermin shall be eliminated immediately. A continuous pest control program shall be maintained by qualified personnel and all chemical substances of a poisonous nature used for pest control shall be identified and stored in a locked space.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.9050 SHELVING.

All shelving shall be provided with a surface finish which is smooth and easily cleaned.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.9060 SCREENS.

Outside openings such as doors, operable windows, or louvers shall be protected with screens to prevent the entrance of flies, mosquitoes, and other insects with screening material no larger than 16 mesh per square inch. Screen doors shall open in the direction of exit traffic and be equipped with self-closing devices. Screen doors are not required on main entrances to facilities, unless such doors are kept open. Outside open drain outlets shall be screened to prevent the entrance of rodents.

Statutory Authority: *MS s 144.56; 144A.02 to 144A.08*

4655.9070 [Repealed, 21 SR 196]

SCHEDULE OF FINES

4655.9200 FIFTY DOLLAR PENALTY FOR NONCOMPLIANCE.

A \$50 penalty assessment will be issued under the provisions of Minnesota Statutes, section 144.653, subdivision 6, for noncompliance with correction orders relating to the parts of these rules listed in items A to K:

A. parts 4655.0300, subparts 4 and 5; 4655.0310; 4655.0600; 4655.0700; and 4655.0800;

B. parts 4655.1200, subpart 1, item E; 4655.1700; and 4655.1400, items A, B, subitems (1) and (6), and D;

C. parts 4655.1910, subparts 1 to 4; 4655.2200; and 4655.2100;

D. parts 4655.2700 and 4655.2800;

E. parts 4655.3600; 4655.3700; 4655.3800; 4655.4200; and 4655.4400;

F. part 4655.5100;

G. parts 4655.7000, subpart 1, items B, C, D, and I; and 4655.7300, subparts 1 and 2;

H. part 4655.8300, subpart 6;

I. part 4655.8630, subpart 3;

J. parts 4655.9030 and 4655.9050; and

K. part 4660.4500.

Statutory Authority: *MS s 144.653; 144A.04; 144A.08; 144A.10; 256B.431*

History: *20 SR 303; 21 SR 196*

4655.9210 TWO HUNDRED FIFTY DOLLAR PENALTY FOR NONCOMPLIANCE.

A \$250 penalty assessment will be issued under the provisions of Minnesota Statutes, section 144.653, subdivision 6, for noncompliance with correction orders relating to all other parts of these rules not specifically enumerated in part 4655.9200 or 4655.9250.

Statutory Authority: *MS s 144.653; 144A.04; 144A.08; 144A.10*

History: *21 SR 196*

4655.9250 PENALTIES FOR BOARDING CARE HOMES.

Subpart 1. **Application.** Subparts 2 and 3 apply to boarding care homes only.

Subp. 2. **\$50 penalty assessment.** A \$50 penalty assessment will be issued to a boarding care home under the provisions of Minnesota Statutes, section 144.653, subdivision 6 for noncompliance with correction orders relating to the following rules:

- A. part 4638.0200, subpart 2;
- B. part 4655.3600;
- C. part 4655.4100;
- D. part 4655.4110, subpart 2;
- E. part 4655.4120, subpart 3;
- F. part 4655.4150;
- G. part 4655.4170;
- H. part 4655.7000, subpart 2; and
- I. part 4655.8820, subpart 1, item C.

Subp. 3. **\$250 penalty assessment.** A \$250 penalty assessment will be issued to a boarding care home under the provisions of Minnesota Statutes, section 144.653, subdivision 6, for noncompliance with correction orders relating to part 4638.0200, subpart 3.

Statutory Authority: *MS s 144.653*

4655.9300 [Repealed, 21 SR 196]

4655.9320 [Repealed, 21 SR 196]

4655.9321 [Repealed, 21 SR 196]

4655.9322 [Repealed, 21 SR 196]

4655.9323 [Repealed, 21 SR 196]

4655.9324 [Repealed, 21 SR 196]

4655.9325 [Repealed, 21 SR 196]

4655.9326 [Repealed, 21 SR 196]

4655.9327 [Repealed, 21 SR 196]

4655.9328 [Repealed, 21 SR 196]

4655.9329 [Repealed, 21 SR 196]

4655.9330 [Repealed, 21 SR 196]

4655.9331 [Repealed, 21 SR 196]

4655.9332 [Repealed, 21 SR 196]

4655.9333 [Repealed, 21 SR 196]

4655.9334 [Repealed, 21 SR 196]

4655.9335 [Repealed, 21 SR 196]

4655.9336 [Repealed, 21 SR 196]

4655.9337 [Repealed, 21 SR 196]

4655.9338 [Repealed, 21 SR 196]

4655.9339 [Repealed, 21 SR 196]

4655.9340 DEPARTMENT OF HEALTH STATUTES; FINES.

Penalty assessments for violations of Minnesota Statutes, section 144.651 are as follows:

A. Minnesota Statutes, section 144.651, subdivision 4, \$100.

B. Minnesota Statutes, section 144.651, subdivision 5, \$250.

C. Minnesota Statutes, section 144.651, subdivision 6, \$250.

D. Minnesota Statutes, section 144.651, subdivision 7, \$100.

E. Minnesota Statutes, section 144.651, subdivision 8, \$100.

F. Minnesota Statutes, section 144.651, subdivision 9, \$250.

G. Minnesota Statutes, section 144.651, subdivision 10, \$250.

H. Minnesota Statutes, section 144.651, subdivision 11, \$100.

I. Minnesota Statutes, section 144.651, subdivision 12, \$250.

J. Minnesota Statutes, section 144.651, subdivision 13, \$500.

K. Minnesota Statutes, section 144.651, subdivision 14, \$500.

L. Minnesota Statutes, section 144.651, subdivision 15, \$250.

M. Except as noted in item N, a \$100 penalty assessment shall be issued for a violation of Minnesota Statutes, section 144.651, subdivision 16.

N. A \$250 penalty assessment shall be issued for a violation of that portion of Minnesota Statutes, section 144.651, subdivision 16, which states: "Patients and residents shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility."

O. Minnesota Statutes, section 144.651, subdivision 17, \$100.

P. Minnesota Statutes, section 144.651, subdivision 18, \$250.

Q. Minnesota Statutes, section 144.651, subdivision 19, \$250.

R. Minnesota Statutes, section 144.651, subdivision 20, \$250.

S. A \$250 penalty assessment shall be issued for a violation of the portions of Minnesota Statutes, section 144.651, subdivision 21, which state: "Patients and residents may associate and communicate privately with persons of their choice and enter and, except as provided by the Minnesota Commitment Act, leave the facility as they choose.... Personal mail shall be sent without interference and received unopened unless medically or programmatically contraindicated and documented by the physician in the medical record."

T. A \$250 penalty assessment shall be issued for a violation of the portions of Minnesota Statutes, section 144.651, subdivision 21, which state: "Patients and residents shall have access, at their expense, to writing instruments, stationery, and postage.... There shall be access to a telephone where patients and residents can make and receive calls as well as speak privately. Facilities which are unable to provide a private area shall make reasonable arrangements to accommodate the privacy of patients' or residents' calls."

- U. Minnesota Statutes, section 144.651, subdivision 22, \$250.
- V. Minnesota Statutes, section 144.651, subdivision 23, \$250.
- W. Minnesota Statutes, section 144.651, subdivision 24, \$100.
- X. Minnesota Statutes, section 144.651, subdivision 25, \$250.
- Y. Minnesota Statutes, section 144.651, subdivision 26, \$250.
- Z. Minnesota Statutes, section 144.651, subdivision 27, \$250.
- AA. Minnesota Statutes, section 144.651, subdivision 28, \$250.
- BB. Minnesota Statutes, section 144.651, subdivision 29, \$250.
- CC. Minnesota Statutes, section 144.651, subdivision 30, \$250.
- DD. Minnesota Statutes, section 144.652, subdivision 1, \$100.

Statutory Authority: *MS s 144A.10*

History: *8 SR 1524; 16 SR 484*

4655.9341 [Repealed, 21 SR 196]

4655.9342 REPORTING MALTREATMENT OF VULNERABLE ADULTS; FINES.

Penalty assessments for violations of Minnesota Statutes, section 626.557 are as follows:

- A. Minnesota Statutes, section 626.557, subdivision 3, \$250;
- B. Minnesota Statutes, section 626.557, subdivision 3a, \$100;
- C. Minnesota Statutes, section 626.557, subdivision 4, \$100;
- D. Minnesota Statutes, section 626.557, subdivision 4a, \$100;
- E. Minnesota Statutes, section 626.557, subdivision 14, \$100; and
- F. Minnesota Statutes, section 626.557, subdivision 17, \$250.

Statutory Authority: *MS s 144A.04; 144A.08; 144A.10*

History: *8 SR 1524; 21 SR 196*

4655.9400 [Repealed, 20 SR 303]

4655.9500 [Repealed, 20 SR 303]

4655.9600 [Repealed, 20 SR 303]

4655.9700 [Repealed, 20 SR 303]

4655.9800 [Repealed, 20 SR 303]

4655.9900 [Repealed, 20 SR 303]