

1 Department of Health

2

3 Adopted Permanent Rules Relating to Nursing Home Regulatory  
4 Reform

5

6 Rules as Adopted

7 4655.0090 SCOPE.

8 ~~The rules in~~ This chapter ~~apply~~ applies to both nursing  
9 homes and boarding care homes unless the context clearly  
10 indicates otherwise. This chapter does not apply to nursing  
11 homes in those areas covered by ~~the dietary and food services~~  
12 ~~rules in~~ parts ~~4658.0600 to 4658.0685~~ 4658.0010 to 4658.1365.

13 4655.9200 FIFTY DOLLAR PENALTY FOR NONCOMPLIANCE.

14 A \$50 penalty assessment will be issued under the  
15 provisions of Minnesota Statutes, section 144.653, subdivision  
16 6, for noncompliance with correction orders relating to the  
17 parts of these rules listed in items A to K:

18 A. parts 4655.0300, subparts 4 and 5; 4655.0310;  
19 4655.0600; 4655.0700; and 4655.0800;

20 B. parts 4655.1200, subpart 1, item E; 4655.1700; and  
21 4655.1400, items A, B, subitems (1) and (6), and D;

22 C. parts 4655.1910, subparts 1 to 4; 4655.2200; and  
23 4655.2100;

24 D. parts 4655.2700 and 4655.2800;

25 E. parts 4655.3600, 4655.3700, 4655.3800, 4655.4200,  
26 and 4655.4400;

27 F. part 4655.5100;

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

30 H. parts 4655.8000, subpart 8; and 4655.8300, subpart  
31 6;

32 I. part 4655.8630, subpart 3;

33 J. parts 4655.9030 and 4655.9050; and

34 K. parts 4660.3000 and 4660.4500.

1 4655.9300 PENALTIES FOR NURSING HOMES.

2 Subpart 1. **Application.** Subparts 2 to 4 apply to nursing  
3 homes only.

4 Subp. 2. **\$50 penalty assessment.** A \$50 penalty assessment  
5 will be assessed on a daily basis to a nursing home for  
6 noncompliance with correction orders relating to the following  
7 rules:

- 8 A. part 4638.0200, subpart 2;
- 9 B. part 4655.3600;
- 10 C. part 4655.4100;
- 11 D. part 4655.4110, subpart 2;
- 12 E. part 4655.4120, subpart 3;
- 13 F. part 4655.4150;
- 14 G. part 4655.4170;
- 15 H. part 4655.7000, subpart 2;
- 16 I. part 4655.8820, subpart 1, item C; and
- 17 J. part 4660.1460, subpart 1, item A.

18 Subp. 3. **\$150 penalty assessment.** A \$150 penalty  
19 assessment will be assessed on a daily basis to a nursing home  
20 for noncompliance with correction orders relating to the  
21 following rules:

- 22 A. part 4638.0200, subpart 3;
- 23 B. part 4655.3000;
- 24 C. part 4655.4110, subpart 1;
- 25 D. part 4655.4120, subparts 1 and 2;
- 26 E. part 4655.4130, subpart 2;
- 27 F. part 4655.4130, subpart 3;
- 28 G. part 4655.4140;
- 29 H. part 4655.4160;
- 30 I. part 4655.7860;
- 31 J. part 4655.8820, subpart 1, items A and B; and
- 32 K. part 4655.8820, subparts 2 and 3.

33 Subp. 4. **\$250 penalty assessment.** A \$250 penalty  
34 assessment shall be assessed on a daily basis to a nursing home  
35 for noncompliance with correction orders relating to part  
36 4660.1460, subpart 1, item B.

## 1 4655.9324 MISCELLANEOUS PROCEDURES.

2 Penalty assessments for violations of parts 4655.1910 to  
3 4655.2300 are as follows:

4 A. Except as noted in item B, a \$250 penalty  
5 assessment shall be issued for a violation of part 4655.1910,  
6 subparts 1 to 3.

7 B. A \$50 penalty assessment shall be issued for a  
8 violation of that portion of part 4655.1910, subpart 1, which  
9 states: "Visiting hours shall be established as a written  
10 policy of the home and shall be posted in plain view of  
11 visitors."

12 C. Part 4655.1910, subpart 4, \$100.

13 D. Part 4655.1910, subpart 5, \$250.

14 E. Part 4655.1910, subpart 6, \$250.

15 F. Part 4655.1910, subpart 7, \$500.

16 G. Part 4655.1910, subpart 8, \$100.

17 H. Part 4655.2000, subpart 1, \$100.

18 I. Part 4655.2000, subpart 2, \$100.

19 J. Part 4655.2100, \$100.

20 K. Part 4655.2200, \$100.

21 L. Part 4655.2300, \$100.

## 22 4655.9326 RECORDS AND REPORTS.

23 Penalty assessments for violations of parts 4655.3200 to  
24 4655.4400 are as follows:

25 [For text of items A to I, see M.R.]

26 J. Part 4655.4100, \$50.

27 K. Part 4655.4110, subpart 1, \$250.

28 L. Part 4655.4110, subpart 2, \$50.

29 M. Parts 4655.4120 to 4655.4160, \$100.

30 N. Part 4655.4170, \$100.

31 O. Part 4655.4200, \$50.

32 P. Part 4655.4300, \$100.

33 Q. Part 4655.4400, \$50.

## 34 4655.9327 MEDICAL AND DENTAL SERVICES.

1 Penalty assessments for violations of parts 4655.4600 to  
2 4655.4800 are as follows:

3 [For text of items A to M, see M.R.]

4 4655.9328 STAFFING AND SERVICES.

5 Penalty assessments for violations of parts 4655.5100 to  
6 4655.5400 are as follows:

7 [For text of items A to G, see M.R.]

8 4655.9329 CARE OF PATIENTS AND RESIDENTS.

9 Penalty assessments for violations of parts 4655.6400 to  
10 4655.6700 are as follows:

11 [For text of items A to F, see M.R.]

12 4655.9331 MEDICATIONS.

13 Penalty assessments for violations of parts 4655.7810 to  
14 4655.7860 are as follows:

15 A. Except as noted in item B, a \$300 penalty  
16 assessment shall be issued for a violation of part 4655.7860.

17 B. A \$50 penalty assessment shall be issued for a  
18 violation of that portion of part 4655.7860 which states: "The  
19 nursing home or boarding care home shall keep written  
20 documentation verifying completion of the required course by all  
21 unlicensed {nursing} personnel administering medications."

22 4655.9332 LINEN SERVICE AND LAUNDRY.

23 Penalty assessments for violations of parts 4655.8000 to  
24 4655.8300 are as follows:

- 25 A. part 4655.8000, subpart 2, \$200;
- 26 B. part 4655.8000, subpart 3, \$200;
- 27 C. part 4655.8000, subpart 4, \$200;
- 28 D. part 4655.8000, subpart 5, \$300;
- 29 E. part 4655.8000, subpart 6, \$300;
- 30 F. part 4655.8000, subpart 7, \$100; and
- 31 G. part 4655.8000, subpart 8, \$50.

32 LICENSING

33 4658.0010 DEFINITIONS.

1 Subpart 1. Scope. The terms used in parts 4658.0010 to  
2 4658.1365 have the meanings given them in this part.

3 Subp. 2. Convalescent and nursing care (C&NC) unit.

4 "Convalescent and nursing care (C&NC) unit" means a nursing home  
5 unit operated in conjunction with a hospital where there is a  
6 direct physical connection between the unit and the hospital  
7 which permits the movement of the residents and the provision of  
8 services without going outside the building or buildings  
9 involved. The units are subject to this chapter.

10 Subp. 3. Department. "Department" means the Minnesota  
11 Department of Health.

12 Subp. 4. Existing facility. "Existing facility" means a  
13 licensed nursing home or nursing home space that was in place  
14 before the effective date of this chapter. All existing  
15 facilities will be deemed to be in substantial compliance with  
16 the physical plant requirements for new construction, except as  
17 noted in this chapter and chapter 4660. Existing facilities  
18 must, at a minimum, maintain compliance with the rules  
19 applicable at the time of their construction.

20 Subp. 5. ~~Licensed nurse---~~"Licensed nurse" means a  
21 ~~registered nurse or a licensed practical nurse.~~

22 Subp. ~~6.~~ Licensee. "Licensee" means the person or  
23 governing body to whom the license is issued. The licensee is  
24 responsible for compliance with this chapter.

25 Subp. 6. Nurse. "Nurse" means a registered nurse or a  
26 licensed practical nurse licensed by the Minnesota Board of  
27 Nursing, or exempt from licensure and practicing in accordance  
28 with Minnesota Statutes, sections 148.171 to 148.285.

29 Subp. 7. Nurse practitioner. "Nurse practitioner" means a  
30 registered nurse who has graduated from a program of study  
31 designed to prepare a registered nurse for advanced practice as  
32 a nurse practitioner and who is certified through a national  
33 professional nursing organization listed in part 6330.0350.

34 Subp. ~~7.~~ 8. Nursing assistant. "Nursing assistant" means  
35 a nursing home employee who is assigned by the director of  
36 nursing services to provide or assist in the provision of

1 nursing or nursing-related services under the supervision of a  
2 registered nurse. Nursing assistant includes nursing assistants  
3 employed by nursing pool companies but does not include a  
4 licensed health professional.

5 Subp. 9. Nursing care. "Nursing care" has the meaning  
6 given it in Minnesota Statutes, section 144A.01, subdivision 6.

7 ~~Subp. 8- 10. Nursing home. "Nursing home" means a~~  
8 ~~licensed facility or unit used to provide care for aged or~~  
9 ~~infirm persons who require nursing care and related services in~~  
10 ~~accordance with this chapter. A nursing home license is~~  
11 ~~required for the facility if any of the residents need or~~  
12 ~~receive nursing care. Examples of nursing care are:~~

13 ~~(1) bedside care, including administration of~~  
14 ~~medications, irrigations and catheterizations, and applications~~  
15 ~~of dressings or bandages;~~

16 ~~(2) rehabilitative nursing techniques; or~~

17 ~~(3) other treatments prescribed by a physician~~

18 ~~which require technical knowledge, skill, and judgment as~~  
19 ~~possessed by a licensed nurse has the meaning given it in~~  
20 Minnesota Statutes, section 144A.01, subdivision 5.

21 Subp. 9- 11. Nursing personnel. "Nursing personnel" means  
22 registered nurses, licensed practical nurses, and nursing  
23 assistants.

24 Subp. 12. Physician. "Physician" means a person licensed  
25 by the Minnesota Board of Medical Practice, or exempt from  
26 licensure, and practicing in accordance with Minnesota Statutes,  
27 chapter 147.

28 Subp. 13. Physician designee. "Physician designee" means  
29 a nurse practitioner or physician assistant who has been  
30 authorized in writing by the physician to perform medical  
31 functions.

32 ~~Subp. 10- 14. Resident. "Resident" means an individual~~  
33 ~~cared for in a nursing home.~~

34 Subp. 15. Time periods. "Time periods" means the minimum  
35 and maximum time allowed to complete an activity. For purposes  
36 of this chapter, time periods means:

1           A. "Weekly" means a time period which requires an  
2 activity to be completed at least 52 times a year within  
3 intervals ranging from six to eight days.

4           B. "Monthly" means a time period which requires an  
5 activity to be completed at least 12 times a year within  
6 intervals ranging from 27 to 33 days.

7           C. "Quarterly" means a time period which requires an  
8 activity to be performed at least four times a year within  
9 intervals ranging from 81 to 99 days.

10          Subp. 16. Volunteer. "Volunteer" means a person who,  
11 without monetary or other compensation, provides services to  
12 residents or to the nursing home.

13 4658.0015 COMPLIANCE WITH REGULATIONS AND STANDARDS.

14          A nursing home must operate and provide services in  
15 compliance with all applicable federal, state, and local laws,  
16 regulations, and codes, and with accepted professional standards  
17 and principles that apply to professionals providing services in  
18 a nursing home.

19 4658.0020 LICENSING IN GENERAL.

20          Subpart 1. Required. For the purpose of this chapter, a  
21 state license is required for a facility where nursing home care  
22 is provided for five or more aged or infirm persons who are not  
23 acutely ill.

24          Subp. 2. License fees. Each application for either an  
25 initial or renewal license to operate a nursing home must be  
26 accompanied by a fee based upon the formula as provided by  
27 Minnesota Statutes, section 144.122. A bed must be licensed if  
28 it is available for use by resident residents. If the number of  
29 licensed beds is increased during the term of the license,  
30 a full year's fee for each additional bed must be paid. There  
31 is no refund for a decrease in licensed beds.

32          Subp. 3. License expiration date. Initial and renewal  
33 licenses are issued for one year and expire on the anniversary  
34 date of issuance. A license renewal must be applied for on an  
35 annual basis.

1 Subp. 4. License to be posted. The license must be posted  
2 at the main entrance of a nursing home.

3 Subp. 5. Separate licenses. Separate licenses are  
4 required for institutions maintained on separate, noncontiguous  
5 premises even though operated under the same management. A  
6 separate license is not required for separate buildings  
7 maintained by the same owner on the same premises.

8 4658.0025 PROCEDURES FOR LICENSING NURSING HOMES.

9 Subpart 1. Initial licensure. For the purpose of this  
10 part, initial licensure applies to newly constructed facilities  
11 designed to operate as a nursing home and to other facilities  
12 not already licensed as a nursing home. Applicants for initial  
13 licensure must complete the license application form supplied by  
14 the department. An application for initial licensure must be  
15 submitted at least 90 days before the requested date for  
16 licensure and must be accompanied by a license fee based upon  
17 the formula as provided by Minnesota Statutes, section 144.122.

18 To be issued a license, an applicant must file with the  
19 department a current copy of the architectural and engineering  
20 plans and specifications of the facility as prepared and  
21 certified by an architect or engineer registered to practice in  
22 Minnesota.

23 If the applicant for licensure is a corporation, it must  
24 submit with the application a copy of its articles of  
25 incorporation and bylaws. A foreign corporation must also  
26 submit a copy of its certificate of authority to do business in  
27 Minnesota. The department will issue the initial license as of  
28 the date the department determines that the nursing home is in  
29 compliance with parts 4655.0090 to 4655.9900, 4658.0010 to  
30 4658.1365, 4660.0090 to 4660.9940, and Minnesota Statutes,  
31 sections 144A.01 to 144A.16, unless the applicant requests a  
32 later date.

33 Subp. 2. Renewed licenses. An applicant for license  
34 renewal must complete the license application form supplied by  
35 the department. An application must be submitted at least 60



1 days before the expiration of the current license and must be  
2 accompanied by a license fee based upon the formula as provided  
3 by Minnesota Statutes, section 144.122. The department will  
4 issue a renewed license if a nursing home continues to satisfy  
5 the requirements of parts 4655.0090 to 4655.9900, 4658.0010 to  
6 4658.1365, 4660.0100 to 4660.9940, and Minnesota Statutes,  
7 sections 144A.01 to 144A.16.

8 If the licensee is a corporation, it must submit any  
9 amendments to its articles of incorporation or bylaws with the  
10 renewal application.

11 If the renewal application specifies a different licensed  
12 capacity from that provided on the current license, the licensee  
13 must comply with subpart 6. If the changes are not approved  
14 before the current license expires, the renewed license will be  
15 issued without reflecting the requested changes.

16 Subp. 3. **Transfer of interests; notice.** A controlling  
17 person, as defined in Minnesota Statutes, section 144A.01,  
18 subdivision 4, who transfers a beneficial interest in the  
19 nursing home must notify the department, in writing, at least 14  
20 days before the date of the transfer. The written notice must  
21 contain the name and address of the transferor, the name and  
22 address of the transferee, the nature and amount of the  
23 transferred interests, and the date of the transfer.

24 Subp. 4. **Transfer of interest; expiration of license.** A  
25 transfer of a beneficial interest will result in the expiration  
26 of the nursing home's license:

27 A. if the transferred beneficial interest exceeds ten  
28 percent of the total beneficial interest in the licensee, in the  
29 structure in which the nursing home is located, or in the land  
30 upon which the nursing home is located, and if, as the result of  
31 the transfer, the transferee then possesses a beneficial  
32 interest in excess of 50 percent of the total beneficial  
33 interest in the licensee, in the structure in which the nursing  
34 home is located, or in the land upon which the nursing home is  
35 located; or

36 B. if the transferred beneficial interest exceeds 50

1 percent of the total beneficial interest in the licensee, the  
2 structure in which the nursing home is located, or in the land  
3 upon which the nursing home is located.

4 Under either of these conditions, the nursing home license  
5 expires at the time of relicensure, 90 days after the date of  
6 the transfer, or 90 days after the date when notice of transfer  
7 is received, whichever date is later. If the current license  
8 expires before the end of the 90-day period, the licensee must  
9 apply for a renewed license in accordance with subpart 2. The  
10 department must notify the licensee by certified mail at least  
11 60 days before the license expires.

12 Subp. 5. **Transfer of interest; relicensure.** A controlling  
13 person may apply for relicensure by submitting the license  
14 application form at least 60 days before the license expiration  
15 date. Application for relicensure must be accompanied by a  
16 license fee based upon the formula as provided by Minnesota  
17 Statutes, section 144.122. Payment of any outstanding penalty  
18 assessments must be submitted before the application for  
19 relicensure may be acted upon by the department. If the  
20 applicant for relicensure is a corporation, it must submit a  
21 copy of its current articles of incorporation and bylaws with  
22 the license application. A foreign corporation must also submit  
23 a copy of its certificate of authority to do business in  
24 Minnesota. The department will relicense the nursing home as of  
25 the date the commissioner determines that the prospective  
26 licensee complies with parts 4655.0090 to 4655.9900, 4658.0010  
27 to 4658.1365, 4660.0100 to 4660.9940, and Minnesota Statutes,  
28 sections 144A.01 to 144A.16, unless the applicant requests a  
29 later date. The former licensee remains responsible for the  
30 operation of the nursing home until the nursing home is  
31 relicensed.

32 Subp. 6. **Amendment to the license.** If the nursing home  
33 requests a change in its licensed capacity or in its license  
34 classification, it must submit the request on the application  
35 for amendments to the license. This application must be  
36 submitted at least 30 days before the requested date of change

1 and if an increase in the number of licensed beds is requested,  
2 accompanied by a fee based upon the formula as provided by  
3 Minnesota Statutes, section 144.122. The department will amend  
4 the license as of the date the department determines that the  
5 nursing home is in compliance with parts 4655.0090 to 4655.9900,  
6 4658.0010 to 4658.1365, 4600.0100 to 4660.9940, and Minnesota  
7 Statutes, sections 144A.01 to 144A.16, unless a later date is  
8 requested by the licensee. The amendment to a license is  
9 effective for the remainder of the nursing home's licensure year.

10 Subp. 7. Issuing conditions or limitations on the  
11 license. The department must attach to the license any  
12 conditions or limitations necessary according to subpart 8 to  
13 assure compliance with the laws and rules governing the  
14 operation of the nursing home or to protect the health,  
15 treatment, safety, comfort, and well-being of the nursing home  
16 residents. A condition or limitation may be attached to a  
17 license at any time.

18 Subp. 8. Reasons for conditions or limitations. In  
19 deciding to condition or limit a license the department must  
20 consider:

21 A. the nature and number of correction orders or  
22 penalty assessments issued to the nursing home or to other  
23 nursing homes having some or all of the same controlling  
24 persons;

25 B. the permitting, aiding, or abetting of the  
26 commission of any illegal act in the nursing home by any of the  
27 controlling persons or employees of the nursing home;

28 C. the performance of any acts contrary to the  
29 welfare of the residents in a nursing home by a controlling  
30 person or employee;

31 D. the condition of the physical plant or physical  
32 environment;

33 E. the existence of any outstanding variances or  
34 waivers; or

35 F. the number or types of residents the nursing home  
36 is able to provide for.

1           Subp. 9. **Types of conditions or limitations.** The  
2 department must impose one or more of the following conditions  
3 or limitations for reasons determined under subpart 8:

4           A. restrictions on the number or types of residents  
5 to be admitted or permitted to remain in the nursing home;

6           B. restrictions on the inclusion of specified  
7 individuals as controlling persons or managerial employees; or

8           C. imposition of schedules for the completion of  
9 specified activities.

10          Subp. 10. **Statement of conditions or limitations.** The  
11 department must notify the applicant or licensee, in writing, of  
12 its decision to issue a conditional or limited license. The  
13 department must inform the applicant or licensee of the reasons  
14 for the condition or limitation and of the right to appeal.

15          Unless otherwise specified, a condition or limitation  
16 remains valid as long as the licensee of the nursing home  
17 remains unchanged or as long as the reason for the condition or  
18 limitation exists. The licensee must notify the department when  
19 the reasons for the condition or limitation no longer exist. If  
20 the department determines that the condition or limitation is no  
21 longer required, it will be removed from the license.

22          The existence of a condition or limitation must be noted on  
23 the face of the license. If the condition or limitation is not  
24 fully stated on the license, the department's licensure letter  
25 containing the full text of the condition or limitation must be  
26 posted alongside the license in an accessible and visible  
27 location.

28          Subp. 11. **Effect of a condition or limitation.** A  
29 condition or limitation has the force of law. If a licensee  
30 fails to comply with a condition or limitation, the department  
31 may issue a correction order or assess a fine or it may suspend,  
32 revoke, or refuse to renew the license in accordance with  
33 Minnesota Statutes, section 144A.11.

34          If the department assesses a fine, the fine is \$250. The  
35 fine accrues on a daily basis according to Minnesota Statutes,  
36 section 144A.10.

1           Subp. 12. **Appeal procedure.** The applicant or licensee may  
2 contest the issuance of a conditional or limited license by  
3 requesting a contested case proceeding under the Administrative  
4 Procedure Act, Minnesota Statutes, sections 14.57 to 14.69,  
5 within 15 days after receiving the notification described in  
6 subpart 10. The request for a hearing must set out in detail  
7 the reasons why the applicant contends that a conditional or  
8 limited license should not be issued.

9           Subp. 13. **License application forms.** The department will  
10 furnish the applicant or the licensee with the necessary forms  
11 to obtain initial or renewed licensure or to request relicensure  
12 of the nursing home after a transfer of interest. The license  
13 forms must require that the information described in subparts 14  
14 to 16 be provided.

15           Subp. 14. **General information.** General information means:

16           A. the name, address, and telephone number of the  
17 nursing home;

18           B. the name of the county in which the nursing home  
19 is located;

20           C. the legal property description of the land upon  
21 which the nursing home is located;

22           D. the licensed bed capacity;

23           E. the designation of the classification of  
24 ownership, for example, state, county, city, city and county,  
25 hospital district, federal, corporation, nonprofit corporation,  
26 partnership, sole proprietorship, or other entity;

27           F. the name and address of the controlling person or  
28 managerial employee who will be responsible for communicating  
29 with the commissioner of health on all matters relating to the  
30 nursing home license and on whom personal service of all notices  
31 and orders will be served; and

32           G. the location and square footage of the floor space  
33 constituting the facility.

34           Subp. 15. **Disclosure of controlling persons.** According to  
35 Minnesota Statutes, section 144A.03, the nursing home license  
36 application must identify the name and address of all

1 controlling persons of the nursing home, as defined in Minnesota  
2 Statutes, section 144A.01, subdivision 4.

3 Subp. 16. Disclosure of managerial employees. A nursing  
4 home license application must provide identify the name and  
5 address of all administrators, assistant administrators,  
6 directors of nursing, medical directors, and ~~service-directors~~  
7 all other managerial employees, as defined in Minnesota  
8 Statutes, section 144A.01, subdivision 8, and indicate their  
9 previous work experience in nursing homes during the past two  
10 years.

11 4658.0030 CAPACITY PRESCRIBED.

12 Each license must specify the maximum allowable number of  
13 residents to be cared for at any one time. No number of  
14 residents in excess of that number may reside in the nursing  
15 home. The maximum number of licensed beds is determined by the  
16 amount of space that is available in the facility as specified  
17 in chapter 4660.

18 4658.0035 EVALUATION.

19 A nursing home is subject to evaluation and approval by the  
20 department of the nursing home's physical plant and its  
21 operational aspects before a change in ownership,  
22 classification, capacity, or an addition of services which  
23 necessitates a change in the nursing home's physical plant.

24 4658.0040 VARIANCE AND WAIVER.

25 Subpart 1. Request for variance or waiver. A nursing home  
26 may request that the department grant a variance or waiver from  
27 the provisions of this chapter. A request for a variance or  
28 waiver must be submitted to the department in writing. Each  
29 request must contain:

30 A. the specific part or parts for which the variance  
31 or waiver is requested;

32 B. the reasons for the request;

33 C. the alternative measures that will be taken if a  
34 variance or waiver is granted;

1 D. the length of time for which the variance or  
2 waiver is requested; and

3 E. other relevant information necessary to properly  
4 evaluate the request for the variance or waiver.

5 Subp. 2. **Criteria for evaluation.** The decision to grant  
6 or deny a variance or waiver must be based on the department's  
7 evaluation of the following criteria:

8 A. whether the variance or waiver adversely affects  
9 the health, treatment, comfort, safety, or well-being of a  
10 resident;

11 B. whether the alternative measures to be taken, if  
12 any, are equivalent to or superior to those prescribed in this  
13 chapter; and

14 C. whether compliance with the part or parts would  
15 impose an undue burden upon the applicant.

16 Subp. 3. **Notification of variance.** The department must  
17 notify the applicant in writing of its decision. If a variance  
18 or waiver is granted, the notification must specify the period  
19 of time for which the variance or waiver is effective and the  
20 alternative measures or conditions, if any, to be met by the  
21 applicant.

22 Subp. 4. **Effect of alternative measures or conditions.**  
23 Alternative measures or conditions attached to a variance or  
24 waiver have the force and effect of this chapter and are subject  
25 to the issuance of correction orders and penalty assessments in  
26 accordance with Minnesota Statutes, section 144A.10.

27 The amount of fines for a violation of this part is that  
28 specified for the particular rule for which the variance or  
29 waiver was requested.

30 Subp. 5. **Renewal.** A request for the renewal of a variance  
31 or waiver must be submitted in writing at least 45 days before  
32 its expiration date. Renewal requests must contain the  
33 information specified in subpart 1. A variance or waiver must  
34 be renewed by the department if the applicant continues to  
35 satisfy the criteria in subparts 2 and 3, and demonstrates  
36 compliance with the alternative measures or conditions imposed

1 at the time the original variance or waiver was granted.

2 Subp. 6. Denial, revocation, or refusal to renew. The  
3 department must deny, revoke, or refuse to renew a variance or  
4 waiver if it is determined that the criteria in subparts 2 and 3  
5 are not met. The applicant must be notified in writing of the  
6 reasons for the decision and informed of the right to appeal the  
7 decision.

8 Subp. 7. Appeal procedure. An applicant may contest the  
9 denial, revocation, or refusal to renew a variance or waiver by  
10 requesting a contested case hearing under Minnesota Statutes,  
11 chapter 14. The applicant must submit, within 15 days of the  
12 receipt of the department's decision, a written request for a  
13 hearing. The request for hearing must set forth in detail the  
14 reasons why the applicant contends the decision of the  
15 department should be reversed or modified. At the hearing, the  
16 applicant has the burden of proving that it satisfied the  
17 criteria specified in subparts 2 and 3, except in a proceeding  
18 challenging the revocation of a variance or waiver.

19 4658.0045 PENALTIES FOR LICENSING RULE VIOLATIONS.

20 Penalty assessments will be assessed on a daily basis for  
21 violations of parts 4658.0010 to 4658.0035 and are as follows:

- 22 A. part 4658.0020, subparts 1, 2, and 3, \$250;
- 23 B. part 4658.0020, subparts 4 and 5, \$50;
- 24 C. part 4658.0025, \$250;
- 25 D. part 4658.0030, \$100; and
- 26 E. part 4658.0035, \$100.

27 ADMINISTRATION AND OPERATIONS

28 4658.0050 LICENSEE.

29 Subpart 1. General duties. The licensee of a nursing home  
30 is responsible for its management, control, and operation. A  
31 nursing home must be managed, controlled, and operated in a  
32 manner that enables it to use its resources effectively and  
33 efficiently to attain or maintain the highest practicable  
34 physical, mental, and psychosocial well-being of each resident.

35 Subp. 2. Specific duties. The licensee must develop



1 written bylaws or policies for the management and operation of  
 2 the nursing home and for the provision of resident care, which  
 3 are must be available to all members of the governing body, and  
 4 must assume legal responsibility for matters under its control,  
 5 for the quality of care rendered and for compliance  
 6 with ~~applicable~~ laws and rules ~~of-legally-authorized-agencies~~  
 7 relating to the safety and sanitation of nursing homes, or which  
 8 otherwise relate directly to the health, welfare, and care of  
 9 residents.

10 Subp. 3. **Responsibilities.** A licensee is responsible for:

11 A. Full disclosure of each person having an interest  
 12 of ten percent or more of the ownership of the home to the  
 13 department with any change reported in writing within 14 days ~~of~~  
 14 its-occurrence after the licensee knew of or should have known  
 15 of the transfer, whichever occurs first. In case of corporate  
 16 ownership, the name and address of each officer and director  
 17 must be specified. If the home is organized as a partnership,  
 18 the name and address of each partner must be furnished. In the  
 19 case of a home operated by a lessee, the persons or business  
 20 entities having an interest in the lessee organization must be  
 21 reported and an executed copy of the lease agreement furnished.  
 22 If the home is operated by the holder of a franchise, disclosure  
 23 must be made as to the franchise holder who must also furnish an  
 24 executed copy of the franchise agreement.

25 B. Appointment of a licensed nursing home  
 26 administrator who is responsible for the operation of the home  
 27 in accordance with law and established policies and whose  
 28 authority to serve as administrator is delegated in writing.  
 29 ~~The-administrator-of-a-hospital-with-a-convalescent-and-nursing~~  
 30 ~~care-unit-may-serve-both-units-according-to-Minnesota-Statutes,~~  
 31 ~~section-144A.04-~~

32 C. Notification of the termination of service of the  
 33 administrator and the appointment of a replacement ~~must-be-given~~  
 34 within five working days in writing to the department ~~by-the~~  
 35 ~~governing-body-of-the-home.~~ If a licensed nursing home  
 36 administrator is not available to assume the position

1 immediately, notification to the department must include the  
 2 name of the person temporarily in charge of the home. The  
 3 governing body of a nursing home must not employ an individual  
 4 as the permanent administrator until it is determined that the  
 5 individual qualifies for licensure as a nursing home  
 6 administrator in Minnesota under Minnesota Statutes, section  
 7 144A.04. The governing body of the nursing home must not employ  
 8 an individual as an acting administrator or person temporarily  
 9 in charge for more than 30 days unless that individual has  
 10 secured an acting administrator license, as required by  
 11 Minnesota Statutes, section 144A.27.

12 D. Provision of an adequate and competent staff and  
 13 maintenance of professional standards in the care of residents  
 14 and operation of the nursing home.

15 E. Provision of facilities, equipment, and supplies  
 16 for care consistent with the needs of the residents.

17 F. Provision of evidence of adequate financing,  
 18 ~~property~~ proper administration of funds, and the maintenance of  
 19 required statistics. A nursing home must have financial  
 20 resources at the time of initial licensure to permit full  
 21 service operation of the nursing home for six months without  
 22 regard to income from resident fees.

23 4658.0055 ADMINISTRATOR.

24 Subpart 1. **Designation.** A nursing home must designate ~~one~~  
 25 ~~individual-who-is~~ a licensed nursing home administrator to be in  
 26 immediate charge of the operation and administration of the  
 27 nursing home, whether that individual is the licensee or a  
 28 person designated by the licensee. The individual must have  
 29 authority to carry out the provisions of this chapter and must  
 30 be charged with the responsibility of doing so.

31 Subp. 2. **Serve only one nursing home.** The administrator  
 32 must be full time, at least 35 hours per week, and serve only  
 33 one nursing home and may not serve as the director of ~~nurses~~  
 34 nursing services, except as permitted by Minnesota Statutes,  
 35 section 144A.04. ~~For-purposes-of-this-subpart,~~ "full-time"

1 ~~means no less than 40 hours worked per week.~~ The administrator  
 2 at a hospital with a convalescent and nursing care unit may  
 3 serve both according to Minnesota Statutes, section 144A.04.

4 Subp. 3. **Administrator's absence; requirements.** The  
 5 administrator must not leave the premises without giving  
 6 ~~information as to where the administrator can be reached and~~  
 7 without delegating authority to a person who is at least 21  
 8 years of age and capable of acting in an emergency and without  
 9 giving information as to where the administrator can be  
 10 reached. At no time may a nursing home be left without  
 11 competent supervision. The person left in charge must have the  
 12 authority to act in an emergency.

13 Subp. 4. **Notice of person in charge.** The name of the  
 14 person in charge at the time must be posted at the main entrance  
 15 of the nursing home.

16 4658.0060 RESPONSIBILITIES OF ADMINISTRATOR.

17 The administrator is responsible for the:

18 A. maintenance, completion, and submission of reports  
 19 and records as required by the department;

20 B. formulation of written policies, procedures, and  
 21 programs for operation, management, and maintenance of the  
 22 nursing home;

23 C. current personnel records for each employee  
 24 according to part 4658.0130;

25 D. written job descriptions for all positions which  
 26 define responsibilities, duties, and qualifications that are  
 27 readily available for all employees;

28 E. work assignments consistent with qualifications  
 29 and the work load;

30 F. maintenance of a weekly time schedule which shows  
 31 each employee's name, job title, hours of work, and days off for  
 32 each day of the week. The schedule must be dated and  
 33 communicated to employees. The schedules, and time cards, and  
 34 payroll records, or other written documentation of actual time  
 35 worked and paid for must be kept on file in the home for three

1 years ~~and-must-be-available-to-representatives-from-the~~  
2 department;

3 G. orientation for new employees and volunteers and  
4 provision of a continuing in-service education program for all  
5 employees and volunteers to give assurance that they understand  
6 the proper method of carrying out all procedures;

7 H. establishment of a recognized accounting system-  
8 ~~There-must-be-financial-resources-at-the-time-of-initial~~  
9 ~~licensure-to-permit-full-service-operation-of-the-home-for-six~~  
10 ~~months-without-regard-to-income-from-resident-fees;~~ and

11 I. the development and maintenance of channels of  
12 communications with employees, including:

13 (1) distribution of written personnel policies to  
14 employees;

15 (2) regularly scheduled meetings of supervisory  
16 personnel;

17 (3) an employee suggestion system; and

18 (4) employee evaluation.

19 4658.0065 RESIDENT SAFETY AND DISASTER PLANNING.

20 Subpart 1. Safety program. A nursing home must ~~have~~  
21 develop and implement an organized safety program in accordance  
22 with a written safety plan. The written plan must be included  
23 in the orientation and in-service training programs of all  
24 employees and volunteers to ensure safety of residents at all  
25 times.

26 Subp. 2. Security of physical plant. A nursing home must  
27 have a method of ensuring the security of exit doors leading  
28 directly to the outside which are not under direct observation  
29 from the nurses' station.

30 Subp. 3. Written disaster plan. A nursing home must have  
31 a written disaster plan specific to the nursing home with  
32 procedures for the protection and evacuation of all persons in  
33 the case of fire or explosion or in the event of floods,  
34 tornadoes, or other emergencies. The plan must include  
35 information and procedures about the location of alarm signals

1 and fire extinguishers, frequency of drills, assignments of  
2 specific tasks and responsibilities of the personnel on each  
3 shift, persons and local emergency departments to be notified,  
4 precautions and safety measures during tornado alerts,  
5 procedures for evacuation of all persons during fire or floods,  
6 planned evacuation routes from the various floor areas to safe  
7 areas within the building, or from the building when necessary,  
8 and arrangements for temporary emergency housing in the  
9 community in the event of total evacuation.

10 Subp. 4. Availability of disaster plan. Copies of the  
11 disaster plan containing the basic emergency procedures must be  
12 posted at all nurses' stations, kitchens, laundries, and boiler  
13 rooms. Complete copies of the detailed disaster plan must be  
14 available to all supervisory personnel.

15 Subp. 5. Drills. Residents do not need to be evacuated  
16 during a drill except when a an evacuation drill is planned in  
17 advance.

18 4658.0070 QUALITY ASSESSMENT AND ASSURANCE COMMITTEE.

19 A nursing home must maintain a quality assessment and  
20 assurance committee consisting of the administrator, the  
21 director of nursing services, the medical director or other  
22 physician designated by the medical director, and at least three  
23 other members of the nursing home's staff, representing ~~at~~  
24 disciplines directly involved in resident care. The quality  
25 assessment and assurance committee must identify issues with  
26 respect to which quality assurance activities are necessary and  
27 develop and implement appropriate plans of action to correct  
28 identified quality deficiencies. The committee must address, at  
29 a minimum, incident and accident reporting, infection control,  
30 and medications and pharmacy services.

31 4658.0075 OUTSIDE RESOURCES.

32 If a nursing home does not employ a qualified professional  
33 person to furnish a specific service to be provided by the  
34 nursing home, the nursing home must have that service furnished  
35 to residents under a written agreement with a person or agency

1 outside the nursing home. The written agreement must specify  
 2 that the service meets professional standards and principles  
 3 that apply to professionals providing services in a nursing  
 4 facility home, and that the service meets the same standards as  
 5 required by this chapter.

6 ~~4658.0000-NOTIFICATION-OF-BOARDS-~~

7 ~~A-nursing-home-must-notify-the-applicable-professional~~  
 8 ~~board-when-a-licensed-health-professional-is-providing~~  
 9 ~~inappropriate-services,-inadequate-care,-or-fails-to-respond-to~~  
 10 ~~the-needs-of-the-residents-~~

11 4658.0085 NOTIFICATION OF CHANGE IN RESIDENT HEALTH STATUS.

12 A nursing home must develop and implement policies to guide  
 13 staff decisions to consult physicians, physician assistants, and  
 14 nurse practitioners, and if known, notify the resident's legal  
 15 representative or an interested family member of a resident's  
 16 acute illness, serious accident, or death. At a minimum, the  
 17 director of nursing services, and the medical director or an  
 18 attending physician must be involved in the development of these  
 19 policies. The policies must have criteria which address at  
 20 least the appropriate notification times for:

21 A. an accident involving the resident which results  
 22 in injury and has the potential for requiring physician  
 23 intervention;

24 B. a significant change in the resident's physical,  
 25 mental, or psychosocial status, for example, a deterioration in  
 26 health, mental, or psychosocial status in either  
 27 life-threatening conditions or clinical complications;

28 C. a need to alter treatment significantly, for  
 29 example, a need to discontinue an existing form of treatment due  
 30 to adverse consequences, or to begin a new form of treatment;

31 D. a decision to transfer or discharge the resident  
 32 from the nursing home; or

33 E. expected and unexpected resident deaths.

34 4658.0090 USE OF OXYGEN.

1 A nursing home must develop and implement policies and  
2 procedures for the safe storage and use of oxygen.

3 4658.0095 AVAILABILITY OF LICENSING RULES.

4 A copy of this chapter must be made available by a nursing  
5 home upon request for the use of all nursing home personnel,  
6 residents, and family members.

7 4658.0100 EMPLOYEE ORIENTATION AND IN-SERVICE EDUCATION.

8 Subpart 1. Orientation and initial training. All  
9 personnel must be instructed in the requirements of the law and  
10 the rules pertaining to their respective duties and the  
11 instruction must be documented. All personnel must be informed  
12 of the policies of the nursing home, and procedure manuals must  
13 be readily available to guide them in the performance of their  
14 duties.

15 Subp. 2. In-service education. A nursing home must  
16 provide in-service education. The in-service ~~training~~ education  
17 must be sufficient to ensure the continuing competence of  
18 employees, must address areas identified by the quality  
19 assessment and assurance committee, and must address the special  
20 needs of residents as determined by the nursing home staff. A  
21 nursing home must provide an in-service training program in  
22 rehabilitation for all nursing personnel to promote ambulation;  
23 aid in activities of daily living; assist in activities,  
24 self-help, maintenance of range of motion, and proper chair and  
25 bed positioning; and in the prevention or reduction of  
26 incontinence.

27 Subp. 3. Reference materials. Textbooks, periodicals,  
28 dictionaries, and other reference materials must be available  
29 and kept current. A nursing home must review the currency of  
30 these reference materials at least annually.

31 Subp. 4. Coordination of in-service education programs.  
32 In a nursing home with over 90 beds, one person must be  
33 designated as responsible for coordination of all in-service  
34 education programs.

## 1 4658.0105 COMPETENCY.

2 A nursing home must ensure that direct care staff are able  
3 to demonstrate competency in skills and techniques necessary to  
4 care for residents' needs, as identified through the  
5 comprehensive resident assessments and described in  
6 the comprehensive plan of care, and are able to perform their  
7 assigned duties.

## 8 4658.0110 INCIDENT AND ACCIDENT REPORTING.

9 ~~A-detailed-incident~~ All persons providing services in a  
10 nursing home must report of any accident or injury to a  
11 resident, and the nursing home must immediately complete a  
12 detailed incident report of the accident or injury and the  
13 action taken must-be-completed-immediately after learning of the  
14 accident or injury.

## 15 4658.0115 WORK PERIOD.

16 A nursing home must not schedule a person to duty for more  
17 than one consecutive work period except in a documented  
18 emergency. For purposes of this chapter, a documented emergency  
19 means situations where replacement staff are not able to report  
20 to duty for the next shift due to adverse weather conditions,  
21 natural disasters, illness, strike, or other documented  
22 situations where normally scheduled staff are no longer  
23 available. For purposes of this chapter, a normal work period  
24 must not exceed 12 hours. For purposes of this chapter,  
25 documentation of an emergency means a written record of the  
26 emergency. Documentation on the work schedule is one method of  
27 providing written record of the emergency.

## 28 4658.0120 EMPLOYEE POLICIES.

29 Subpart 1. Keys. The person in charge of a nursing home  
30 on each work shift must have the ability to open all doors and  
31 locks in the nursing home except the business office.

32 Subp. 2. Requirements for staff. A nursing home must have  
33 at least one responsible person awake, dressed, and on duty at  
34 all times. The person must be at least 21 years of age and



1 capable of performing the required duties of evacuating the  
2 residents.

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

5 4658.0125 PERSONAL BELONGINGS.

6 Personnel must not keep personal belongings in the food  
7 service or resident areas. Provision must be made elsewhere for  
8 storage.

9 4658.0130 EMPLOYEES' PERSONNEL RECORDS.

10 A current personnel record must be maintained for each  
11 employee and be stored in a confidential manner. The personnel  
12 records for at least the most recent three-year period must be  
13 maintained by the nursing home. The records must be available  
14 to representatives of the department and must contain:

15 A. the person's name, address, telephone number,  
16 gender, Minnesota license, certification, or registration  
17 number, if applicable, and similar identifying data;

18 B. a list of the individual's training, experience,  
19 and previous employment;

20 C. the date of employment, type of position currently  
21 held, hours of work, and attendance records; and

22 D. the date of resignation or discharge.

23 Employee health information, including the record of  
24 all accidents and ~~reportable~~ those illnesses reportable under  
25 part 4605.7040, must be maintained and stored in a separate  
26 employee medical record.

27 4658.0135 POLICY RECORDS.

28 Subpart 1. Availability of policies. All policies and  
29 procedures directly related to resident care adopted by the home  
30 must be placed on file and be made available upon request to  
31 nursing home personnel, residents, ~~and-family-members~~ legal  
32 representatives, and designated representatives.

33 Subp. 2. Admission policies. Admission policies must be  
34 made available upon request to prospective residents, family

1 members, legal representatives, and designated representatives.

2 4658.0140 TYPE OF ADMISSIONS.

3 Subpart 1. Selection of residents. The administrator, in  
4 cooperation with the director of the nursing ~~service~~ services  
5 and the medical director, is responsible for ~~exercising~~  
6 ~~discretion-in-the-type-of-residents-admitted~~ the admission of  
7 residents to the home ~~in-accordance-with~~ according to the  
8 admission policies of the nursing home.

9 Subp. 2. Residents not accepted. Unless otherwise  
10 provided by law, including laws against discrimination,  
11 residents must not be admitted or retained for whom care cannot  
12 be provided in keeping with their known physical, mental, or  
13 behavioral condition. Prospective residents who are denied  
14 admission must be informed of the reason for the denial of their  
15 admission.

16 4658.0145 AGREEMENT AS TO RATES AND CHARGES.

17 Subpart 1. Written agreement. At the time of admission,  
18 there must be a written agreement between the nursing home and  
19 the resident, the resident's agent, or the resident's guardian,  
20 which includes:

21 A. the base rate and what services and items are  
22 provided by the nursing home and are included in that base rate;

23 B. extra charges for care or services;

24 C. obligations concerning payment of the rates and  
25 charges; and

26 D. the refund policy of the home.

27 All residents' bills must be itemized for services rendered.

28 Subp. 2. Notification of rates and charges. Annually, and  
29 when there is any change, a nursing home must inform the  
30 resident of services available in the nursing home and of  
31 charges for those services, including any charges for services  
32 not covered under Medicare or Medicaid or by the nursing home's  
33 per diem rate. A nursing home must inform the resident or the  
34 resident's agent or guardian before any change in the charges  
35 for services not covered under Medicare or Medicaid or by the

1 nursing home's per diem rate.

2 4658.0150 INSPECTION BY DEPARTMENT.

3 All areas of a nursing home and all records related to the  
4 care and protection of residents including resident and employee  
5 records must be open for inspection by the department at all  
6 times for the purposes of enforcing this chapter.

7 4658.0155 REPORTS TO DEPARTMENT.

8 Reports regarding statistical data and services furnished  
9 must be submitted on forms furnished by the department. Copies  
10 must be retained by the nursing home.

11 4658.0190 PENALTIES FOR ADMINISTRATION AND OPERATIONS RULE  
12 VIOLATIONS.

13 Penalty assessments will be assessed on a daily basis for  
14 violations of parts 4658.0050 to 4658.0155 and are as follows:

- 15 A. part 4658.0050, subpart 1, \$250;  
16 B. part 4658.0050, subpart 2, \$100;  
17 C. part 4658.0050, subpart 3, ~~items~~ item A ~~and-D,~~  
18 \$250;  
19 D. part 4658.0050, subpart 3, items B ~~to~~ F, ~~G-and~~  
20 ~~H~~ \$100;  
21 ~~E. part-4658-0050, subpart-3, items-E-and-E, \$50;~~  
22 ~~F. part 4658.0055, subparts 1 to 3, \$100;~~  
23 ~~G. F.~~ F. part 4658.0055, subpart 4, \$50;  
24 ~~H. G.~~ G. part 4658.0060, items A, F, H, and I, \$50;  
25 ~~I. H.~~ H. part 4658.0060, items B, C, D, E, and G, \$100;  
26 ~~J. I.~~ I. part 4658.0065, \$200;  
27 ~~K. J.~~ J. part 4658.0070, \$100;  
28 ~~L. K.~~ K. part 4658.0075, \$100;  
29 ~~M. --part-4658-0080, \$100;~~  
30 ~~N. L.~~ L. part 4658.0085, \$350;  
31 ~~O. M.~~ M. part 4658.0090, \$500;  
32 ~~P. N.~~ N. part 4658.0095, \$50;  
33 ~~Q. O.~~ O. part 4658.0100, subparts 1 ~~to-3~~ and 2, \$100;  
34 ~~R. P.~~ P. part 4658.0100, subpart ~~4~~ 3, \$50;

- 1           S- Q. part 4658.0100, subpart 5 4, \$300;  
 2           P- R. part 4658.0105, \$300;  
 3           U- S. part 4658.0110, \$100;  
 4           V- T. part 4658.0115, \$100;  
 5           W- U. part 4658.0120, subpart 1, \$100;  
 6           X- V. part 4658.0120, subpart 2, \$500;  
 7           Y- W. part 4658.0120, subpart 3, \$50;  
 8           Z- X. part 4658.0125, \$50;  
 9           AA- Y. part 4658.0130, \$50;  
 10          BB- Z. part 4658.0135, ~~subpart-1,~~ \$50;  
 11          CC- ~~part-4658-0135, subpart-2, \$50,~~  
 12          DD- AA. part 4658.0140, subpart 1, \$100;  
 13          EE- BB. part 4658.0140, subpart 2, \$250;  
 14          FF- CC. part 4658.0145, subpart 1, \$100;  
 15          GG- DD. part 4658.0145, subpart 2, \$100;  
 16          HH- EE. part 4658.0150, \$100; and  
 17          II- FF. part 4658.0155, \$50.

18 4658.0300 USE OF RESTRAINTS.

19           Subpart 1. **Definitions.** For purposes of this part, the  
 20 following terms have the meanings given.

21           A. "Physical restraints" means any manual method or  
 22 physical or mechanical device, material, or equipment attached  
 23 or adjacent to the resident's body that the individual cannot  
 24 remove easily which restricts freedom of movement or normal  
 25 access to one's body. Physical restraints include, but are not  
 26 limited to, leg restraints, arm restraints, hand mitts, soft  
 27 ties or vests, and wheelchair safety bars. Physical restraints  
 28 also include practices which meet the definition of a restraint,  
 29 such as tucking in a sheet so tightly that a resident confined  
 30 to bed cannot move; bed rails; chairs that prevent rising; or  
 31 placing a ~~wheelchair-bound~~ resident in a wheelchair so close to  
 32 a wall that the wall prevents the resident from rising. Bed  
 33 rails are considered a restraint if they restrict freedom of  
 34 movement. If the bed rail is used solely to assist the resident  
 35 in turning or to help the resident get out of bed, then the bed

1 rail is not used as a restraint. Wrist bands or devices on  
 2 clothing that trigger electronic alarms to warn staff that a  
 3 resident is leaving a room or area do not, in and of themselves,  
 4 restrict freedom of movement and should not be considered  
 5 restraints.

6 B. "Chemical restraints" means any  
 7 psychopharmacologic drug that is used for discipline or  
 8 convenience and is not required to treat medical symptoms.

9 C. "Discipline" means any action taken by the nursing  
 10 home for the purpose of punishing or penalizing a resident.

11 D. "Convenience" means any action taken solely to  
 12 control resident behavior or maintain a resident with a lesser  
 13 amount of effort that is not in the resident's best interest.

14 E. ~~"Involuntary seclusion" means the separation of a~~  
 15 ~~resident from other residents or from the resident's room~~  
 16 ~~against the resident's will, or the will of the resident's legal~~  
 17 ~~representative. --Emergency or short-term monitored separation~~  
 18 ~~from other residents is not considered involuntary seclusion and~~  
 19 ~~is allowed if used as a therapeutic intervention to reduce~~  
 20 ~~agitation until professional staff can develop a plan of care to~~  
 21 ~~meet the resident's needs.~~

22 F. "Emergency measures" means the immediate action  
 23 necessary to alleviate an unexpected situation or sudden  
 24 occurrence of a serious and urgent nature.

25 Subp. 2. **Freedom from restraints.** Residents must be free  
 26 from any physical or chemical restraints imposed for purposes of  
 27 discipline or convenience, and not required to treat the  
 28 resident's medical symptoms. ~~Residents must be free from~~  
 29 ~~corporal punishment and involuntary seclusion.~~

30 Subp. 3. **Emergency use of restraints restraint.**

31 A. If a resident exhibits behavior which becomes a  
 32 threat to the health or safety of the resident or others,  
 33 the nurse or person in charge of the nursing home, if other than  
 34 a nurse, must take temporary, emergency measures to protect the  
 35 resident and other persons in the nursing home, and the  
 36 physician must be called immediately.

1           B. If a restraint is needed, ~~it may be applied only~~  
 2 ~~upon the~~ a physician's order must be obtained which specifies  
 3 the duration and circumstances under which the ~~restraints~~  
 4 ~~are~~ restraint is to be used.

5           C. The resident's legal representative or interested  
 6 family member must be notified when temporary emergency measures  
 7 are taken.

8           Subp. 4. Decision to apply restraint. The decision to  
 9 apply a restraint must be based on the comprehensive resident  
 10 ~~assessment of each resident's capabilities and an evaluation of~~  
 11 ~~least restrictive measures.~~ The least restrictive restraint  
 12 must be used ~~in accordance with~~ and incorporated into the  
 13 comprehensive plan of care ~~and.~~ The comprehensive ~~resident~~  
 14 ~~assessment,~~ which plan of care must allow for progressive  
 15 removal or the progressive use of less restrictive means.  
 16 Nothing in this part requires a resident to be awakened during  
 17 the resident's normal sleeping hours strictly for the purpose of  
 18 releasing restraints. ~~At a minimum,~~ For a resident placed in a  
 19 physical or chemical restraint, a nursing home must:

20           A- obtain an informed consent, and

21           B- obtain a written order from the attending  
 22 physician, At a minimum, for a resident placed in a physical  
 23 restraint, a nursing home must also:

24           E- A. check the resident at least every 30 minutes;

25           D- B. assist the resident as often as necessary for  
 26 the resident's safety, comfort, exercise, and elimination needs;

27           E- C. provide an opportunity for motion, exercise,  
 28 and elimination for not less than ten minutes during each  
 29 two-hour period in which a restraint is employed;

30           F- D. release the resident from the restraint as  
 31 quickly as possible; and

32           G- E. keep a record of restraint usage and checks.

33 4658.0350 PENALTIES FOR ~~USE-OF~~ RESTRAINTS RULE VIOLATIONS.

34           Penalty assessments will be assessed on a daily basis for  
 35 violations of part 4658.0300 and are as follows:

- 1           A. part 4658.0300, subpart 2, \$500;
- 2           B. part 4658.0300, subpart 3, items A and B, \$500;
- 3           C. part 4658.0300, subpart 3, item C, \$50;
- 4           D. part 4658.0300, subpart 4, ~~item-A~~ first paragraph,
- 5 \$250;
- 6           E. part 4658.0300, subpart 4, ~~item-B~~ items A to D,
- 7 \$300; and
- 8           F. part 4658.0300, subpart 4, ~~items-E-to-F~~ item E,
- 9 \$500; ~~and~~
- 10           ~~G. part 4658.0300, subpart 4, item G, \$300.~~

11 4658.0400 COMPREHENSIVE RESIDENT ASSESSMENT.

12           Subpart 1. **Assessment.** A nursing home must conduct a

13 comprehensive assessment of each resident's needs, which

14 describes the resident's capability to perform daily life

15 functions and significant impairments in functional capacity. A

16 nursing assessment conducted according to Minnesota Statutes,

17 section 148.171, paragraph (3), may be used as part of the

18 comprehensive resident assessment. The results of the

19 comprehensive resident assessment must be used to develop,

20 review, and revise the resident's comprehensive plan of care as

21 defined in part 4658.0405.

22           Subp. 2. **Information gathered.** The comprehensive resident

23 assessment must include at least the following information:

- 24           A. medically defined conditions and prior medical
- 25 history;
- 26           B. medical status measurement;
- 27           C. physical and mental functional status;
- 28           D. sensory and physical impairments;
- 29           E. nutritional status and requirements;
- 30           F. special treatments or procedures;
- 31           G. mental and psychosocial status;
- 32           H. discharge potential;
- 33           I. dental condition;
- 34           J. activities potential;
- 35           K. rehabilitation potential;

- 1 L. cognitive status; and
- 2 M. drug therapy; and
- 3 N. resident preferences.

4 Subp. 3. Frequency. Comprehensive resident assessments  
5 must be conducted:

- 6 A. within 14 days after the date of admission;
- 7 B. promptly within 14 days after a significant change  
8 in the resident's physical or mental condition; and
- 9 C. at least once every 12 months.

10 Subp. 4. Review of assessments. A nursing home must  
11 examine each resident at least ~~once-every-90-days~~ quarterly and  
12 must revise the resident's comprehensive assessment to ensure  
13 the continued accuracy of the assessment.

14 4658.0405 COMPREHENSIVE PLAN OF CARE.

15 Subpart 1. Development. A nursing home must develop a  
16 comprehensive plan of care for each resident within seven days  
17 after the completion of the comprehensive resident assessment as  
18 defined in part 4658.0400. The comprehensive plan of care must  
19 be developed by an interdisciplinary team that includes the  
20 attending physician, a registered nurse with responsibility for  
21 the resident, and other appropriate staff in disciplines as  
22 determined by the resident's needs, and, to the extent  
23 practicable, with the participation of the resident, the  
24 resident's legal guardian or chosen representative.

25 Subp. 2. Contents of plan of care. The comprehensive plan  
26 of care must list measurable objectives and timetables to meet  
27 the resident's long- and short-term goals for medical, nursing,  
28 and mental and psychosocial needs that are identified in the  
29 comprehensive resident assessment. The comprehensive plan of  
30 care must include:

- 31 ~~A--the-physician's-orders-for-medications,~~
- 32 ~~treatments,-diet,-and-other-therapy,-and~~
- 33 ~~B--the-types-of-care-and-consultation-services~~
- 34 ~~needed,-how-they-can-best-be-accomplished,-how-the-plan-meets~~
- 35 ~~the-needs-and-interests-of-the-resident,-what-methods-are-most~~



1 ~~successful, and the modifications necessary to ensure best~~  
2 ~~results~~ the individual abuse prevention plan required by  
3 Minnesota Statutes, section 626.557, subdivision 14, paragraph  
4 (b).

5 Subp. ~~2~~ 3. Use. A comprehensive plan of care must be  
6 used by all personnel involved in the care of the resident.

7 Subp. 4. Revision. The A comprehensive plan of care must  
8 be reviewed and updated revised by an interdisciplinary team  
9 that includes the attending physician, a registered nurse with  
10 responsibility for the resident, and other appropriate staff in  
11 disciplines as determined by the resident's needs, and, to the  
12 extent practicable, with the participation of the resident, the  
13 resident's legal guardian or chosen representative at least  
14 ~~every 90 days and after any permanent or significant change in~~  
15 ~~resident condition. An interdisciplinary conference to review~~  
16 ~~the comprehensive plan of care must be conducted regularly to~~  
17 ~~keep the plans current~~ quarterly and within seven days of the  
18 revision of the comprehensive resident assessment required by  
19 part 4658.0400, subpart 3, item B.

20 4658.0420 PENALTIES FOR COMPREHENSIVE ASSESSMENT AND PLAN OF  
21 CARE RULE VIOLATIONS.

22 Penalty assessments will be assessed on a daily basis for  
23 violations of parts 4658.0400 and 4658.0405 and are as follows:

- 24 A. part 4658.0400, \$300; and
- 25 B. part 4658.0405, \$300.

26 CLINICAL RECORDS

27 4658.0430 HEALTH INFORMATION MANAGEMENT SERVICE.

28 Subpart 1. Health information management. A nursing home  
29 must maintain a health information management ~~service~~ services,  
30 including clinical records, in accordance with accepted  
31 professional standards and practices, federal regulations, and  
32 state statutes pertaining to the content of the clinical record,  
33 health care data, computerization, confidentiality, retention,  
34 and retrieval. For purposes of this part, "health information  
35 management" means the collection, analysis, and dissemination of

1 data to support decisions related to: disease prevention and  
2 resident care; effectiveness of care; reimbursement and payment;  
3 planning, research, and policy analysis; and regulations.

4 Subp. 2. **Quality of health information.** A nursing home  
5 must develop and utilize a mechanism for auditing the quality of  
6 its health information management ~~service~~ services.

7 Subp. 3. **Person responsible for health information**  
8 **management.** A nursing home must designate a person to be  
9 responsible for health information management.

10 4658.0435 CONFIDENTIALITY OF CLINICAL RECORDS AND INFORMATION.

11 Subpart 1. **Maintaining confidentiality of records.**  
12 Information in the clinical records, regardless of form or  
13 storage methods, must be kept confidential according to  
14 Minnesota Statutes, chapter 13 and sections 144.335 and 144.651,  
15 and federal regulations. A resident's clinical information in a  
16 nursing home must be considered confidential but it must be made  
17 available to all persons in the nursing home who are responsible  
18 for the care of the resident. The clinical information must be  
19 open to inspection by representatives of the Department of  
20 Health and others legally authorized to obtain access.

21 Subp. 2. **Electronic transmission of health care data.** If  
22 a nursing home chooses to transmit or receive health care data  
23 by ~~facsimile-machine~~ electronic means, the nursing home must  
24 develop and comply with policies and procedures to ensure the  
25 confidentiality, security, and verification of the transmission  
26 and receipt of information authorized to be transmitted  
27 by ~~facsimile-machine~~ electronic means. A durable copy of  
28 the ~~facsimile~~ transmission must be placed in the  
29 resident's clinical record.

30 4658.0440 ABBREVIATIONS.

31 A nursing home must have an explanation key available for  
32 abbreviations or symbols used in documentation and the  
33 collection of data and information.

34 4658.0445 CLINICAL RECORD.

1           Subpart 1. **Unit record.** A resident's clinical record must  
2 be started at admission and incorporated into a central unit  
3 record system. The clinical record must contain sufficient  
4 information to identify the resident, contain a record of  
5 resident assessments, the comprehensive plan of care, progress  
6 notes on the implementation of the care plan, and a summary of  
7 the resident's condition at the time of discharge.

8           Subp. 2. **Form of entries and authentication.** Data  
9 collected must be timely, accurate, and complete. All entries  
10 must be entered, authenticated, and dated by the person making  
11 the entry. If a nursing home uses an electronic paperless means  
12 of storing the clinical record, the nursing home must comply  
13 with part 4658.0475. All entries must be made as soon as  
14 possible after the observation or treatment in order to keep the  
15 clinical record current. In cases where authentication is done  
16 electronically or by rubber stamp, safeguards to prevent  
17 unauthorized use must be in place, and a rubber stamp may be  
18 used only if allowed by the licensing rules for that health care  
19 professional. Nursing assistants may document in the nursing  
20 notes if allowed by nursing home policy.

21           Subp. 3. **Classification systems.** All diagnoses and  
22 procedures must be accurately and comprehensively coded to  
23 ensure accurate resident medical profiles.

24           Subp. 4. **Admission information.**

25           A. **Identification information.** Identification  
26 information must be collected and maintained for each resident  
27 upon admission and must include, at a minimum:

- 28                   (1) the resident's legal name and preferred name;  
29                   (2) previous address;  
30                   (3) social security number;  
31                   (4) gender;  
32                   (5) marital status;  
33                   (6) date and place of birth;  
34                   (7) date and hour of admission;  
35                   (8) advanced directives, including Do Not  
36 Resuscitate (DNR) and Do Not Intubate (DNI) status, Health Care

1 Power of Attorney, or living will, if any;

2 (9) name, address, and telephone number of  
3 designated relative or significant other, if any;

4 (10) name, address, and telephone number of  
5 person to be notified in an emergency;

6 (11) legal representative or ~~personal~~ designated  
7 representative, if any;

8 (12) religious affiliation, place of worship, and  
9 clergy member;

10 (13) hospital preference; and

11 (14) name of attending physician.

12 B. Physician and professional services. The clinical  
13 record must contain the recording requirements of parts  
14 4658.0710 to 4658.0725.

15 C. Nursing services. The clinical record must  
16 contain the recording requirements of parts 4658.0515 to  
17 4658.0530.

18 D. Dietary and food services. The clinical record  
19 must contain the recording requirements of parts 4658.0600 and  
20 4658.0625.

21 E. Restraints. The clinical record must contain the  
22 recording requirements of part 4658.0300.

23 4658.0450 CLINICAL RECORD CONTENTS.

24 Each resident's clinical record, including nursing notes,  
25 must include:

26 A. the condition of the resident at the time of  
27 admission;

28 B. temperature, pulse, respiration, and blood  
29 pressure, ~~taken-at-least-weekly,-and-pertinent-observations-as~~  
30 ~~often-as-indicated-by-the-condition-of-the-resident~~ according to  
31 part 4658.0520, subpart 2, item I;

32 C. the resident's height and weight ~~at-the-time-of~~  
33 ~~admission,-and-weight-at-least-once-each-month-thereafter,~~  
34 according to part 4658.0520, subpart 2, item J;

35 D. the resident's general condition, actions, and

1 attitudes;

2 E. observations, assessments, and interventions  
3 provided by all disciplines responsible for care of the  
4 resident, with the exception of confidential communications with  
5 religious personnel;

6 F. significant observations on, for example,  
7 behavior, orientation, adjustment to the nursing home, judgment,  
8 or moods;

9 G. date, time, quantity of dosage, and method of  
10 administration of all medications, and the signature of the  
11 nurse or authorized persons who administered the medication;

12 H. a report of a tuberculin test within the past  
13 three months prior to admission, as described in part 4658.0810;

14 I. reports of appropriate laboratory examinations;

15 J. dates and times of all treatments and dressings;

16 K. dates and times of visits by physicians, dentists,  
17 or-pediatrists all licensed health care practitioners;

18 L. visits to clinics or hospitals;

19 M. any orders or instructions relative to the  
20 comprehensive plan of care;

21 N. any change in the resident's sleeping habits or  
22 appetite;

23 O. pertinent factors regarding changes in the  
24 resident's general conditions; and

25 P. results of the initial comprehensive resident  
26 assessment and all subsequent comprehensive assessments as  
27 described in part 4658.0400.

28 4658.0455 TELEPHONE AND ELECTRONIC ORDERS.

29 A. Orders received by telephone, facsimile machine,  
30 or other electronic means must be kept confidential according to  
31 Minnesota Statutes, sections 144.335, 144.651, and 144.652.

32 B. Orders received by telephone or other electronic  
33 means, not including facsimile machine, must be immediately  
34 recorded or placed in the resident's record by the person  
35 authorized by the nursing home and must be countersigned by the

1 ordering health care practitioner ~~licensed~~ authorized to  
 2 prescribe at the time of the next visit, or within 60 days,  
 3 whichever is sooner.

4 C. Orders received by facsimile machine must have  
 5 been signed by the ordering health practitioner ~~licensed~~  
 6 authorized to prescribe, and must be immediately recorded or a  
 7 durable copy must be placed in the resident's clinical record by  
 8 the person authorized by the nursing home.

9 4658.0460 MASTER RESIDENT RECORD.

10 A permanent record must be kept listing at a minimum the  
 11 full name of the resident, resident identification number, date  
 12 of birth, date of admission, date of discharge, and discharge  
 13 disposition. The master resident record must be kept in such a  
 14 manner that total admissions, discharges, deaths, and resident  
 15 days can be calculated, and an alphabetical listing of residents  
 16 can be created.

17 4658.0465 TRANSFER, DISCHARGE, AND DEATH.

18 Subpart 1. Discharge summary at death. ~~At-the-time-of~~  
 19 ~~discharge-or~~ When a resident dies, the nursing home must compile  
 20 a discharge summary that includes the date, time, and cause of  
 21 death.

22 Subp. 2. Other discharge. When a resident is transferred  
 23 or discharged for any reason other than death, the nursing home  
 24 must compile a discharge summary that includes the date and time  
 25 of transfer or discharge, reason for transfer or discharge, and  
 26 transfer or discharge diagnosis diagnoses, and condition, -or-the  
 27 date, -time, -and-cause-of-death.

28 Subp. 2: 3. Transfer of-resident-information or discharge  
 29 to another facility. When a resident is transferred or  
 30 discharged to another health care facility or program, the  
 31 nursing home must send the discharge summary compiled according  
 32 to subpart 2, and pertinent information about the resident's  
 33 immediate care and sufficient information to ensure continuity  
 34 of care must-accompany-the-resident prior to or at the time of  
 35 the transfer or discharge to the other health care facility or

1 program. Additional information not necessary for the  
2 resident's immediate care may be sent to the new health care  
3 facility or program at the time of or after the transfer or  
4 discharge.

5 4658.0470 RETENTION, STORAGE, AND RETRIEVAL.

6 Subpart 1. Retention. A resident's records must be  
7 preserved for a period of at least five years following  
8 discharge or death.

9 Subp. 2. Storage. Space must be provided for the safe and  
10 confidential storage of residents' clinical records. Records of  
11 current residents must be stored on site.

12 Subp. 3. Retrieval. If records of discharged residents  
13 are stored off site, policies and procedures must be developed  
14 and implemented by clinical record personnel and the nursing  
15 home administration for the confidentiality, retention, and  
16 timely retrieval of records within ~~24-hours~~ one working day.  
17 The policies and procedures must specify who is authorized to  
18 retrieve a record. Off-site archived copies of clinical  
19 databases must be protected against fire, flood, and other  
20 emergencies. The policies must address the location and  
21 retention of records if the nursing home discontinues operation.

22 4658.0475 COMPUTERIZATION.

23 If a nursing home is converting to an electronic paperless  
24 health information management system:

25 A. policies and procedures must be established and  
26 maintained that require password protection of the clinical  
27 database;

28 B. any outside contract for health information  
29 management services must include a provision that the company  
30 providing the services assumes responsibility for maintaining  
31 the confidentiality of all health information within its  
32 control;

33 C. audit trails must be developed for computer  
34 applications to determine the source and date of all entries and  
35 deletions;

- 1 D. backup systems must be implemented and maintained;
- 2 E. preventative maintenance must be implemented and  
3 maintained;
- 4 F. there must be a plan for preparing, securing, and  
5 retaining archived copies of computerized clinical databases;
- 6 G. procedures must be implemented for preparing and  
7 securing daily, weekly, and monthly archived copies of  
8 computerized clinical databases; and
- 9 H. there must be confidentiality and protection from  
10 unauthorized use of active and archived computerized clinical  
11 databases.

12 4658.0490 PENALTIES FOR CLINICAL RECORDS RULE VIOLATIONS.

13 Penalty assessments will be assessed on a daily basis for  
14 violations of parts 4658.0430 to 4658.0475 and are as follows:

- 15 A. part 4658.0430, \$300;
- 16 B. part 4658.0435, \$250;
- 17 C. part 4658.0440, \$50;
- 18 D. part 4658.0445, subpart 1, \$300;
- 19 E. part 4658.0445, subpart 2, \$300;
- 20 F. part 4658.0445, subpart 3, \$300;
- 21 G. part 4658.0445, subpart 4, \$100;
- 22 H. part 4658.0450, \$300;
- 23 I. part 4658.0455, item A, \$250;
- 24 J. part 4658.0455, item B, \$300;
- 25 K. part 4658.0455, item C, \$300;
- 26 L. part 4658.0460, \$50;
- 27 M. part 4658.0465, subpart 1, \$50;
- 28 N. part 4658.0465, subpart 2, \$100;
- 29 O. part 4658.0465, subpart 3, \$300;
- 30 P. part 4658.0470, \$100; and
- 31 ~~P.~~ Q. part 4658.0475, \$300.

32 4658.0500 DIRECTOR OF NURSING SERVICES.

33 Subpart 1. **Qualifications and duties.** A nursing home must  
34 have a director of nursing services who is a registered nurse  
35 ~~currently-licensed-in-Minnesota.~~



1 Subp. 2. Requirement of full-time employment. A director  
2 of nursing services must be employed full time, no less than 40  
3 35 hours per week, and ~~devote~~ be assigned full time to the  
4 nursing services of the nursing home.

5 Subp. 3. Assistant to director. A ~~licensed nursing home~~  
6 must designate a nurse who-serves-as-the-assistant-to-the  
7 director-of-nursing-services-must-be-designated-and to be  
8 responsible for the duties of the director of nursing services  
9 related to the provision of resident services in the director's  
10 absence ~~and-must-assist-the-director-of-nursing-services-in~~  
11 ~~carrying-out-the-director's-responsibilities-so-that-the~~  
12 ~~functions-of-the-director-of-nursing-services-are-maintained~~  
13 ~~seven-days-per-week.~~

14 Subp. 4. Education. ~~After-the-effective-date-of-this~~  
15 ~~part,~~ A person newly appointed to the position of the director  
16 of nursing services must ~~be-educated~~ have training in  
17 rehabilitation nursing ~~techniques~~, gerontology, nursing service  
18 administration, management, supervision, and psychiatric or  
19 geriatric nursing before or within the first 12 months after  
20 appointment as director of nursing services.

21 4658.0505 RESPONSIBILITIES; DIRECTOR OF NURSING SERVICES,  
22 RESPONSIBILITIES.

23 ~~A-nursing-home-must-have-a~~ The written job description for  
24 the director of nursing services ~~that-includes~~ must include  
25 responsibility for:

26 A. the total nursing care of residents and the  
27 accuracy of the nursing care records;

28 B. establishing and implementing procedures for  
29 ~~general~~ the provision of nursing care and delegated medical  
30 care, developing nursing policy and procedure manuals that must  
31 be available at each nurse's station, and developing written job  
32 descriptions for each ~~level~~ category of nursing personnel;

33 C. planning and conducting orientation programs for  
34 new nursing personnel, volunteers, and temporary staff, and  
35 continuing in-service education for all nursing home ~~personnel~~

1 staff in nursing homes under 90 beds, if ~~there-is~~ no one is  
 2 designated ~~who-is~~ as responsible for all in-service education;

3 D. determining with the administrator the numbers and  
 4 levels of nursing personnel to be employed;

5 E. participating in recruitment and, selection, and  
 6 termination of nursing personnel;

7 F. assigning, supervising, and evaluating the  
 8 performance of all nursing personnel and;

9 G. delegating and monitoring nonnursing  
 10 responsibilities to other personnel staff consistent with their  
 11 training, experience, and-licensure competence, and legal  
 12 authorization, and with nursing home policy;

13 ~~G.~~ H. participating in the selection of prospective  
 14 residents in-terms-of based on nursing service care needed and  
 15 nursing personnel competencies available;

16 ~~H.~~ I. assuring that a resident-care comprehensive  
 17 plan of care is established and implemented for each resident  
 18 and that the plan is reviewed every-90-days at least quarterly  
 19 and revised-when-there-is-a-permanent-or-significant  
 20 change within seven days of the revision of the comprehensive  
 21 resident assessment required by part 4658.0400, subpart 3, item  
 22 B;

23 ~~I.~~ J. coordinating nursing services for the residents  
 24 in the nursing home with other resident care services provided  
 25 both within and outside the nursing home;

26 ~~J.~~ K. participating in planning, decision making, and  
 27 budgeting for nursing care;

28 ~~K.~~ L. interacting with physicians to plan care for  
 29 residents; and

30 ~~L.~~ ~~recommending-termination-of-employment-of-nursing~~  
 31 ~~personnel-when-necessary,-and~~

32 M. ~~participating-in~~ assuring that discharge or and  
 33 transfer planning for residents is conducted.

34 4658.0510 NURSING STAFF PERSONNEL.

35 Subpart 1. Staffing requirements. A nursing home must

1 have on duty at all times a sufficient number of qualified  
 2 nursing personnel, including registered nurses, licensed  
 3 practical nurses, and nursing assistants to meet the needs of  
 4 the residents at all nurses' stations, on all floors, and in all  
 5 buildings if more than one building is involved. This includes  
 6 relief duty, weekends, and vacation replacements. ~~The minimum~~  
 7 ~~number of hours of nursing personnel to be provided in a nursing~~  
 8 ~~home is the greater of two hours of nursing personnel per~~  
 9 ~~resident per 24 hours or 0.95 hours per standardized resident~~  
 10 ~~day, plus additional qualified nursing staff commensurate with~~  
 11 ~~the needs of the residents. -- "Standardized resident day" means~~  
 12 ~~the sum of the number of residents in each case mix class~~  
 13 ~~multiplied by the case mix weight for that resident class, as~~  
 14 ~~described in part 9549.0059, subpart 2, calculated on the basis~~  
 15 ~~of the nursing home's census for any given day.~~

16 Subp. 2. Minimum hour requirements. The minimum number of  
 17 hours of nursing personnel to be provided is:

18 A. For nursing homes not certified to participate in  
 19 the medical assistance program, a minimum of two hours of  
 20 nursing personnel per resident per 24 hours.

21 B. For nursing homes certified to participate in the  
 22 medical assistance program, the nursing home is required to  
 23 comply with Minnesota Statutes, section 144A.04, subdivision 7.

24 Subp. 2- 3. On-site coverage. A licensed nurse must be  
 25 employed so that on-site nursing coverage is provided eight  
 26 hours per day, seven days per week.

27 Subp. 3- 4. On call coverage. A registered nurse must be  
 28 on call during all hours when a registered nurse is not on duty.

29 Subp. 4- 5. Assignment of duties. Nursing personnel must  
 30 not perform duties for which they have not had proper and  
 31 sufficient training. Duties assigned to nursing personnel must  
 32 be consistent with their training, experience, competence, and  
 33 licensure credentialing.

34 Subp. 5- 6. Duties. The Nursing staff personnel must  
 35 be employed and used for nursing duties only. A nursing home  
 36 must provide sufficient additional staff for housekeeping,

1 dietary, laundry, and maintenance duties and those persons must  
2 not provide nursing care.

3 4658.0515 FREQUENCY OF REPORTING.

4 Nursing notes must be recorded at least ~~once-every-seven~~  
5 days weekly on all residents and more often if indicated by  
6 their condition.

7 4658.0520 ADEQUATE AND PROPER NURSING CARE.

8 Subpart 1. Care in general. A resident must receive  
9 nursing care and treatment, personal and custodial care, and  
10 supervision based on individual needs and preferences as  
11 identified in the comprehensive resident assessment and plan of  
12 care as described in parts 4658.0400 and 4658.0405. A nursing  
13 home resident must be out of bed as much as possible  
14 unless there is a written order from the attending physician  
15 ~~states-in-writing-on-the-resident's-clinical-record~~ that the  
16 resident must remain in bed or the resident prefers to remain in  
17 bed.

18 Subp. 2. Criteria for determining adequate and proper  
19 care. The criteria for determining adequate and proper care  
20 include:

21 A. Evidence of adequate care and kind and considerate  
22 treatment at all times. Privacy must be respected and  
23 safeguarded.

24 B. Clean skin and freedom from offensive odors. A  
25 bathing plan must be part of each resident's plan of care. A  
26 resident ~~confined-to~~ whose condition requires that the resident  
27 remain in bed must be given a complete bath at least every other  
28 day and more often as indicated. An incontinent resident must  
29 be checked at least every two hours, and must receive perineal  
30 care following each episode of incontinence. Clean linens or  
31 clothing must be provided promptly each time the bed or clothing  
32 is soiled. Perineal care includes the washing and drying of the  
33 perineal area. Pads or diapers must be used to keep the bed dry  
34 and for the resident's comfort. Special attention must be given  
35 to the skin to prevent irritation. Rubber, plastic, or other

1 types of protectors must be kept clean, be completely covered,  
2 and not come in direct contact with the resident. Soiled linen  
3 and clothing must be removed immediately from resident areas to  
4 prevent odors.

5 C. A shampoo at least every-seven-days weekly and  
6 assistance with daily hair grooming as needed.

7 D. Assistance with or supervision of shaving of all  
8 residents as necessary to keep them clean and well-groomed.

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

12 F. Proper care and attention to hands and feet.  
13 Fingernails and toenails must be kept clean and trimmed.

14 G. Bed linen must be changed weekly, or more often as  
15 needed. Beds must be made daily and straightened as necessary.

16 H. Clean clothing and a neat appearance. Residents  
17 must be dressed during the day whenever possible.

18 I. Monitoring resident temperature, pulse,  
19 respiration, and blood pressure as often as indicated by the  
20 resident's condition but at least every-seven-days weekly.

21 J. Recording resident height and weight at the time  
22 of admission and weight at least once-every-30-days monthly  
23 thereafter.

24 4658.0525 REHABILITATION NURSING CARE.

25 Subpart 1. Rehabilitation-nursing-care Program required.

26 A nursing home must have an active program of rehabilitation  
27 nursing care directed toward assisting each resident to achieve  
28 and maintain the highest practicable physical, mental, and  
29 psychosocial well-being according to the comprehensive resident  
30 assessment and plan of care described in parts 4658.0400 and  
31 4658.0405. Continuous efforts must be made to encourage  
32 ambulation and purposeful activities.

33 Subp. 2. Range of motion. A supportive program that is  
34 directed toward prevention of deformities through positioning  
35 and range of motion must be implemented and maintained. Based

1 on the comprehensive resident assessment, the director of  
2 nursing home services must ensure coordinate the development of  
3 a nursing care plan which provides that:

4           A. a resident who enters the nursing home without a  
5 limited range of motion does not experience reduction in range  
6 of motion unless the resident's clinical condition demonstrates  
7 that a reduction in range of motion is unavoidable; and

8           B. a resident with a limited range of motion receives  
9 appropriate treatment and services to increase range of motion  
10 and to prevent further decrease in range of motion.

11           Subp. 3. **Pressure sores.** Based on the comprehensive  
12 resident assessment, the director of nursing home services must  
13 ensure coordinate the development of a nursing care plan which  
14 provides that:

15           A. a resident who enters the nursing home without  
16 pressure sores does not develop pressure sores unless the  
17 individual's clinical condition demonstrates, and a physician  
18 authenticates, that they were unavoidable; and

19           B. a resident who has pressure sores receives  
20 necessary treatment and services to promote healing, prevent  
21 infection, and prevent new sores from developing.

22           Subp. 4. **Positioning.** Residents must be positioned in  
23 good body alignment. The position of residents unable to change  
24 their own position must be changed at least every two hours,  
25 including periods of time after the resident has been put to bed  
26 for the night, unless the physician has documented that  
27 repositioning every two hours during this time period is  
28 unnecessary or the physician has ordered a different interval.

29           Subp. 5. **Incontinence.** A nursing home must have a  
30 continuous program of bowel and bladder training management to  
31 reduce incontinence and the unnecessary use of catheters. Based  
32 on the comprehensive resident assessment, a nursing home must  
33 ensure that:

34           A. a resident who enters a nursing home without an  
35 indwelling catheter is not catheterized unless the resident's  
36 clinical condition indicates that catheterization was necessary;

1 and

2 B. a resident who is incontinent of bladder receives  
3 appropriate treatment and services to prevent urinary tract  
4 infections and to restore as much normal bladder function as  
5 possible.

6 Subp. 6. **Activities of daily living.** Based on the  
7 comprehensive resident assessment, a nursing home must ensure  
8 that:

9 A. a ~~resident's~~ resident is given the appropriate  
10 treatments and services to maintain or improve abilities in  
11 activities of daily living ~~do-not-diminish~~ unless ~~circumstances~~  
12 ~~of-the-individual's-clinical-condition-indicate-that-diminution~~  
13 ~~was-unavoidable~~ deterioration is a normal or characteristic part  
14 of the resident's condition. For purposes of this part,  
15 activities of daily living includes the resident's ability to:

- 16 (1) bathe, dress, and groom;  
17 (2) transfer and ambulate;  
18 (3) use the toilet;  
19 (4) eat; and  
20 (5) use speech, language, or other functional  
21 communication systems; and

22 B. ~~a-resident-is-given-the-appropriate-treatment-and~~  
23 ~~services-to-maintain-or-improve-the-abilities-specified-in-item~~  
24 ~~A7-and~~

25 ~~e-~~ a resident who is unable to carry out activities  
26 of daily living receives the necessary services to maintain good  
27 nutrition, grooming, and personal and oral hygiene.

28 Subp. 7. **Nasogastric tubes, gastrostomy tubes, and feeding**  
29 **syringes.** Based on the comprehensive resident assessment, a  
30 nursing home must ensure that:

31 A. a resident who has been able to eat enough  
32 independently or with assistance is not fed by nasogastric tube  
33 or feeding syringe unless the resident's clinical condition  
34 demonstrates that use of a nasogastric tube or feeding syringe  
35 was unavoidable; and

36 B. a resident who is fed by a nasogastric or

1 gastrostomy tube or feeding syringe receives the appropriate  
 2 treatment and services to prevent aspiration pneumonia,  
 3 diarrhea, vomiting, dehydration, metabolic abnormalities, and  
 4 nasal-pharyngeal ulcers and to restore, if possible, normal  
 5 feeding function.

6 Subp. 8. Prosthetic devices. A nursing home must assist  
 7 residents to adjust to their disabilities and to use their  
 8 prosthetic devices.

9 Subp. 9. Hydration. Residents must be offered and receive  
 10 adequate water and other fluids to maintain proper hydration and  
 11 health, unless fluids are restricted.

12 ~~Subp. 10. In-service. A nursing home must provide~~  
 13 ~~evidence of an in-service training program in rehabilitation for~~  
 14 ~~all nursing personnel to promote ambulation, aid in activities~~  
 15 ~~of daily living, assist in activities, self-help, maintenance of~~  
 16 ~~range of motion, and proper chair and bed positioning, and in~~  
 17 ~~the prevention or reduction of incontinence.~~

18 4658.0530 ASSISTANCE WITH EATING.

19 Subpart 1. Nursing personnel. Nursing personnel must  
 20 determine that residents are served diets as prescribed.  
 21 Residents needing help in eating must be promptly assisted upon  
 22 receipt of the meals and the assistance must be unhurried and in  
 23 a manner that maintains or enhances each resident's dignity and  
 24 respect. Adaptive self-help devices must be provided to  
 25 contribute to the resident's independence in eating. Food and  
 26 fluid intake of residents must be observed and deviations from  
 27 normal reported to the charge nurse responsible for the  
 28 resident's care during the work period the observation of a  
 29 deviation was made. Persistent unresolved problems must be  
 30 reported to the attending physician.

31 Subp. 2. ~~Other persons~~ Volunteers. ~~Persons other than~~  
 32 ~~nursing personnel~~ Volunteers may assist residents with eating if  
 33 the following conditions are met:

34 A. the nursing home has a policy allowing that  
 35 assistance. The policy must specify whether family members are



1 allowed to assist their immediate relatives with eating and, if  
 2 allowed, what training is required for family members;

3 B. the resident has been assessed and a determination  
 4 made that the resident may be safely fed by a ~~person-other-than~~  
 5 ~~nursing-personnel~~ volunteer, and that is documented in the  
 6 comprehensive plan of care;

7 C. the resident has agreed, or an immediate family  
 8 member, the legal guardian, or designated representative has  
 9 agreed for the resident, to be fed by a ~~person-other-than~~  
 10 ~~nursing-personnel~~ volunteer;

11 D. the ~~person~~ volunteer has completed a training  
 12 program on assisting residents with eating, which, at a minimum,  
 13 meets the training and competency standards for eating  
 14 assistance contained in the nursing assistant training  
 15 curriculum;

16 E. the ~~person-is-under-the-supervision-of-the~~  
 17 director of nursing services ~~while~~ must be responsible for the  
 18 monitoring of all persons, including family members, performing  
 19 this activity; and

20 F. there are mechanisms in place to ensure  
 21 appropriate reporting to the nursing ~~staff~~ personnel of  
 22 observations made by the ~~person~~ volunteer during meal time; ~~and~~

23 ~~6--the-use-of-persons-other-than-nursing-personnel-to~~  
 24 ~~substitute-for-sufficient-nursing-staff-is-prohibited.~~

25 Subp. 3. Risk of choking. A resident identified in the  
 26 comprehensive resident assessment, and as addressed in the  
 27 comprehensive plan of care, as being at risk of choking on food  
 28 must be continuously monitored by nursing personnel when the  
 29 resident is eating so that timely emergency intervention can  
 30 occur if necessary.

31 4658.0580 PENALTIES FOR NURSING SERVICES RULE VIOLATIONS.

32 Penalty assessments will be assessed on a daily basis for  
 33 violations of parts 4658.0500 to 4658.0530 and are as follows:

34 A. part 4658.0500, subpart 1, \$300;

35 B. part 4658.0500, subpart 2, \$300;

- 1 C. part 4658.0500, subpart 3, \$100;  
 2 D. part 4658.0500, subpart 4, \$300;  
 3 E. part 4658.0505, items A to C, \$300;  
 4 F. part 4658.0505, items D to ~~E~~ F, \$100;  
 5 G. part 4658.0505, item H G, \$300;  
 6 H. part 4658.0505, ~~items I to M~~ item H, \$100;  
 7 I. part 4658.0505, item I, \$300;  
 8 J. part 4658.0505, items J to M, \$100;  
 9 K. part 4658.0510, subpart 1, \$300;  
 10 ~~J. L.~~ L. part 4658.0510, subparts 2 to ~~4~~ 5, \$500;  
 11 ~~K. M.~~ M. part 4658.0510, subpart 5 6, \$300;  
 12 ~~H. N.~~ N. part 4658.0515, \$300;  
 13 ~~M. O.~~ O. part 4658.0520, subpart 1, \$350;  
 14 ~~N. P.~~ P. part 4658.0520, subpart 2, items A to H, \$350;  
 15 ~~O. Q.~~ Q. part 4658.0520, subpart 2, items I to J, \$300;  
 16 ~~P. R.~~ R. part 4658.0525, ~~subparts 1 to 9~~ \$350; and  
 17 ~~Q. part 4658.0525, subpart 10, \$100; and~~  
 18 R. S. part 4658.0530, \$350.

19 4658.0700 MEDICAL DIRECTOR.

20 Subpart 1. Designation. A nursing home must designate a  
 21 physician ~~licensed by the state of Minnesota~~ to serve as medical  
 22 director.

23 Subp. 2. Duties. The medical director, in conjunction  
 24 with the administrator and the director of nursing services,  
 25 must be responsible for:

26 A. the development of resident care policies and  
 27 procedures that are to be approved by the ~~governing body~~  
 28 licensee;

29 B. implementation of resident care policies;

30 C. the development of standards of practice for  
 31 medical care to provide guidance to attending physicians;

32 D. the medical direction and coordination of medical  
 33 care in the nursing home, including serving as liaison with  
 34 attending physicians, and periodic evaluation of the adequacy  
 35 and appropriateness of health professional and supportive staff

1 and services to meet the medical needs of residents;

2 E. surveillance of the health status of the nursing  
3 home's employees as it relates to the performance of their  
4 assigned duties;

5 F. participation-with periodic advisement to the  
6 director of nursing services to ensure a quality level  
7 of delegated medical care provided to residents; and

8 G. participation, or designation of another physician  
9 for participation, on the quality assessment and assurance  
10 committee as required ~~in~~ by part 4658.0070.

11 4658.0705 MEDICAL CARE AND TREATMENT.

12 Subpart 1. **Physician supervision.** A nursing home must  
13 ensure that each resident has a ~~licensed~~ physician designated  
14 ~~for-the-supervision-of~~ to authorize and supervise the medical  
15 care and treatment of the resident during the resident's stay in  
16 the nursing home, and must ensure that another physician is  
17 available to supervise the resident's medical care when the  
18 attending physician is unavailable.

19 Subp. 2. **Availability of physicians for emergency and**  
20 **advisory care.**

21 A. A nursing home must provide or arrange for the  
22 provision of physician services 24 hours a day, in case of an  
23 emergency, and to act in an advisory capacity.

24 B. The name and telephone number of the emergency  
25 physician must be readily available at all times.

26 C. A nursing home must develop and maintain policies  
27 and procedures regarding obtaining medical intervention when the  
28 resident's attending physician or the emergency physician does  
29 not respond to a request for medical care or is not available in  
30 a timely manner.

31 4658.0710 ADMISSION ORDERS AND PHYSICIAN EVALUATIONS.

32 Subpart 1. **Physical examination.** A resident must have a  
33 current admission medical history and complete physical  
34 examination performed and recorded by a physician, physician  
35 assistant, or nurse practitioner within five days before or

1 within seven days after admission.

2 Subp. 2. Admission orders. A nursing home must have  
3 physician orders for a resident's admission and immediate care  
4 at the time of admission.

5 Subp. 3. Frequency of physician evaluations.

6 A. A resident must be evaluated by a physician at  
7 least once every 30 days for the first 90 days after admission,  
8 and then whenever medically necessary. A physician visit is  
9 considered timely if it occurs within ten days after the date  
10 the visit was required.

11 B. Except as provided in this item, all required  
12 physician visits must be made by the physician personally. At  
13 the option of the physician, required visits after the initial  
14 visit may alternate between personal visits by the physician and  
15 visits by a physician assistant or nurse practitioner according  
16 to parts 5600.2600 to 5600.2670, chapters 6330 and 6340, and  
17 Minnesota Statutes, sections 147.34 and 148.235.

18 Subp. 4. Physician visits. At each visit, a physician or  
19 physician's designee must:

20 A. review the resident's comprehensive plan of care,  
21 including medications and treatments, and progress notes;

22 B. write, sign, and date physician progress notes;  
23 and

24 C. sign and date all orders.

25 4658.0715 MEDICAL INFORMATION FOR CLINICAL RECORD.

26 A physician or physician designee must provide the  
27 following information for the clinical record:

28 A. the report of the admission history and physical  
29 examination;

30 B. the admitting diagnosis;

31 C. a description of the general medical condition,  
32 including disabilities and limitations;

33 D. a report of subsequent physical examinations;

34 E. instructions relative to the resident's total  
35 program of care;

1 F. written orders for all medications with stop  
2 dates, treatments, rehabilitations, and any medically prescribed  
3 special diets;

4 G. progress notes;

5 H. any advanced directives; and

6 ~~I. physician-contacts-with-the-resident's-family-or~~  
7 ~~the-resident's-representative;-and~~

8 ~~or~~ condition on discharge or transfer, or cause of  
9 death.

10 4658.0720 PROVIDING DAILY ORAL CARE.

11 Subpart 1. Daily oral care plan. A nursing home must  
12 establish a daily oral care plan for each resident ~~as-part-of~~  
13 ~~the-initial~~ consistent with the results of the comprehensive  
14 resident assessment.

15 A. A resident's daily oral care plan must indicate  
16 whether or not the resident has natural teeth or wears removable  
17 dentures or partials. It must also indicate whether the  
18 resident is able to maintain oral hygiene independently, needs  
19 supervision, or is dependent on others.

20 B. A nursing home must provide a resident with the  
21 supplies and assistance necessary to carry out the resident's  
22 daily oral care plan. The supplies must include at a minimum:  
23 toothbrushes, fluoride toothpaste, mouth rinses, dental floss,  
24 denture cups, denture brushes, denture cleaning products, and  
25 denture adhesive products.

26 C. A nursing home must make the daily oral care plan  
27 available to the attending dentist before each checkup, and must  
28 modify the plan according to the dentist's, dental hygienist's,  
29 or other dental practitioner's directions.

30 Subp. 2. Labeling dentures. A nursing home must label  
31 full and partial dentures with the resident's name or other  
32 identifiers within seven days of admission.

33 4658.0725 PROVIDING ROUTINE AND EMERGENCY ORAL HEALTH SERVICES.

34 Subpart 1. Routine dental services. A nursing home must  
35 provide, or obtain from an outside resource, routine dental

1 services to meet the needs of each resident. Routine dental  
2 services include dental examinations and cleanings, fillings and  
3 crowns, root canals, periodontal care, oral surgery, bridges and  
4 removable dentures, orthodontic procedures, and adjunctive  
5 services that are provided for similar dental patients in the  
6 community at large, as limited by third party reimbursement  
7 policies.

8 Subp. 2. Annual dental visit.

9 A. Within 90 days after admission, a resident must be  
10 referred for an initial dental examination unless the resident  
11 has received a dental examination within the six months before  
12 admission.

13 B. After the initial dental examination, a nursing  
14 home must ask the resident if the resident wants to see a  
15 dentist and then provide any necessary help to make the  
16 appointment, on at least an annual basis. This opportunity for  
17 an annual dental checkup must be provided within one year from  
18 the date of the initial dental examination or within one year  
19 from the date of the examination done within the six months  
20 before admission.

21 Subp. 3. Emergency dental services.

22 A. A nursing home must provide, or obtain from an  
23 outside resource, emergency dental services to meet the needs of  
24 each resident. Emergency dental services include services  
25 needed to treat: an episode of acute pain in teeth, gums, or  
26 palate; broken or otherwise damaged teeth; or any other problem  
27 of the oral cavity, appropriately treated by a dentist, that  
28 requires immediate attention.

29 B. When emergency dental problems arise, a nursing  
30 home must contact a dentist within 24 hours, describe the dental  
31 problem, and document and implement the dentist's plans and  
32 orders.

33 Subp. 4. Dental records. For each dental visit, the  
34 clinical record must include the name of the dentist or dental  
35 hygienist, date of the service, specific dental services  
36 provided, medications administered, medical or dental

1 consultations, and follow-up orders.

2 4658.0730 NURSING HOME REQUIREMENTS.

3 Subpart 1. **Training.** Nursing home staff providing daily  
4 oral care must be trained and competent to provide daily oral  
5 care for residents.

6 Subp. 2. **Written agreement.** A nursing home must maintain  
7 a written dental provider agreement with at least one ~~licensed~~  
8 dentist, licensed by the Board of Dentistry, who agrees to  
9 provide:

10 A. routine and emergency dental care for the nursing  
11 home's residents;

12 B. consultation on the nursing home's oral health  
13 policies and procedures; and

14 C. oral health training for nursing home staff.

15 Subp. 3. **Making appointments.** A nursing home must assist  
16 residents in making dental appointments and arranging for  
17 transportation to and from the dentist's office.

18 Subp. 4. **On-site services.** A nursing home must arrange  
19 for on-site dental services for residents who cannot travel, if  
20 those services are available in the community.

21 Subp. 5. **List of dentists.** A nursing home must maintain a  
22 list of dentists in the service area willing and able to provide  
23 routine or emergency dental services for the nursing home's  
24 residents. Copies of the list must be readily accessible to  
25 nursing ~~staff~~ personnel.

26 4658.0750 PENALTIES FOR PHYSICIAN AND DENTAL SERVICES RULE  
27 VIOLATIONS.

28 Penalty assessment will be assessed on a daily basis for  
29 violations of parts 4658.0700 to 4658.0730 and are as follows:

30 A. part 4658.0700, subpart 1, \$100;

31 B. part 4658.0700, subpart 2, items A to F, \$300;

32 C. part 4658.0700, subpart 2, item G, \$100;

33 D. part 4658.0705, subpart 1, \$300;

34 E. part 4658.0705, subpart 2, item A, \$300;

35 F. part 4658.0705, subpart 2, item B, \$100;

- 1           G. part 4658.0705, subpart 2, item C, \$300;  
 2           H. part 4658.0710, subpart 1, \$350;  
 3           ~~H.~~ I. part 4658.0710, subpart 2, \$300;  
 4           ~~I.~~ J. part 4658.0710, subpart 3, item A, \$350;  
 5           ~~J.~~ K. part 4658.0710, subpart 3, ~~items~~ item B and-E,  
 6           \$300;  
 7           ~~K.~~ L. part 4658.0710, subpart 4, \$100;  
 8           ~~L.~~ M. part 4658.0715, \$350;  
 9           ~~M.~~ N. part 4658.0720, subpart 1, \$300;  
 10          ~~N.~~ O. part 4658.0720, subpart 2, \$100;  
 11          ~~O.~~ P. part 4658.0725, subpart 1, \$350;  
 12          ~~P.~~ Q. part 4658.0725, subparts 2 and 3, \$300;  
 13          ~~Q.~~ R. part 4658.0725, subpart 4, \$100;  
 14          ~~R.~~ S. part 4658.0730, subparts 1 to 4, \$300; and  
 15          ~~S.~~ T. part 4658.0730, subpart 5, \$100.

16 4658.0800 INFECTION CONTROL.

17           Subpart 1. **Infection control program.** A nursing home must  
 18 establish and maintain an infection control program designed to  
 19 provide a safe, and sanitary, ~~and-comfortable~~ environment ~~and-to~~  
 20 ~~help-prevent-the-development-and-transmission-of-disease-and~~  
 21 ~~infection.~~

22           Subp. 2. **Direction of program.** A nursing home must assign  
 23 one person, either a ~~licensed~~ registered nurse or a ~~licensed~~  
 24 physician, the responsibility of directing infection control  
 25 activities in the nursing home.

26           Subp. 3. **Staff assistance with infection control.**  
 27 Personnel must be assigned to assist with the infection control  
 28 program, based on the needs of the residents and nursing home,  
 29 to implement the policies and procedures of the infection  
 30 control program.

31           Subp. 4. **Policies and procedures.** The infection control  
 32 program must include policies and procedures which provide for  
 33 the following:

34           A. ~~surveillance designed-to-establish~~ based on  
 35 systematic data collection to identify nosocomial infection



1 ~~rates-and-to-identify-the-major-sites-of-infection,-their-cause~~  
 2 ~~or-origin,-and-associated-complications~~ infections in residents;

3 B. a system for detection, investigation, and control  
 4 of outbreaks of infectious diseases;

5 C. isolation and precautions systems to reduce risk  
 6 of transmission of infectious agents;

7 D. in-service education in infection prevention and  
 8 control;

9 E. a resident health program including an  
 10 immunization program, a tuberculosis program as defined in part  
 11 4658.0810, and policies and procedures of resident care  
 12 practices to assist in the prevention and treatment of  
 13 infections;

14 F. the development and implementation of employee  
 15 health policies and infection control practices, including a  
 16 tuberculosis program as defined in part 4658.0815;

17 G. a system for reviewing antibiotic ~~utilization~~ use;

18 H. a system for review and evaluation of products  
 19 which affect infection control, ~~including-items~~ such as  
 20 disinfectants, antiseptics, gloves, and ~~disposable~~  
 21 ~~diapers~~ incontinence products; and

22 I. methods for maintaining awareness of current  
 23 standards of practice in infection control.

24 4658.0805 PERSONS PROVIDING SERVICES.

25 All persons providing services, including volunteers, with  
 26 a communicable disease as listed in part 4605.7040 or with  
 27 infected skin lesions must not be permitted to work in the  
 28 nursing home ~~until-a-physician-certifies~~ unless it is determined  
 29 that the person's condition will permit the person to work  
 30 without endangering the health and safety of residents and other  
 31 staff. ~~The-administrator-may-require-that-a-staff-member-have-a~~  
 32 ~~medical-examination-when-a-reasonable-suspicion-of-communicable~~  
 33 ~~disease-exists.~~ The employee health policies required in part  
 34 4658.0800, subpart 4, item F, must address grounds for excluding  
 35 persons from work and for reinstating persons to work due to a

1 communicable disease or infected skin lesions.

2 4658.0810 RESIDENT TUBERCULOSIS PROGRAM.

3 Subpart 1. Tuberculosis test at admission. A resident's  
4 clinical record ~~at admission~~ must contain a report of a standard  
5 Mantoux tuberculin test within the past three months ~~or, if the~~  
6 ~~Mantoux test is positive or contraindicated or if there is a~~  
7 ~~history of a positive Mantoux test, a chest X-ray within three~~  
8 ~~months in advance of admission and as indicated thereafter~~ prior  
9 to admission or within 72 hours after admission, administered in  
10 conformance with the general guidelines for surveillance and  
11 diagnosis as found in Morbidity and Mortality Weekly Report  
12 (MMWR), Recommendations and Reports, July 13, 1990, Vol. 39, No.  
13 RR-10; "Prevention and Control of Tuberculosis in Facilities  
14 Providing Long-Term Care to the Elderly; Recommendations of the  
15 Advisory Committee for Elimination of Tuberculosis," as issued  
16 by the Centers for Disease Control and Prevention. This  
17 guideline is incorporated by reference. It is available through  
18 the Minitex interlibrary loan system. It is not subject to  
19 frequent change.

20 Subp. 2. ~~Evaluation of symptoms. A resident exhibiting~~  
21 ~~symptoms consistent with tuberculosis must be evaluated by~~  
22 ~~Mantoux test, unless certified in writing by a physician to have~~  
23 ~~had a positive reaction to a standard intradermal tuberculin~~  
24 ~~test or other medical contraindication, chest X-ray, or other~~  
25 ~~diagnostic tests as deemed necessary by a physician or physician~~  
26 ~~designee. Symptoms consistent with tuberculosis include chronic~~  
27 ~~cough with or without anorexia, weight loss, or fever, that does~~  
28 ~~not respond promptly and completely to antibiotic treatment or~~  
29 ~~which persist for a period of four weeks.~~ Identification;  
30 evaluation; treatment. A nursing home must develop and  
31 implement policies and procedures addressing the identification,  
32 evaluation, and initiation of treatment for residents who may  
33 have active tuberculosis in accordance with Morbidity and  
34 Mortality Weekly Report (MMWR), October 28, 1994, Vol. 43, No.  
35 RR-13; section II.C. of the "Guidelines for Preventing the

1 Transmission of Mycobacterium Tuberculosis in Health-Care  
 2 Facilities, 1994," issued by the Centers for Disease Control and  
 3 Prevention, October 28, 1994. This guideline is incorporated by  
 4 reference. It is available through the Minitex interlibrary  
 5 loan system. It is not subject to frequent change.

6 4658.0815 EMPLOYEE TUBERCULOSIS PROGRAM.

7 Subpart 1. Responsibility of nursing home. A nursing home  
 8 must ensure that all employees, prior to employment and as  
 9 otherwise indicated in this part, ~~are-screened-for~~ show freedom  
 10 from active tuberculosis according to this part. A nursing home  
 11 must establish a tuberculosis counseling, screening, and  
 12 prevention program for all employees, in accordance with  
 13 Morbidity and Mortality Weekly Report (MMWR), October 28, 1994,  
 14 Vol. 43, No. RR-13; section II.J. of the "Guidelines for  
 15 Preventing the Transmission of Mycobacterium Tuberculosis in  
 16 Health-Care Facilities, 1994," issued by the Centers for Disease  
 17 Control and Prevention. This guideline is incorporated by  
 18 reference. It is available through the Minitex interlibrary  
 19 loan system. It is not subject to frequent change.

20 Subp. 2. Tuberculin test. All employees, unless certified  
 21 in writing by a physician to have had a positive reaction or  
 22 other medical contraindication to a standard intradermal  
 23 tuberculin test, must have ~~a-standard~~ an intradermal tuberculin  
 24 test with purified protein derivative (Mantoux) within three  
 25 months prior to employment.

26 Subp. 3. ~~Positive-test:--if-the-tuberculin-test-is~~  
 27 ~~positive-or-if-the-employee's-physician-has-certified-a-positive~~  
 28 ~~reaction-to-the-tuberculin-test-within-the-past-two-years, the~~  
 29 ~~employee-must-submit, prior-to-employment, a-written-report-by-a~~  
 30 ~~physician-of-a-negative-full-sized-chest-X-ray-taken-within-the~~  
 31 ~~previous-three-months.--Annual-written-reports-of-the-employee's~~  
 32 ~~negative-chest-X-ray-must-be-required-until-two-years-have~~  
 33 ~~passed-since-the-first-documented-positive-standard-intradermal~~  
 34 ~~tuberculin-test.--All-employees-who-have-taken-a-complete-course~~  
 35 ~~or-are-currently-taking-preventive-therapy-as-directed-by-their~~

1 ~~physician-are-exempt-from-the-testing-requirements-of-this-part-~~

2       Subp. ~~4-~~ 4. Written documentation of compliance. Reports or  
3 copies of reports of the tuberculin test or chest X-ray must be  
4 maintained by the nursing home.

5       Subp. 5: 4. Evaluation of symptoms. All employees  
6 exhibiting symptoms consistent with tuberculosis must be  
7 evaluated within 72 hours ~~by-Mantoux-test,-unless-certified-in~~  
8 ~~writing-by-a-physician-to-have-had-a-positive-reaction-or-other~~  
9 ~~medical-contraindication-to-a-standard-intradermal-tuberculin~~  
10 ~~test,-chest-X-ray,-or-other-diagnostic-test-as-deemed-necessary~~  
11 ~~by-a-physician-or-physician-designee.--Symptoms-consistent-with~~  
12 ~~tuberculosis-include-chronic-cough-with-or-without-anorexia,~~  
13 ~~weight-loss,-or-fever,-which-do-not-respond-promptly-and~~  
14 ~~completely-to-antibiotic-treatment-or-which-persist-for-a-period~~  
15 ~~of-four-weeks.~~

16 4658.0820 FOOD POISONING AND DISEASE REPORTING.

17       Any occurrence of food poisoning or reportable disease as  
18 listed in part 4605.7040 must be reported immediately to the  
19 Minnesota Department of Health, Acute Disease Epidemiology  
20 Division, 717 Delaware Street SE, Minneapolis, Minnesota 55414  
21 (612-623-5414).

22 4658.0850 PENALTIES FOR INFECTION CONTROL RULE VIOLATIONS.

23       Penalty assessments will be assessed on a daily basis for  
24 violations of parts 4658.0800 to 4658.0820 and are as follows:

- 25           A. part 4658.0800, \$300;
- 26           B. part 4658.0805, \$300;
- 27           C. part 4658.0810, \$200;
- 28           D. part 4658.0815, subparts 1 ~~to-3~~ and 2, \$200;
- 29           E. part 4658.0815, subpart 4 3, \$50;
- 30           F. part 4658.0815, subpart 5 4, \$300; and
- 31           G. part 4658.0820, \$100.

32 4658.1300 MEDICATIONS AND PHARMACY SERVICES; DEFINITIONS.

33       Subpart 1. Controlled substances. "Controlled substances"  
34 has the meaning given in Minnesota Statutes, section 152.01,

1 subdivision 4.

2 Subp. 2. **Schedule II drugs.** "Schedule II drugs" means  
3 drugs with a high potential for abuse that have established  
4 medical uses as defined in Minnesota Statutes, section 152.02,  
5 subdivision 3.

6 Subp. 3. **Pharmacy services.** "Pharmacy services" means  
7 services to ensure the accurate acquiring, receiving,  
8 ~~dispensing~~, and administering of all drugs to meet the needs of  
9 each resident.

10 Subp. 4. **Drug regimen.** "Drug regimen" means all  
11 prescribed and over-the-counter medications a resident is taking.

12 4658.1305 PHARMACIST SERVICE CONSULTATION.

13 A nursing home must employ or obtain the services of a  
14 ~~licensed~~ pharmacist currently licensed by the Board of Pharmacy  
15 who:

16 A. provides consultation on all aspects of the  
17 provision of pharmacy services in the nursing home;

18 B. establishes a system of records of receipt and  
19 disposition of all controlled drugs in sufficient detail to  
20 enable an accurate reconciliation; and

21 C. determines that drug records are accurately  
22 maintained and that an account of all controlled drugs is  
23 maintained.

24 4658.1310 DRUG REGIMEN REVIEW.

25 A. The drug regimen of each resident must be reviewed  
26 at least ~~once-every-30-days~~ monthly by a ~~licensed~~ pharmacist  
27 currently licensed by the Board of Pharmacy. This review must  
28 be done in accordance with Appendix N of the State Operations  
29 Manual, Surveyor Procedures for Pharmaceutical Service  
30 Requirements in Long-Term Care, published by the Department of  
31 Health and Human Services, Health Care Financing Administration,  
32 April 1992. This standard is incorporated by reference. It is  
33 available through the Minitex interlibrary loan system. It is  
34 not subject to frequent change.

35 B. The pharmacist must report any irregularities to

1 the director of nursing services and the attending physician,  
 2 and these reports must be acted upon by the time of the next  
 3 physician visit, or sooner, if indicated by the pharmacist. For  
 4 purposes of this part, "acted upon" means the acceptance or  
 5 rejection of the report and the signing or initialing by the  
 6 director of nursing services and the attending physician.

7 C. If the attending physician does not concur with  
 8 the pharmacist's recommendation, or does not provide adequate  
 9 justification, and the pharmacist believes the resident's  
 10 quality of life is being adversely affected, the pharmacist must  
 11 refer the matter must-be-reported to the medical director and  
 12 reviewed-by-the-Quality-Assurance-and-Assessment-(QAA)-committee  
 13 required-by-part-4658-0070.--The-QAA-must-make-a-recommendation  
 14 to-the-attending-physician-regarding-a-solution-to-the  
 15 pharmacist-report: for review if the medical director is not the  
 16 attending physician. If the medical director determines that  
 17 the attending physician does not have adequate justification for  
 18 the order and if the attending physician does not change the  
 19 order, the matter must be referred for review to the quality  
 20 assessment and assurance committee required by part 4658.0070.  
 21 If the attending physician is the medical director, the  
 22 consulting pharmacist must refer the matter directly to the  
 23 quality assessment and assurance committee.

24 4658.1315 UNNECESSARY DRUG USAGE.

25 Subpart 1. General. A resident's drug regimen must be  
 26 free from unnecessary drugs. An unnecessary drug is any drug  
 27 when used:

- 28 A. in excessive dose, including duplicate drug
- 29 therapy;
- 30 B. for excessive duration;
- 31 C. without adequate indications for its use; or
- 32 D. in the presence of adverse consequences which
- 33 indicate the dose should be reduced or discontinued.

34 In addition to the drug regimen review required in part  
 35 4658.1310, the nursing home must comply with provisions in the

1 Interpretive Guidelines for Code of Federal Regulations, title  
 2 42, section 483.25(1)(1) found in Appendix P of the State  
 3 Operations Manual, Guidance to Surveyors for Long-Term Care  
 4 Facilities, published by the Department of Health and Human  
 5 Services, Health Care Financing Administration, April 1992.  
 6 This standard is incorporated by reference. It is available  
 7 through the Minitex interlibrary loan system and the state law  
 8 library. It is not subject to frequent change.

9 Subp. 2. **Monitoring.** A nursing home must monitor each  
 10 resident's drug regimen for unnecessary drug usage, based on the  
 11 nursing home's policies and procedures, and the pharmacist must  
 12 report any irregularity to the resident's attending physician.  
 13 If the attending physician does not concur with the nursing  
 14 home's recommendation, or does not provide adequate  
 15 justification, and the pharmacist believes the resident's  
 16 quality of life is being adversely affected, the pharmacist must  
 17 refer the matter must-be-reported to the medical director and  
 18 reviewed-by-the-QAA-committee-as-required-by-part-4658-0070-  
 19 The-QAA-must-made-a-recommendation-to-the-attending-physician  
 20 regarding-a-solution-to-the-nursing-home-report- for review if  
 21 the medical director is not the attending physician. If the  
 22 medical director determines that the attending physician does  
 23 not have adequate justification for the order and if the  
 24 attending physician does not change the order, the matter must  
 25 be referred for review to the Quality Assurance and Assessment  
 26 (QAA) committee required by part 4658.0070. If the attending  
 27 physician is the medical director, the consulting pharmacist  
 28 shall refer the matter directly to the QAA.

29 4658.1320 MEDICATION ERRORS.

30 A nursing home must ensure that:

31 A. ~~It-is-free-of~~ Its medication error rates-of rate  
 32 is less than five percent ~~or-greater~~ as described in the  
 33 Interpretive Guidelines for Code of Federal Regulations, title  
 34 42, section 483.25(m), found in Appendix P of the State  
 35 Operations Manual, Guidance to Surveyors for Long-Term Care

1 Facilities, which is incorporated by reference in part  
 2 4658.1315. For purposes of this part, a medication error means:

3 (1) a discrepancy between what was prescribed and  
 4 what medications are actually administered to residents in the  
 5 nursing home, ~~including a noticeable pattern of medication~~  
 6 ~~errors as noted during a review of the medication error forms or~~  
 7 ~~incident reports if training or discipline was not done for the~~  
 8 ~~individual or individuals responsible for the errors; or~~

9 (2) the administration of expired medications.

10 B. It is free of any significant medication error. A  
 11 significant medication error is:

12 (1) an error which causes the resident discomfort  
 13 or jeopardizes the resident's health or safety; or

14 (2) medication from a category that usually  
 15 requires the medication in the resident's blood to be titrated  
 16 to a specific blood level and a single medication error could  
 17 alter that level and precipitate a reoccurrence of symptoms or  
 18 toxicity.

19 C. All medications are administered as prescribed.  
 20 An incident report or medication error report must be filed for  
 21 any medication error that occurs. Any significant medication  
 22 errors or resident reactions must be reported to the  
 23 physician or the physician's designee and the resident or the  
 24 resident's legal designee guardian or designated representative  
 25 and an explanation must be made in the resident's clinical  
 26 record.

27 4658.1325 ADMINISTRATION OF MEDICATIONS.

28 Subpart 1. Pharmacy services. A nursing home must **provide**  
 29 arrange for the provision of pharmacy services.

30 Subp. 2. Staff ~~allowed~~ designated to administer  
 31 medications. A ~~licensed~~ nurse or unlicensed nursing personnel,  
 32 as described in part 4658.1360, must be designated as  
 33 responsible for the administration of medications during each  
 34 work period.

35 Subp. 3. List of staff to administer medications. A list



1 of staff authorized to administer medications must be available  
2 at each nursing station.

3 Subp. 4. **Self-administration.** A resident may  
4 self-administer medications if the comprehensive resident  
5 assessment and comprehensive plan of care as required in parts  
6 4658.0400 and 4658.0405 ~~indicates~~ indicate this practice is safe  
7 and there is a written order from the attending physician.

8 Subp. 5. **Medications administered by injection.**  
9 Medications for injection may be given only by a physician,  
10 physician's assistant, registered nurse, nurse practitioner, or  
11 licensed practical nurse, or may be self-administered by a  
12 resident in accordance with subpart 4.

13 Subp. 6. **Medications added to food.** Adding medication to  
14 a resident's food must be prescribed by the resident's physician  
15 and the resident, or the resident's legal guardian or designated  
16 representative, must consent to having medication added to  
17 food. This subpart does not apply to adding medication to food  
18 if the sole purpose is for resident ease in swallowing.

19 Subp. 7. **Administration requirements.** The administration  
20 of medications must include the complete procedure of checking  
21 the resident's record, transferring individual doses of the  
22 medication from the resident's prescription container, and  
23 distributing the medication to the resident.

24 Subp. 8. **Documentation of administration.** The name, date,  
25 time, quantity of dosage, and method of administration of all  
26 medications, and the signature of the nurse or authorized  
27 ~~persons~~ person who administered and observed the same must be  
28 recorded in the resident's clinical record. Documentation of  
29 the administration must take place following the administration  
30 of the medication. If administration of the medication was not  
31 completed as prescribed, the documentation must include the  
32 reason the administration was not completed, and the follow-up  
33 that was provided, such as notification of a registered nurse or  
34 the resident's attending physician.

35 4658.1330 WRITTEN AUTHORIZATION FOR ADMINISTERING DRUGS.

1 All medications, including those brought into a nursing  
 2 home by a resident, must be administered only in accordance with  
 3 a written order signed by a health care practitioner licensed to  
 4 prescribe in Minnesota except that order may be given by  
 5 telephone provided that the order is done according to part  
 6 4658.0455.

7 4658.1335 ~~DRUGS-IN STOCK~~ MEDICATIONS.

8 Subpart 1. Stock supply drugs medications. Only  
 9 medications obtainable without prescription may be retained  
 10 in general stock supply and must be kept in the original labeled  
 11 container.

12 Subp. 2. Emergency drug medication supply. A nursing home  
 13 ~~must~~ may have an emergency drug-supplies medication supply  
 14 which must be approved by the QAA committee ~~and-used-when~~  
 15 ~~necessary-for-resident-care-in-emergencies~~. The contents,  
 16 maintenance, and ~~usage~~ use of the emergency medication supply  
 17 must comply with part 6800.6700.

18 Subp. 3. Prohibitions. No prescription drug supply for  
 19 one resident may be used or saved for the use of another  
 20 resident in the nursing home. ~~The-QAA-committee-must-monitor~~  
 21 ~~for-any-use-of-borrowed-medications~~.

22 4658.1340 MEDICINE CABINET AND PREPARATION AREA.

23 Subpart 1. Storage of drugs. A nursing home must store  
 24 all drugs in locked compartments under proper temperature  
 25 controls, and permit only authorized nursing personnel to have  
 26 access to the keys.

27 Subp. 2. Storage of Schedule II drugs. A nursing home  
 28 must provide separately locked compartments, permanently affixed  
 29 to the physical plant or medication cart for storage of  
 30 controlled drugs listed in Minnesota Statutes, section 152.02,  
 31 subdivision 3.

32 4658.1345 LABELING OF DRUGS.

33 Drugs used in the nursing home must be labeled in  
 34 accordance with part 6800.6300.

1 4658.1350 DISPOSITION OF MEDICATIONS.

2 Subpart 1. Drugs given to discharged residents.

3 A. Current medications, except controlled substances  
 4 listed in Minnesota Statutes, section 152.02, subdivision 3,  
 5 belonging to a resident must be given to the resident, or the  
 6 resident's legal guardian or designated representative, when  
 7 discharged or transferred and must be recorded on the clinical  
 8 record.

9 ~~B. A nursing home must contact the Minnesota Board of~~  
 10 ~~Pharmacy or the nursing home's consulting pharmacist about~~

11 Subp. 2. Destruction of medications.

12 A. Unused portions of controlled substances remaining  
 13 in the nursing home after death or discharge of a resident for  
 14 whom they were prescribed, or any controlled substance  
 15 discontinued permanently must be destroyed in a manner  
 16 recommended by the Board of Pharmacy or the consultant  
 17 pharmacist. The board or the pharmacy pharmacist must furnish  
 18 the necessary instructions and forms, a copy of which must be  
 19 kept on file in the nursing home for two years.

20 B. Unused portions of other prescription drugs  
 21 remaining in the nursing home after the death or discharge of  
 22 the resident for whom they were prescribed or any prescriptions  
 23 discontinued permanently, must be destroyed by nursing staff in  
 24 the presence of a pharmacist or registered nurse in the nursing  
 25 home, by flushing them into the sewer system and defacing or  
 26 destroying the labels from the containers according to part  
 27 6800.6500, subpart 3, or must be returned to the pharmacy  
 28 according to part 6800.2700, subpart 3 2. A notation of the  
 29 destruction listing the date, quantity, name of medication, and  
 30 prescription number, signature of the person destroying the  
 31 drugs, and signature of the witness to the destruction must be  
 32 recorded on the clinical record.

33 Subp. 2 3. Loss or spillage. When a loss or spillage of  
 34 a prescribed Schedule II drug occurs, an explanatory notation  
 35 must be made in a Schedule II record. The notation must be

1 signed by the person responsible for the loss or spillage and by  
 2 one witness who must also observe the destruction of any  
 3 remaining contaminated drug by flushing into the sewer system or  
 4 wiping up the spill.

5 Subp. ~~3~~ 4. Returned to pharmacy. Drugs and prescribed  
 6 medications used in nursing homes may be returned to the  
 7 dispensing pharmacy ~~in accordance with~~ according to part  
 8 6800.2700, subpart 2.

9 4658.1355 MEDICATION REFERENCE BOOK.

10 A nursing home must maintain at least one current  
 11 medication reference book. For the purposes of this part,  
 12 "current" means material published within the previous two years.

13 4658.1360 ADMINISTRATION OF MEDICATIONS BY UNLICENSED PERSONNEL.

14 Subpart 1. Authorization. The director of nursing  
 15 services may delegate medication administration to unlicensed  
 16 personnel according to Minnesota Statutes, sections 148.171,  
 17 subdivision 3, and 148.262, subdivision 7.

18 Subp. 2. Training. Unlicensed nursing personnel who  
 19 administer medications in a nursing home must:

20 A. have completed a nursing assistant training  
 21 program approved by the department; and

22 B. have completed a standardized medication  
 23 administration training program for unlicensed personnel in  
 24 nursing homes which is offered through a Minnesota postsecondary  
 25 educational institution that includes, at a minimum, instruction  
 26 on the following:

27 (1) the complete procedure of checking the  
 28 resident's medication record;

29 (2) ~~transferring individual doses~~ preparation of  
 30 the medication ~~from the resident's prescription container~~ for  
 31 administration;

32 (3) ~~distribution~~ administration of the medication  
 33 to the resident; and

34 (4) assisting residents with self-administration  
 35 as necessary;

1                   (5) recording documentation after administration  
 2 of the date, time, quantity-of dosage, and method of  
 3 administration of all medications, or the reason for not  
 4 administering the medication as ordered, and the signature of  
 5 the nurse or authorized ~~persons~~ person who administered and  
 6 observed the same; and

7                   (6) the type of information regarding medication  
 8 administration reportable to a nurse.

9           Subp. 2- 3. Documentation of training course. A nursing  
 10 home must keep written documentation verifying completion of the  
 11 required course by all unlicensed nursing personnel  
 12 administering medications.

13           Subp. 3- 4. ~~Medical~~ Medication administration. A person  
 14 who completes the required training course, and has been  
 15 delegated the responsibility, may administer medication, whether  
 16 oral, suppository, eye drops, ear drops, inhalant, or topical,  
 17 if:

18                   A. the medications are regularly scheduled; and

19                   B. in the case of pro re nata (PRN) medications, the  
 20 administration of the medication is authorized by a nurse or  
 21 reported to a ~~registered~~ nurse within a time period that is  
 22 specified by nursing home policy prior to the  
 23 administration. ~~Responsibility-for-delegating-the-task-of~~  
 24 ~~medication-administration-is-as-specified-in-the-Minnesota-Nurse~~  
 25 ~~Practice-Act,-Minnesota-Statutes,-section-148-171,-paragraph~~  
 26 ~~(3).--Administration-of-injectable-medications-must-be-done-as~~  
 27 ~~specified-in-part-4658-1325,-subpart-5-~~

28 4658.1365 PENALTIES FOR MEDICATIONS AND PHARMACY SERVICES RULE  
 29 VIOLATIONS.

30           Penalty assessments will be assessed for violations of  
 31 parts 4658.1300 to 4658.1360 and are as follows:

32                   A. part 4658.1305, \$300;

33                   B. part 4658.1310, \$300;

34                   C. part 4658.1315, \$300;

35                   D. part 4658.1320, \$500;

- 1 E. part 4658.1325, subpart 1, \$500;  
 2 F. part 4658.1325, subpart 2, \$300;  
 3 G. part 4658.1325, subpart 3, \$50;  
 4 H. part 4658.1325, subpart 4, \$250;  
 5 I. part 4658.1325, subpart 5, \$500;  
 6 J. part 4658.1325, subpart 6, \$250;  
 7 K. part 4658.1325, subpart 7, \$350;  
 8 L. part 4658.1325, subpart 8, \$300;  
 9 M. part 4658.1330, \$350;  
 10 N. part 4658.1335, \$300;  
 11 O. part 4658.1340, \$300;  
 12 P. part 4658.1345, \$300;  
 13 Q. part 4658.1350, \$300;  
 14 R. part 4658.1355, \$100;  
 15 S. part 4658.1360, subpart 1, ~~\$300~~ \$350;  
 16 T. part 4658.1360, subpart 2, ~~\$50~~ and \$300;  
 17 U. part 4658.1360, subpart 3, ~~\$350~~ \$50; and  
 18 V. part 4658.1360, subpart 4, \$350.

19 4660.1700 MEDICATION ROOM, EXISTING AND NEW.

20 The medicine preparation area shall be provided in a  
 21 location which is quiet and convenient for the nursing staff,  
 22 and separated from all soiled activities. It can be a  
 23 designated area within the nurses' station or the clean utility  
 24 room. The area shall contain a work counter, a sink with  
 25 institutional fittings, a single-service towel dispenser, a  
 26 refrigerator for medications with a reliable thermometer, and  
 27 medicine and narcotics cabinets.

28 4660.5030 LAUNDRY EQUIPMENT, EXISTING AND NEW.

29 The equipment shall be of commercial type and shall consist  
 30 of one or more washers, extractors, tumblers, or combinations of  
 31 these, as well as ironers and presses, depending on the size of  
 32 the facility. The washer installation shall be capable of  
 33 meeting the operating requirements in part 4655.8300, subpart  
 34 4. The washers and extractors should each have a combined rated  
 35 capacity of not less than 12 pounds of dry laundry per patient,

1 when operating not more than 40 hours per week. The tumbler and  
2 flat work ironer should each have a rated capacity of 15 percent  
3 and 70 percent respectively of the washers when operating 40  
4 hours per week.

5 9050.0040 DEFINITIONS.

6 [For text of subs 1 to 57, see M.R.]

7 Subp. 58. **Individual care plan.** "Individual care plan"  
8 means a written plan developed for implementing and coordinating  
9 a resident's care and treatment that is developed and maintained  
10 by the multidisciplinary staff on the basis of assessment  
11 results for each resident. The purpose of the individual care  
12 plan is to integrate care, identify and meet the service needs  
13 of the resident, set treatment goals and objectives for the  
14 resident, and identify responsibilities of the multidisciplinary  
15 staff for the resident's care and treatment.

16 [For text of subs 59 to 120, see M.R.]

17 9050.0210 VOLUNTARY DISCHARGE PROCEDURES.

18 [For text of subpart 1, see M.R.]

19 Subp. 2. **Responsibilities of facility staff.** The  
20 board-operated facility staff shall effect a discharge under  
21 this part according to items A to E.

22 [For text of items A and B, see M.R.]

23 C. The resident's medications must be disposed of by  
24 a pharmacist according to parts 4658.1350 and 4655.7810 to  
25 4655.7860.

26 [For text of items D and E, see M.R.]

27 9050.1030 RESIDENT CARE SERVICES.

28 Subpart 1. **General.** Care services provided to residents  
29 of Minnesota veterans homes must be consistent with the overall  
30 goals and obligations of each facility as expressed in statute,  
31 the homes' mission statements, and rules governing the  
32 board-operated facilities, and must be consistent with available  
33 funding and limited if the service is not reimbursable by public  
34 or private resources according to Minnesota Statutes, section

1 144.651, subdivision 6.

2 Care services are provided according to Department of  
3 Health licensure regulations and the certification requirements  
4 of the United States Department of Veterans Affairs. Laws  
5 pertaining to resident care services include chapters 4655 and  
6 4658; Minnesota Statutes, chapters 144 and 144A; United States  
7 Department of Veterans Affairs Code M-1, part 1, chapter 3; and  
8 United States Department of Veterans Affairs Guide for  
9 Inspection of State Veterans Homes Nursing Home Care Standards  
10 and Guide for Inspection of State Veterans Homes: Domiciliary  
11 Care Standards. United States Department of Veterans Affairs  
12 publications shall be available for review at each  
13 board-operated facility.

14 Resident care services must be authorized by the Minnesota  
15 Veterans Homes Board of Directors.

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

19 A resident, resident's guardian, legal representative,  
20 family member, conservator, or other person designated by the  
21 resident must be informed in writing by the admission staff of  
22 each board-operated facility or the resident's social worker,  
23 before or at the time of admission and when changes occur, of  
24 services that are included in the facility's basic per diem and  
25 of other services that may be available at additional charges.

26 The facility staff shall assist residents in obtaining  
27 information and making application for possible benefits or  
28 programs to which the residents are entitled according to parts  
29 9050.0770 and 9050.0800, subpart 2, item G, and Minnesota  
30 Statutes, section 144.651, subdivision 17.

31 [For text of subps 2 to 15, see M.R.]

32 Subp. 16. **Pharmaceutical services.** Pharmaceutical  
33 services must be made available through a licensed pharmacist by  
34 each board-operated facility to meet the needs of residents  
35 according to parts 4658.1300 to 4658.1365 and 4655.7810 to  
36 4655.7860; United States Department of Veterans Affairs Code



1 M-1, part 1, chapter 3; and United States Department of Veterans  
2 Affairs Guide for Inspection of State Veterans Homes Nursing  
3 Home Care Standards and Guide for Inspection of State Veterans  
4 Homes: Domiciliary Care Standards. A licensed pharmacist is  
5 defined in part 9050.0040, subpart 92.

6 Documentation of pharmaceutical services provided must be  
7 maintained in the resident's chart.

8 [For text of subps 17 to 19, see M.R.]

9 9050.1070 RESIDENT RIGHTS AND RESPONSIBILITIES.

10 [For text of subps 1 to 24, see M.R.]

11 Subp. 25. **Resident hygiene.** Residents shall maintain a  
12 reasonable state of body and oral hygiene based on the  
13 resident's physical and mental capabilities. Each resident  
14 shall receive nursing care or personal and custodial care and  
15 supervision based on individual needs according to parts  
16 4655.6400, 4658.0520, and 4658.0525.

17 [For text of subps 26 to 39, see M.R.]

18 9505.0390 REHABILITATIVE AND THERAPEUTIC SERVICES.

19 Subpart 1. **Definitions.** For purposes of parts 9505.0390  
20 to 9505.0392 and 9505.0410 to 9505.0412, the following terms  
21 have the meanings given them in this part.

22 [For text of items A to H, see M.R.]

23 I. "Rehabilitative nursing services" means  
24 rehabilitative nursing care as specified in part 4658.0525.

25 [For text of items J to L, see M.R.]

26 [For text of subps 2 to 8, see M.R.]

27

28 **TERM CHANGE.** The reference "4655.9342" will be substituted for  
29 "4655.9900" wherever it occurs in Minnesota Rules.

30 **REPEALER.** Minnesota Rules, parts 4655.0010, subpart 4;  
31 4655.0320; 4655.2410; 4655.2420; 4655.3900; 4655.4900;  
32 4655.5600; 4655.5700; 4655.5800; 4655.5900; 4655.6000;  
33 4655.6100; 4655.6200; 4655.6800; 4655.7600; 4655.7700;  
34 4655.7710; 4655.7720; 4655.7730; 4655.7740; 4655.7750;

1 4655.7760; 4655.7770; 4655.7780; 4655.7790; 4655.8100;  
2 4655.9400; 4655.9500; 4655.9600; 4655.9700; 4655.9800; and  
3 4655.9900, are repealed.

4

5 EFFECTIVE DATE. Minnesota Rules, parts 4655.0090 and 4658.0010  
6 to 4658.1365 are effective 90 days after the notice of adoption  
7 is published in the State Register.