

1 Veterans Homes Board

2

3 Adopted Permanent Rules Relating to Facility Services; Resident
4 Rights; Responsibilities

5

6 Rules as Adopted

7 9050.0040 DEFINITIONS.

8 Subpart 1. **Scope.** The definitions in this part apply to
9 chapter 9050.

10 [For text of subps 2 to 72, see M.R.]

11 Subp. 73. **Medical director.** "Medical director" means a
12 physician licensed under Minnesota Statutes, chapter 147, and
13 employed by or under contract to the board who is responsible
14 for overall direction of medical practice in a facility to
15 ensure the appropriateness of the medical services provided to
16 the residents.

17 [For text of subps 74 to 86, see M.R.]

18 Subp. 86a. **Ombudsman.** "Ombudsman" has the meaning given
19 it in the Older Americans Act of 1965, United States Code, title
20 42, section 3027(a)(12), and Minnesota Statutes, section 256.974.

21 [For text of subps 87 to 120, see M.R.]

22 9050.1000 RESIDENT CARE PLANNING.

23 An individual care plan must be developed, implemented, and
24 maintained for each Minnesota veterans homes facility resident
25 according to Department of Health and United States Department
26 of Veterans Affairs nursing and domiciliary care regulatory
27 standards.

28 The care plan must be consistent with the resident's
29 medical treatment plan, as defined in part 9050.0040, subpart
30 74. The care plan must be developed by a multidisciplinary care
31 plan team, as defined in part 9050.0040, subparts 58 and 80,
32 based on an assessment of the resident's functioning, attitudes,
33 behavior, and medical condition for use in integrating care and
34 identifying service needs.

35 Residents may be involved in their individual care plans

1 according to part 9050.1070, subpart 4.

2 The resident's care plan must be used by the facility staff
3 involved in the resident's care, and reviewed and updated
4 according to the regulatory standards of nursing and domiciliary
5 care or when there is a significant change in the resident's
6 condition. For the purposes of this part, "significant change
7 in a resident's condition" means a new problem or a measurable
8 improvement or worsening of an existing problem or condition.

9 9050.1030 RESIDENT CARE SERVICES.

10 Subpart 1. **General.** Care services provided to residents
11 of Minnesota veterans homes must be consistent with the overall
12 goals and obligations of each facility as expressed in statute,
13 the homes' mission statements, and rules governing the
14 board-operated facilities, and must be consistent with available
15 funding and limited if the service is not reimbursable by public
16 or private resources according to Minnesota Statutes, section
17 144.651, subdivision 6.

18 Care services are provided according to Department of
19 Health licensure regulations and the certification requirements
20 of the United States Department of Veterans Affairs. Laws
21 pertaining to resident care services include chapter 4655;
22 Minnesota Statutes, chapters 144 and 144A; and United States
23 Department of Veterans Affairs Code M-1, part 1, chapter 3.

24 Resident care services must be authorized by the Minnesota
25 Veterans Homes Board of Directors.

26 Services that are veteran-exclusive through the United
27 States Department of Veterans Affairs are not available to
28 nonveteran residents according to part 9050.0510, subpart 2.

29 A resident, resident's guardian, legal representative,
30 family member, conservator, or other person designated by the
31 resident must be informed in writing by the admission staff of
32 each board-operated facility or the resident's social worker,
33 before or at the time of admission and when changes occur, of
34 services that are included in the facility's basic per diem and
35 of other services that may be available at additional charges.

1 The facility staff shall assist residents in obtaining
2 information and making application for possible benefits or
3 programs to which the residents are entitled according to parts
4 9050.0770 and 9050.0800, subpart 2, item G, and Minnesota
5 Statutes, section 144.651, subdivision 17.

6 Subp. 2. **Nursing services.** Primary care nursing services
7 for each Minnesota veterans home resident are the responsibility
8 of the nursing staff.

9 Nursing care services provided to residents in nursing care
10 units must be according to part 9050.0040, subpart 83, and
11 United States Department of Veterans Affairs standards.

12 Domiciliary care services provided to domiciliary residents
13 must be according to parts 4655.0100, subpart 3, and 9050.0040,
14 subpart 16, and United States Department of Veterans Affairs
15 standards.

16 Subp. 3. **Dietary services.** At each board-operated
17 facility, an adequately equipped kitchen must be maintained and
18 qualified facility staff must be employed to supply the
19 necessary food requirements of the residents. Dietary services
20 provided to residents must be according to parts 4655.8500 to
21 4655.8800 and United States Department of Veterans Affairs Code
22 M-1, part 1, chapter 3.

23 A qualified dietitian, as defined in part 9050.0040,
24 subpart 34, or dietary supervisor if qualified, must be employed
25 or contracted with to supervise the food service department of
26 each facility. A qualified dietary supervisor is a person
27 trained or experienced in the planning and preparation of meals
28 as stated in part 4655.8510. The dietary staff shall prepare
29 therapeutic diets as ordered by the resident's attending
30 physician, according to federal and state standards and
31 established recommended daily allowances.

32 A dietitian shall ensure that nutritional care plans are
33 developed according to each resident's nutritional needs and
34 that an individual diet card is maintained for each resident.

35 Subp. 4. **Recreational therapy.** At each board-operated
36 facility, a recreational therapy program must be provided

1 according to part 4655.5200 and United States Department of
2 Veterans Affairs Code M-1, part 1, chapter 3. Recreational
3 therapy programs must be appropriate to the needs and interests
4 of residents to maximize individual residents' physical and
5 psychosocial levels.

6 Adequate equipment, space, and supplies for recreational
7 therapy programs must be provided at each facility.

8 A resident's recreation plan must be integrated into the
9 resident's care plan and documentation of recreational therapy
10 provided must be maintained in the resident's chart.

11 A qualified staff member responsible for the recreational
12 therapy program shall meet at least the minimum qualifications
13 in part 4655.5200, subpart 5.

14 Subp. 5. **Social work services.** On-site social work
15 services must be provided to residents of each board-operated
16 facility by qualified social workers to meet the psychosocial
17 needs of individual residents.

18 The provision of social services must be documented in the
19 resident's chart. Documentation must include a social services
20 assessment or plan and quarterly progress reports on each
21 resident in the facility according to United States Department
22 of Veterans Affairs Code M-1, part 1, chapter 3.

23 Subp. 6. **Housekeeping services.** Housekeeping services
24 must be maintained at each board-operated facility to ensure a
25 clean, sanitary, and safe physical environment for residents
26 according to parts 4655.9000 to 4655.9070. The facility must be
27 kept free from offensive odors, dust, rubbish, and safety
28 hazards. An example of a safety hazard would be the
29 accumulation of combustible material or waste in unassigned
30 areas.

31 Subp. 7. **Medical director.** Each board-operated facility
32 must have a medical director according to part 9050.0040,
33 subpart 73, and United States Department of Veterans Affairs
34 Code M-1, part 1, chapter 3.

35 Subp. 8. **Attending physician.** Each resident must be
36 assigned an attending physician who is responsible for overall

1 medical care of the resident. A resident may choose a private
2 attending physician at the resident's own expense if the
3 physician agrees to comply with regulatory standards governing
4 the home. Regulatory standards include parts 4655.4600 and
5 4655.4700 and United States Department of Veterans Affairs Code
6 M-1, part 1, chapter 3.

7 The attending physician shall prescribe a planned regimen
8 of resident care based on a medical evaluation of the resident's
9 immediate and long-term needs. The attending physician must be
10 identified on the resident's medical chart.

11 The attending physician shall make arrangements for the
12 medical care of the resident in the event of an on-site
13 emergency or a planned absence by the attending physician.

14 Subp. 9. **Chaplain services.** Spiritual care must be
15 provided by a chaplain to residents of each board-operated
16 facility according to part 4655.5300 and United States
17 Department of Veterans Affairs Code M-1, part 1, chapter 3.

18 Adequate space must be provided for chaplain services and
19 private space provided for a resident to meet with clergy of the
20 resident's choice.

21 Subp. 10. **Mental health services.** Mental health services
22 must be made available to residents who meet admission and
23 continued stay criteria as specified in part 9050.0070, subparts
24 3 and 4, at each board-operated facility either on-site or
25 through other means such as contract services, sharing
26 agreements, or other arrangements according to United States
27 Department of Veterans Affairs Code M-1, part 1, chapter 3.

28 A resident must be offered mental health services on
29 request by the resident, or as determined by members of the
30 resident's individual care plan team, which may include a staff
31 psychologist, staff psychiatrist, or chemical dependency
32 counselor.

33 These services must include, but are not limited to,
34 assessment, diagnosis, supportive counseling or self-help groups
35 for residents presenting behavioral problems, psychiatric
36 disorders, and chemical dependency or chemical abuse disorders.

1 These services must be provided through disciplines such as
2 psychology, psychiatry, and chemical dependency.

3 Documentation of mental health services provided to a
4 resident must be maintained in the resident's chart.

5 Subp. 11. **Dental care services.** Dental care must be made
6 available for residents of each board-operated facility
7 according to part 4655.4800 and United States Department of
8 Veterans Affairs Code M-1, part 1, chapter 3.

9 Each facility must have a written agreement with a licensed
10 dentist or dentists to provide emergency dental care when
11 necessary.

12 Dental care for residents consists of, but is not limited
13 to, cleaning of teeth by the dentist or dental hygienist, an
14 examination of the resident's teeth and mouth by the dentist,
15 taking of necessary X-rays as determined by the dentist, proper
16 fitting of dentures, repair of dentures, and treatment of
17 abnormalities caused by dentures as determined by the dentist.

18 Documentation of dental care provided must be maintained in
19 the resident's chart.

20 Subp. 12. **Podiatric care services.** Podiatric care must be
21 made available at each board-operated facility to residents
22 through a podiatrist or physician, with the approval of the
23 resident's attending physician, according to United States
24 Department of Veterans Affairs Code M-1, part 1, chapter 3.

25 Documentation of podiatric care provided must be maintained
26 in the resident's chart.

27 Subp. 13. **Optometric care services.** Optometric care must
28 be made available to residents of each board-operated facility
29 according to United States Department of Veterans Affairs Code
30 M-1, part 1, chapter 3.

31 Consultation or treatment with the optometrist must be on
32 written order of the resident's attending physician. For
33 residents needing replacement of refractory lenses, the nursing
34 department may request a resident's appointment with the
35 optometrist.

36 Documentation of optometric care provided must be

1 maintained in the resident's chart.

2 Subp. 14. **Chiropractic care services.** Chiropractic care
3 must be made available to residents of each board-operated
4 facility according to Minnesota Statutes, section 198.065.
5 Treatment by a chiropractor must be on written order of the
6 resident's attending physician.

7 Documentation of chiropractic care provided must be
8 maintained in the resident's chart.

9 Subp. 15. **Diagnostic services.** Diagnostic services must
10 be made available to residents of each board-operated facility
11 on written order of the resident's attending physician according
12 to United States Department of Veterans Affairs Code M-1, part
13 1, chapter 3. Payments for diagnostic services are determined
14 according to part 9050.0510.

15 Examples of diagnostic services include, but are not
16 limited to, X-rays and laboratory work, such as blood tests.

17 Documentation of diagnostic care provided must be
18 maintained in the resident's chart.

19 Subp. 16. **Pharmaceutical services.** Pharmaceutical
20 services must be made available through a licensed pharmacist by
21 each board-operated facility to meet the needs of residents
22 according to parts 4655.7790 to 4655.7860 and United States
23 Department of Veterans Affairs Code M-1, part 1, chapter 3. A
24 licensed pharmacist is defined in part 9050.0040, subpart 92.

25 Documentation of pharmaceutical services provided must be
26 maintained in the resident's chart.

27 Subp. 17. **Specialized rehabilitation services.**
28 Specialized rehabilitation services such as physical therapy,
29 occupational therapy, and speech therapy must be provided to
30 residents to improve and maintain maximum functioning according
31 to Minnesota Statutes, section 148.65, and United States
32 Department of Veterans Affairs Code M-1, part 1, chapter 3.

33 Documentation of specialized rehabilitation services must
34 be maintained in the resident's chart.

35 Subp. 18. **Maintenance.** Maintenance services must be
36 maintained at each board-operated facility to ensure that the

1 physical plant is kept in a continuous state of good repair and
2 operation with regard to the health, comfort, safety, and
3 well-being of residents and others according to chapter 4660 and
4 United States Department of Veterans Affairs Code M-1, part 1,
5 chapter 3.

6 Subp. 19. **Transportation.** A means of transportation to
7 and from approved medical providers must be provided by each
8 board-operated facility according to United States Department of
9 Veterans Affairs Code M-1, part 1, chapter 3, if the providers
10 are located within the areas regularly serviced by the
11 transportation staff of the facility.

12 An approved medical provider is a medical facility with a
13 written transfer agreement for acute care services or Minnesota
14 veterans homes contract services.

15 9050.1070 RESIDENT RIGHTS AND RESPONSIBILITIES.

16 Subpart 1. **Scope.** Residents of each board-operated
17 facility are guaranteed all rights expressed in Minnesota
18 Statutes, section 144.651. Residents also have the right to
19 exercise freedom of expression and assembly as guaranteed by the
20 United States Constitution, Amendment I, the Minnesota
21 Constitution, and Minnesota Statutes, section 198.32.

22 Residents shall cooperate with facility rules as specified
23 in this chapter.

24 Subp. 2. **Information about rights.** On admission, a
25 resident, resident's guardian, legal representative, family
26 member, conservator, or other person designated by the resident
27 must be informed of and given a copy of the Patient's and
28 Resident's Bill of Rights expressed in Minnesota Statutes,
29 section 144.651. If changes occur in the Patient's and
30 Resident's Bill of Rights during the resident's stay at the
31 board-operated facility, a resident, resident's guardian, legal
32 representative, family member, conservator, or other person
33 designated by the resident must be informed of and given a copy
34 of the changes.

35 The Patient's and Resident's Bill of Rights must be posted

1 in a conspicuous place in each board-operated facility.

2 Subp. 3. **Resident care.** Residents have the right to
3 appropriate and regular medical and personal care based on
4 individual needs to promote continuity of care by facility staff
5 and other persons providing health care services according to
6 Minnesota Statutes, section 144.651. "Appropriate care" means
7 care designed to enable residents to achieve their highest level
8 of physical and mental functioning. Residents must be treated
9 courteously and with respect.

10 Competent residents have the right to refuse treatment
11 according to Minnesota Statutes, section 144.651, subdivision
12 12. Residents who refuse treatment, medication, or dietary
13 restrictions must be informed of the likely medical or major
14 psychological results of the refusal, with documentation in the
15 resident's medical record. If a resident is incapable of
16 understanding the circumstances but has not been adjudicated
17 incompetent, or if legal requirements limit the right to refuse
18 treatment, the conditions and circumstances must be fully
19 documented by the attending physician in the resident's medical
20 record.

21 A resident whose care needs cannot be met according to part
22 9050.0070, subparts 3 and 4, must be denied continued stay
23 subject to the appeals procedures in part 9050.0220.

24 Resident care must meet the standards of the Vulnerable
25 Adults Protection Act found in Minnesota Statutes, section
26 626.557.

27 Subp. 4. **Resident care plan participation.** Residents have
28 the right to participate in care planning and implementation of
29 the care plan according to Minnesota Statutes, section 144.651,
30 subdivision 10, unless medically contraindicated. Medical
31 contraindication must be documented by the attending physician
32 in the resident's chart.

33 Subp. 5. **Resident handbook.** On admission, a resident must
34 be given a resident handbook. The handbook must be reviewed by
35 social services staff or nursing staff with the resident or the
36 resident's representative.

1 After reviewing the handbook, the resident or resident's
2 representative must sign a statement indicating that the
3 resident or representative received a copy of the handbook and
4 reviewed the handbook. This statement must be kept with the
5 resident's admission agreement.

6 The resident handbook must contain:

7 A. general information about the facility and
8 resident care;

9 B. rules and regulations of the facility;

10 C. services available at the facility;

11 D. Patient's and Resident's Bill of Rights found in
12 Minnesota Statutes, section 144.651; and

13 E. grievance procedures.

14 If changes occur concerning the information in the resident
15 handbook, a resident must be informed of and given a copy of the
16 changes. The resident or resident's representative must sign a
17 statement indicating that the resident or representative
18 received a copy of the changes.

19 Subp. 6. **Resident councils.** Residents may organize,
20 maintain, and participate in a resident advisory council with
21 elected officers to express feelings and thoughts about the
22 facility, facility policies, and resident care issues according
23 to Minnesota Statutes, sections 144.651, subdivision 27, and
24 144A.33, and United States Department of Veterans Affairs Code
25 M-1, part 1, chapter 3.

26 Space for resident council meetings must be provided at
27 each board-operated facility. Staff or visitors may only attend
28 resident council meetings at the council's invitation.

29 The administrator shall designate a staff person, with
30 approval of the resident council, to assist the council and
31 respond to written requests that result from council meetings.

32 Minutes of resident council meetings must be kept and made
33 available to residents and other persons as the resident council
34 determines. Minutes of resident council meetings must also be
35 made available to the Department of Health and the United States
36 Department of Veterans Affairs to show that resident council

1 meetings are being held at each facility.

2 The designated staff person or other appropriate staff
3 persons shall inform the resident council of:

4 A. resident rights and responsibilities;

5 B. resident council organization and maintenance;

6 C. laws and rules that apply to the facility and
7 residents;

8 D. resident care in the facility;

9 E. human relations; and

10 F. resident self-help methods to increase quality of
11 care and quality of life at the facility.

12 Subp. 7. **Family councils.** Each board-operated facility
13 shall have a family council that gives members an opportunity to
14 express feelings and thoughts about the facility and facility
15 conditions, resident care, rules and the effect of rules,
16 policies, and procedures according to Minnesota Statutes,
17 sections 144.651, subdivision 20, and 144A.33.

18 The facility shall support and encourage development of and
19 participation in family councils and shall provide a private
20 meeting place and necessary administrative support through a
21 staff liaison appointed by the administrator and approved by the
22 council. Attendance at family council meetings of individuals
23 other than family council members must be at council invitation
24 only.

25 Minutes of family council meetings must be kept and made
26 available to family council members and other persons as the
27 family council determines. Minutes must also be made available
28 to the Department of Health to show that family council meetings
29 are being held at each facility.

30 Subp. 8. **Legal assistance for residents.** Residents have
31 the right of reasonable access to outside advocacy and legal
32 services according to Minnesota Statutes, section 144.651,
33 subdivision 30. On a resident's request, a designated staff
34 person shall instruct and assist that resident in obtaining
35 advocacy and legal assistance.

36 The opportunity for private communication between the

1 resident and the resident's representative must be provided at
2 the board-operated facility.

3 Subp. 9. **Resident grievances and complaints.** A resident
4 may voice grievances and complaints and recommend changes in
5 rules, policies, and services of the board-operated facility
6 without retaliation according to Minnesota Statutes, sections
7 198.32, 144.651, subdivision 20, and 144A.13, and United States
8 Department of Veterans Affairs Code M-1, part 1, chapter 3.

9 On admission, each resident must be informed in writing of
10 the right to complain. A notice of the right to complain must
11 be posted in a conspicuous place in each board-operated facility.

12 Residents may complain through the facility grievance and
13 complaint procedures. A resident may also voice grievances to
14 the administrator, the board, the commissioner of veterans
15 affairs, the commissioner of health, facility staff, other
16 residents, the family council, or outside representatives of the
17 resident's choice.

18 The grievance procedure at each board-operated facility
19 must include the following:

20 A. a list of internal resources for use by the
21 resident, such as the resident council or a grievance committee,
22 and a list of community resources available to the resident;

23 B. resident access to use of facility-approved forms
24 for written grievances;

25 C. the time limits for decisions to be made by the
26 facility;

27 D. an offer of assistance by social services staff,
28 at the resident's request, in development and process of the
29 grievance;

30 E. a written response to each resident filing a
31 formal grievance; and

32 F. a statement that the resident making a complaint
33 or grievance is free from retaliation, including freedom from
34 restraint, interference, coercion, discrimination, and reprisals.

35 Subp. 10. **Restraints.** A resident has the right to be free
36 from physical and chemical restraints imposed for purposes of

1 discipline or convenience and not required to treat the
2 resident's medical condition according to part 4655.6600.

3 Chemical and physical restraints may be imposed on a
4 resident only on written order of a physician that specifies the
5 duration and circumstances under which the restraints are to be
6 used, except in emergency circumstances when administrative
7 nursing staff takes temporary emergency measures until an order
8 can reasonably be obtained. If the resident's behavior poses a
9 significant threat of harm to self or others, the resident may
10 be discharged or transferred to an appropriate care facility.

11 Locked restraints must not be used on residents. Doors to
12 resident rooms must not be locked in a manner that would prevent
13 immediate opening in case of an emergency.

14 Use of restraints must be recorded in the resident's
15 record. The record must include a description of the
16 precipitating behavior, the expected behavioral outcome, the
17 actual behavioral outcome, an assessment of the need for
18 continued use of the restraint, and the duration of use of the
19 restraint.

20 Subp. 11. **Right to associate; visitors.** A resident may
21 meet with or refuse to meet with visitors and participate in
22 activities of commercial, religious, political, and community
23 groups without interference, unless the activities infringe on
24 the rights of other residents. This subpart complies with
25 Minnesota Statutes, section 144.651, subdivisions 21 and 26.

26 Residents may receive visitors during visiting hours and,
27 on request and availability, be provided privacy for visits
28 during visiting hours. Visiting hours must be established by
29 the facility administrator and be posted in plain view.
30 Visitors to each board-operated facility must follow facility
31 rules.

32 Residents may receive private visits at any time from the
33 resident's personal physician, religious advisor, or attorney.
34 Residents diagnosed as critically ill may have visits from
35 relatives, guardians, conservators, legal representatives, and
36 persons designated by the resident at any time according to part

1 4655.1910.

2 Subp. 12. **Identity of physician and outside service**
3 **providers.** In accordance with Minnesota Statutes, section
4 144.651, subdivision 7, facility staff shall give a resident, in
5 writing, the name, business address, telephone number, and
6 specialty of the physician responsible for coordination of the
7 resident's care.

8 Residents receiving services from approved outside
9 providers must be given, on request from the resident or
10 resident's guardian, written information about the identity of
11 the provider, including the name of the outside provider,
12 address, telephone number, specialty of the physician, and a
13 description of the service to be given.

14 Subp. 13. **Personal and treatment privacy.** A resident has
15 a right to respect for the resident's privacy, individuality,
16 and cultural identity as related to the resident's social,
17 religious, and psychological well-being.

18 Privacy must be respected by other residents, staff,
19 volunteers, and visitors. Individuals must knock on the door of
20 a resident's room and obtain the resident's consent before
21 entering, except in an emergency or when clearly inadvisable.

22 A resident has the right to privacy for the resident's
23 medical and personal care program. Privacy must be respected
24 during toileting, bathing, and other personal hygiene
25 activities, except as needed for resident safety or assistance.
26 Documentation of assistance given to or needed by a resident in
27 personal hygiene activities must be maintained in the resident's
28 chart.

29 Subp. 14. **Married residents.** Married residents have a
30 right to privacy for spousal visits according to Minnesota
31 Statutes, section 144.651, subdivision 28. If both spouses are
32 residents of the facility, the couple must be permitted to share
33 a room unless medically contraindicated and documented by the
34 attending physicians in the medical records.

35 Subp. 15. **Privacy of resident records.** A resident has a
36 right to confidential treatment of personal and medical records

1 and may approve or refuse release of the records to any
2 individual outside the board-operated facility.

3 Medical records must be made available to persons at the
4 board-operated facility who are responsible for the direct care
5 of the resident. All information contained in the resident's
6 records must be handled in a manner consistent with chapter 4655
7 and the Government Data Practices Act under Minnesota Statutes,
8 chapter 13 and section 144.651, subdivision 16.

9 Written consent of the resident or the resident's guardian
10 or conservator is required for the release of information
11 concerning the resident to persons not otherwise authorized to
12 receive it. Written consent of the resident must be handled in
13 a manner consistent with Minnesota Statutes, section 13.04,
14 subdivision 2.

15 Information to be released is limited to the items or
16 information specified in the consent form.

17 Written consent for release of information need not be
18 given when:

19 A. consent may be implied from circumstances in which
20 a reasonable person would believe the resident would have
21 consented had the resident been able to consent;

22 B. information released does not identify the
23 individual resident;

24 C. information is to be used within the facility for
25 routine or other legitimate purposes such as evaluation,
26 education, research, or financial audits; or

27 D. release is mandated by statute, regulation, or
28 court order.

29 Subp. 16. **Resident access to records.** On request, a
30 resident must be given access to personal, financial, and
31 medical records concerning the resident as provided under
32 Minnesota Statutes, sections 13.04 and 144.335, and Code of
33 Federal Regulations, title 42, part 2, section 2.23.

34 The facility staff shall supply to a resident complete and
35 current information concerning diagnosis and treatment of the
36 resident in terms and language the resident can reasonably be

1 expected to understand. If it is medically inadvisable that the
2 information be given to the resident, as documented by the
3 attending physician in the resident's medical record, the
4 information may be given to the resident's guardian,
5 representative, or appropriate third party as specified in
6 Minnesota Statutes, section 144.335, subdivision 2. The
7 resident, guardian, or appropriate third party must be shown the
8 data without any charge.

9 On a resident's written request, facility staff shall
10 furnish to the resident copies of the resident's records within
11 five days, excluding Saturdays, Sundays, and legal holidays.
12 With the consent of the resident, a summary of the record may be
13 furnished instead. A reasonable fee related to the costs of
14 copying may be requested.

15 If facility staff is unable to comply with a resident's
16 request for information within five days, excluding Saturdays,
17 Sundays, and legal holidays, staff shall inform the resident and
18 may have an additional five days within which to comply with the
19 resident's request, excluding Saturdays, Sundays, and legal
20 holidays. If records are required in fewer than five days,
21 facility staff shall make all reasonable efforts to comply with
22 the request.

23 Subp. 17. **Mail.** Residents have the right to send and
24 receive mail without interference according to Minnesota
25 Statutes, section 144.651, subdivision 21. A resident with a
26 legal guardian or conservator shall have mail handled according
27 to written instructions from the guardian or conservator
28 according to part 4655.1910, subpart 5. On request by the
29 resident, the resident shall be given a written or oral
30 statement regarding any restrictions on the resident's mail.

31 Subp. 18. **Telephone access and use.** Residents must have
32 access to a pay telephone, at a convenient location within the
33 board-operated facility, where residents can make and receive
34 calls. There must be at least one non-coin-operated telephone
35 accessible at all times in case of an emergency according to
36 part 4655.1910, subpart 4. "Emergency" has the meaning given in

1 part 9050.0040, subpart 39.

2 For residents who need to speak privately, reasonable
3 arrangements must be made by facility staff to accommodate the
4 privacy of the resident's calls.

5 If restrictions on telephone access are medically
6 advisable, the restrictions must be documented by the attending
7 physician in the resident's medical record according to
8 Minnesota Statutes, section 144.651, subdivision 21.

9 Subp. 19. **Resident vehicles.** Residents may keep one
10 passenger vehicle, motorcycle, or motorized bicycle on the
11 grounds of the board-operated facility in which the resident
12 resides. "Passenger vehicle" means a passenger automobile as
13 defined in Minnesota Statutes, section 168.011, subdivision 7; a
14 pickup truck as defined in Minnesota Statutes, section 168.011,
15 subdivision 29; or a van as defined in Minnesota Statutes,
16 section 168.011, subdivision 28. "Motorcycle" has the meaning
17 given in Minnesota Statutes, section 168.011, subdivision 26.
18 "Motorized bicycle" has the meaning given in Minnesota Statutes,
19 section 168.011, subdivision 27.

20 A resident who wants to maintain a vehicle on the grounds
21 of the facility shall register the make, model, color, year, and
22 license number of the vehicle with the transportation service of
23 the facility. The resident shall comply with applicable state
24 statutes, including Minnesota Statutes, chapter 169, regarding
25 payment of taxes, registration of vehicles, and safety
26 standards; Minnesota Statutes, chapter 171, regarding operators'
27 licenses and driving privileges; Minnesota Statutes, chapter
28 65B, regarding insurance coverage; and relevant rules.

29 Resident vehicles must be parked in designated parking
30 areas with properly displayed facility identification decals.

31 A resident vehicle that is an abandoned vehicle as defined
32 in Minnesota Statutes, section 168B.02, subdivision 2, must be
33 handled in a manner consistent with Minnesota Statutes, chapter
34 168B.

35 Subp. 20. **Pets.** The administrator at each board-operated
36 facility, after consultation with facility staff and residents,

1 shall determine whether pets, such as dogs and cats, will be
2 allowed in the facility and whether individual residents will be
3 permitted to keep the pets.

4 If pets are allowed in the facility, the requirements in
5 items A to C, in accordance with part 4638.0200, must be met.

6 A. The facility staff, in consultation with a
7 veterinarian and physician, shall develop and implement written
8 policies and procedures describing the types of pets allowed and
9 the procedures for maintaining and monitoring the health and
10 behavior of the pets, and identify areas in the facility where
11 pets are not permitted. Pets are not permitted in kitchen
12 areas, medication storage and administration areas, or clean or
13 sterile supply storage areas. Guide dogs accompanying a blind
14 or deaf individual are permitted at each board-operated facility.

15 B. A staff person, as designated in writing by the
16 facility administrator, shall be responsible for monitoring or
17 providing for the care, cleanliness, and maintenance of the
18 pets, including fish. Residents or other individuals may also
19 provide pet care.

20 C. The facility staff shall ensure that pets,
21 including fish, do not jeopardize the health, safety, comfort,
22 treatment, or well-being of residents or others, and shall
23 assume overall responsibility for pets in the facility.

24 Pets or animals brought to the facility for visits must be
25 preapproved by facility recreation staff and comply with this
26 subpart.

27 Subp. 21. Resident work programs. A resident may take
28 part in a resident work program on approval of the resident's
29 attending physician or as recommended by the resident's
30 attending physician and the resident's care team as part of the
31 individual treatment or care plan.

32 The labor or services that the resident performs must be
33 for therapeutic purposes and appropriately goal-related in the
34 resident's care plan according to Minnesota Statutes, section
35 144.651, subdivision 23.

36 The labor performed by the resident must be other than

1 labor of a housekeeping nature with respect to the resident's
2 own living area and the resident must be compensated
3 appropriately and in compliance with Minnesota law and the
4 Federal Fair Labor Standards Act.

5 Earnings derived from participating in a resident work
6 program while the resident is living at the home may not be
7 considered a means of support according to part 9050.0700,
8 subpart 3, item A, and Minnesota Statutes, section 198.03.

9 Subp. 22. **Resident funds.** Resident funds must be handled
10 according to parts 4655.1910, subpart 6; 4655.4100 to 4655.4170;
11 and Minnesota Statutes, sections 144.651, subdivision 25; and
12 198.265, and be in compliance with items A to D.

13 A. A competent resident may manage personal financial
14 affairs, or must be given at least a quarterly accounting of
15 financial transactions on the resident's behalf if the resident
16 delegates the responsibility to the facility for any period of
17 time according to law.

18 B. Residents may keep money in a personal fund
19 account at the board-operated facility, as defined in part
20 9050.0040, subpart 90, and according to Minnesota Statutes,
21 section 198.265, or in fund accounts off facility premises.

22 Resident fund accounts at the facility are solely for the
23 resident's use, and the facility cashier shall retain sufficient
24 liquid funds to satisfy normal demand withdrawal requests of
25 residents and other anticipated needs. Resident fund accounts
26 must not draw interest directly to residents, but the interest
27 must be used by the board only for the direct benefit of the
28 residents of the homes. Before depositing money in a fund
29 account at the facility, a resident must sign an agreement that
30 the resident is willing to have money in an account that does
31 not draw interest directly to the resident.

32 Restrictions placed on a resident's personal funds by the
33 resident, resident's guardian, or person responsible for the
34 resident's fund account must be documented in the resident's
35 treatment plan.

36 C. The cashier at the facility shall have regular

1 posted hours during which residents may deposit or withdraw
2 funds. The cashier shall give a receipt to persons depositing
3 funds and ensure that withdrawal forms are signed when funds are
4 withdrawn.

5 D. Unclaimed account balances at the facility must be
6 disposed of according to Minnesota Statutes, sections 198.23 and
7 198.231.

8 Subp. 23. **Laundry service.** Boarding care residents must
9 have access to laundry facilities in the domiciliary units for
10 the laundering of personal clothing. The administration of each
11 facility may determine and post hours for use of the laundry
12 facilities.

13 Each resident must be provided clean linens weekly, or as
14 needed, according to parts 4655.8000 and 4655.8300. Boarding
15 care residents may choose to launder their own linens.

16 Laundry services consisting of laundering of linens and
17 personal clothing must be provided to nursing care residents.

18 Subp. 24. **Resident clothing.** Each resident must have a
19 supply of personal clothing relative to individual needs. The
20 administrator at each board-operated facility shall determine
21 the standards for marking the resident's clothing for laundering
22 and identification purposes.

23 A resident or resident's representative is responsible for
24 the condition of the resident's personal clothing and should
25 contact the facility for assistance in maintenance of clothing.

26 Subp. 25. **Resident hygiene.** Residents shall maintain a
27 reasonable state of body and oral hygiene based on the
28 resident's physical and mental capabilities. Each resident
29 shall receive nursing care or personal and custodial care and
30 supervision based on individual needs according to parts
31 4655.6400 and 4655.6800.

32 Subp. 26. **Room cleanliness and conditions.** Residents
33 shall maintain personal rooms and personal items in a manner
34 consistent with the safety, sanitary, and health regulations
35 required by the Department of Health, United States Department
36 of Veterans Affairs, state fire marshal, and other regulatory

1 agencies.

2 Candles, oil lamps, or other items identified as flammable
3 or hazardous by the state fire marshal are not allowed in
4 resident rooms.

5 Floors in resident rooms must be clear of boxes, luggage,
6 debris, and other materials to prevent congestion and health and
7 safety hazards.

8 Residents may have electrical personal grooming items,
9 clocks, audio and visual equipment, and approved portable fans
10 as space and electrical capacity of the resident's room
11 permits. Other electrical items may be permitted on written
12 approval of administration or on written order of the resident's
13 attending physician, and must be documented in the resident's
14 medical record.

15 Items such as unapproved extension cords, hot plates,
16 coffee makers, and electrical food appliances are prohibited in
17 resident rooms.

18 Subp. 27. **Resident facility keys.** Each resident issued a
19 personal room key or a key to locked spaces within the room
20 shall return those keys to the facility on transfer or
21 discharge. The resident may be charged the cost of replacing
22 any lost keys.

23 Subp. 28. **Resident and facility property.** A resident may
24 not damage another resident's property or the facility's
25 property. A resident may be held financially responsible for
26 property damaged or destroyed by the resident.

27 Subp. 29. **Resident's personal property.** In accordance
28 with Minnesota Statutes, section 144.651, subdivision 22, a
29 resident may retain personal possessions in the resident's
30 personal living area as space permits, unless to do so would
31 infringe on rights of other residents, or unless contraindicated
32 for documented medical or safety reasons.

33 Personal property of deceased residents must be handled
34 according to Minnesota Statutes, section 198.23. Personal
35 property of discharged residents must be handled according to
36 Minnesota Statutes, section 198.231.

1 Subp. 30. **Storage of resident's property.** Storage of a
2 resident's property must be handled in compliance with items A
3 to C.

4 A. The administration of each board-operated facility
5 may determine an assigned amount of storage space for a resident
6 needing storage space for personal property outside of the
7 resident's personal living area. Particular kinds of personal
8 property may be excluded from the facility for reasons of space
9 limitations or safety.

10 Facility staff shall maintain an updated, itemized
11 inventory of each resident's property in storage, including the
12 resident's name and signature, guardian's signature, date of the
13 inventory, a detailed listing of the resident's property, and
14 the storage location. The list must be kept in a separate
15 location, with one copy kept with the inventoried property and
16 one copy given to the resident.

17 Residents must have access to storage areas during hours
18 that are determined by administration and must be accompanied by
19 the facility staff member who is in charge of storage, or that
20 person's designee. The hours for access to storage areas must
21 be posted in one or more conspicuous places in each of the
22 board-operated facilities.

23 Cash may not be placed into storage.

24 Secure and temporary storage of a resident's possessions
25 may be provided during a resident's emergency absence from the
26 facility or on a specific request to the nursing staff from a
27 resident leaving the facility on a personal absence.

28 The facility shall not accept resident possessions that
29 cannot be accommodated in the facility storage areas.

30 B. A central, locked depository or locked storage
31 area over which the facility has responsibility, in which
32 residents may store valuables for safekeeping, must be provided
33 at each board-operated facility.

34 Facility staff shall maintain an updated, itemized
35 inventory of each resident's valuables in storage, including the
36 resident's name and signature, guardian's signature, date of the

1 inventory, a detailed listing of the resident's property, and
2 the storage location. The list must be kept in a separate
3 location, with one copy kept with the inventoried property and
4 one copy given to the resident.

5 C. The facility may provide compensation for or
6 replacement of lost or stolen items according to Minnesota
7 Statutes, section 144.651, subdivision 22, if the loss was
8 caused by the facility's negligence, as required under Minnesota
9 Statutes, section 3.732.

10 Subp. 31. **Smoking.** The administrator of each
11 board-operated facility shall designate smoking and nonsmoking
12 areas according to chapter 4620 and Minnesota Statutes, sections
13 144.411 to 144.417. Residents may smoke in designated smoking
14 areas only.

15 Smoking in resident rooms is prohibited, except that a
16 bedridden resident may smoke with direct assistance from a staff
17 person and only under written orders of the resident's attending
18 physician. The orders must be documented in the resident's care
19 plan.

20 Subp. 32. **Leaving the facility campus.** Residents shall
21 notify administration or direct care staff before leaving the
22 facility campus. The resident shall indicate to the appropriate
23 staff member when the resident is leaving the facility campus,
24 the expected time of return, and, if possible, the destination
25 and telephone number where the resident can be contacted in case
26 of an emergency. The resident shall notify direct care staff on
27 return to the facility.

28 If a resident's departure is likely to cause immediate
29 serious physical harm to the resident or others, reasonable
30 efforts may be made to inform the resident of the likely
31 consequences of the resident's actions or departure.

32 Subp. 33. **Coffee shop and canteen.** Depending on space,
33 resources, and available funds, a coffee shop with posted hours
34 may be provided at each board-operated facility. A canteen with
35 posted hours where persons may purchase personal care items may
36 also be provided.

1 Where canteens and coffee shops are operated by the
2 facility, profits derived must be used only for the direct
3 benefit of the residents of the homes according to Minnesota
4 Statutes, section 198.261.

5 Subp. 34. **Alcoholic beverages.** The sale, distribution,
6 consumption, and possession of alcoholic beverages are not
7 allowed on the campuses of the Minnesota veterans homes or
8 during facility-sponsored events according to Minnesota
9 Statutes, section 198.33, except when consumption is prescribed
10 by the resident's attending physician and documented in the
11 resident's chart. An alcoholic beverage is a beverage
12 containing any amount of alcohol.

13 Subp. 35. **Room inspections.** A resident room is subject to
14 routine inspections by facility staff for compliance with
15 safety, sanitation, health, and facility rules and regulations.

16 Subp. 36. **Searches of resident rooms.** Residents have the
17 right to a legitimate expectation of privacy in their persons
18 and property against unreasonable searches and seizures. A
19 search of a resident's room or property must be conducted when
20 necessary to protect the residents or others from contraband or
21 other articles that are potentially injurious to residents,
22 staff, volunteers, and visitors. All procedures of the search
23 must be according to Minnesota Statutes, section 198.33,
24 subdivision 1.

25 Subp. 37. **Contraband.** A resident may not possess
26 contraband items at the facility campus. Contraband includes
27 all illegal articles, firearms, weapons, ammunition, alcoholic
28 beverages, nonprescribed prescription drugs, including narcotics
29 and controlled substances.

30 Contraband is subject to seizure according to Minnesota
31 Statutes, section 198.33, and must be disposed of according to
32 applicable laws. A receipt must be given to the resident and
33 the information must be documented in the resident's chart.

34 Subp. 38. **Double beds.** Double beds are not allowed in
35 resident rooms at the Minnesota veterans homes.

36 Subp. 39. **Photographs, voice recordings, or videotapes.**

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1 Informed written consent is required before a resident may be
2 photographed, voice recorded, or videotaped. Consent is not
3 needed for identification photographs of the resident that are
4 kept in the resident's chart at the board-operated facility.