

CHAPTER 4655
DEPARTMENT OF HEALTH
LICENSING, MAINTENANCE, AND OPERATION OF
NURSING HOMES AND BOARDING CARE HOMES

NOTE: Under Minnesota Statutes, section 144.011, the State Board of Health was abolished and all of its duties transferred to the commissioner of health.

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4655.0090 SCOPE.

The rules in chapter 4655 apply to both nursing homes and boarding care homes unless otherwise indicated.

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

4655.0100 DEFINITIONS.

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

Subp. 2. Board and department. The term "board" as used in these rules shall mean the Minnesota State Board of Health. The term "department" shall mean the Minnesota Department of Health.

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

Subp. 4. Convalescent and nursing care (C&NC) unit. A "convalescent and nursing care (C&NC) unit" is a nursing home unit operated in conjunction with a hospital where there is a direct physical connection between such unit and the hospital, which permits the movement of the patients and the provision of services without going outside the building or buildings involved. Such units are subject to these rules.

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

Subp. 6. Licensed nurse. A "licensed nurse" shall mean a registered nurse or a licensed practical nurse.

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

Subp. 8. **Nursing home.** Nursing homes:

A. A "nursing home" shall mean a licensed facility or unit used to provide care for aged or infirm persons who require nursing care and related services in accordance with these rules.

B. A nursing home license is required for the facility if any of the persons therein need or receive nursing care. Examples of nursing care:

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

(2) rehabilitative nursing techniques; and

(3) other treatments prescribed by a physician which require technical knowledge, skill, and judgment as possessed by a registered nurse.

C. In addition the dietary, social, spiritual, educational, and recreational needs of these patients shall be fulfilled.

D. The director of the nursing service shall be a registered nurse employed 40 hours per week during the day shift.

E. In addition, a registered nurse or a licensed practical nurse shall be employed so that on-site nursing coverage is provided eight hours per day, seven days per week during the day shift.

F. Provision shall also be made for a registered nurse to be on call during all hours when a registered nurse is not on duty.

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

Subp.10. **Patient.** A "patient" is any individual cared for in a nursing home.

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

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

4655.0110 FOREWORD.

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

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

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

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

4655.0300 LICENSING IN GENERAL.

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

Subp. 2. **License fees.** Each application for either an initial or renewal license to operate a nursing home or boarding care home shall be accompanied by a fee based upon the formula established in part 4735.0200. A bed must be

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licensed if it is available for use by patients or residents. If the number of licensed beds is increased during the term of the license, \$12 for each additional bed shall be paid. There shall be no refund for a decrease in licensed beds.

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

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

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

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

4655.0310 PROCEDURE FOR LICENSING OF BOARDING CARE HOMES.

Application for a license to establish or maintain a boarding care home shall be made in writing and submitted on forms provided by the department. If the applicant is a corporation, the officers shall furnish the department a copy of the articles of incorporation and bylaws and any amendments thereto as they occur. In addition, out-of-state corporations shall furnish the department with a copy of the certificate of authority to do business in Minnesota. No license shall be issued until all final inspections and clearances pertinent to applicable laws and regulations have been complied with.

Statutory Authority: *MS s 144.56*

4655.0320 PROCEDURES FOR LICENSING NURSING HOMES.

Subpart 1. **Initial licensure.** For the purpose of this part, initial licensure applies to newly constructed facilities designed to operate as nursing homes and to other facilities not already licensed as nursing homes. Applicants for initial licensure shall complete the license application form supplied by the department. Applications for initial licensure must be submitted at least 90 days before the requested date for licensure and must be accompanied by a license fee based upon the formula established in part 4735.0200.

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

If the applicant for licensure is a corporation, it shall submit with the application a copy of its articles of incorporation and bylaws. A foreign corporation shall also submit a copy of its certificate of authority to do business in Minnesota. Applicants must submit these documents in order to be issued licenses. The department shall issue the initial license as of the date the department determines that the nursing home is in compliance with Minnesota Statutes, sections 144A.02 to 144A.16 and parts 4655.0090 to 4655.9900 and 4660.0100 to 4660.9940, unless the applicant requests a later date.

Subp. 2. **Renewed licenses.** An applicant for license renewal shall complete the license application form supplied by the department. Applications must be submitted at least 60 days before the expiration of the current license and must be accompanied by a license fee based upon the formula established in part 4735.0200. The department shall issue a renewed license if a nursing home

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continues to satisfy the requirements, standards, and conditions prescribed by Minnesota Statutes, sections 144A.01 to 144A.16 and parts 4655.0090 to 4655.9900 and 4660.0100 to 4660.9940.

If the licensee is a corporation, it shall submit any amendments to its articles of incorporation or bylaws along with the renewal application.

If the application specifies a different licensed capacity from that provided on the current license, the licensee shall follow the procedures relating to license amendments specified in subpart 6. If the changes are not approved before the current license expires, the renewed license will be issued without reflecting the requested changes.

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

Subp. 4. Transfer of interest; expiration of license. A transfer of a beneficial interest will result in the expiration of the nursing home's license under the following conditions:

A. if the transferred beneficial interest exceeds ten percent of the total beneficial interest in the licensee, in the structure in which the nursing home is located, or in the land upon which the nursing home is located, and if, as the result of the transfer, the transferee then possesses a beneficial interest in excess of 50 percent of the total beneficial interest in the licensee, in the structure in which the nursing home is located, or in the land upon which the nursing home is located; or

B. if the transferred beneficial interest exceeds 50 percent of the total beneficial interest in the licensee, the structure in which the nursing home is located, or in the land upon which the nursing home is located.

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

Subp. 5. Transfer of interest; relicensure. A controlling person may apply for relicensure by submitting the license application form at least 45 days before the license expiration date. Application for relicensure must be accompanied by a license fee based upon the formula established in part 4735.0200. If the applicant for relicensure is a corporation, it shall submit a copy of its current articles of incorporation and bylaws with the license application. A foreign corporation shall also submit a copy of its certificate of authority to do business in Minnesota. The department shall relicensure the nursing home as of the date the commissioner determines that the prospective licensee complies with Minnesota Statutes, sections 144A.02 to 144A.16 and parts 4655.0090 to 4655.9900 and 4660.0100 to 4660.9940 unless the applicant requests a later time. The former licensee remains responsible for the operation of the nursing home until the nursing home is relicensed.

Subp. 6. Amendment to the license. If the nursing home requests changes in its licensed capacity or in its license classification, it shall submit the request on the application for amendments to the license. This application must be submitted at least 30 days before the requested date of change and if an increase in the number of licensed beds is requested, accompanied by a fee based upon the formula established in part 4735.0200. The department shall amend the license as of the date the department determines that the nursing home is in compliance with Minnesota Statutes, sections 144A.01 to 144A.16 and parts

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4655.0090 to 4655.9900 and 4660.0100 to 4660.9940, unless a later date is requested by the licensee. The amendment to a license is effective for the remainder of the nursing home's licensure year.

Subp. 7. Issuing conditions or limitations on the license. The department shall attach to the license any conditions or limitations when necessary to assure compliance with the laws and rules governing the operation of the nursing home or to protect the health, treatment, safety, comfort, and well-being of the nursing home's residents. A condition or limitation may be attached when a license is first issued, when it is renewed, or during the course of the licensure year.

Subp. 8. Reasons for conditions or limitations. In deciding to condition or limit a license the department shall consider the following:

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

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

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

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

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

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

Subp. 9. Types of conditions or limitations. The department shall impose one or more of the following conditions or limitations:

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

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

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

Subp. 10. Statement of conditions or limitations. The department shall notify the applicant or licensee, in writing, of its decision to issue a conditional or limited license. The department shall inform the applicant or licensee of the reasons for the condition or limitation and of the right to appeal. Unless otherwise specified, any condition or limitation remains valid as long as the licensee of the nursing home remains unchanged or as long as the reason for the condition or limitation exists. The licensee shall notify the department when the reasons for the condition or limitation no longer exists. If the department determines that the condition or limitation is no longer required, it shall be removed from the license.

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

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

If the department assesses a fine, the fine is \$250. The fine accrues on a daily basis in accordance with Minnesota Statutes, section 144A.10.

Subp. 12. Appeal procedure. The applicant or licensee may contest the issuance of a conditional or limited license by requesting a contested case proceeding under the Administrative Procedure Act, Minnesota Statutes, sections 14.57 to 14.70, within 15 days after receiving the notification described in 10.

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The request for a hearing must set out in detail the reasons why the applicant contends that a conditional or limited license should not be issued.

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

Subp. 14. General information. General information:

- A. the name, address, and telephone number of the nursing home;
- B. the name of the county in which the nursing home is located;
- C. the legal property description of the land upon which the nursing home is located;
- D. the licensed bed capacity;
- E. the designation of the classification of ownership, e.g., state, county, city, city/county, hospital district, federal, corporation, nonprofit corporation, partnership, sole proprietorship, or other entity;
- F. the name and address of the controlling person or managerial employee who shall be responsible for dealing with the commissioner of health on all matters relating to the nursing home license and on whom personal service of all notices and orders shall be served;
- G. the location and square footage of the floor space constituting the facility; and
- H. for the purposes of license renewal, an indication of compliance with the provisions regarding the submission of financial statements to the Department of Public Welfare.

Subp. 15. Disclosure of controlling persons. In accordance with Minnesota Statutes, section 144A.03, which requires that the nursing home license application identify the name and address of all controlling persons of the nursing home, as defined in Minnesota Statutes, section 144A.01, subdivision 4:

- A. The name and address of the administrator;
- B. The name and address of the licensee of the nursing home;
- C. If the licensee is a public body or governmental agency, the name and address of all individuals on the governing body who are officers or directors of the nursing home or who receive any remuneration from the nursing home;
- D. If the licensee is a partnership, the name and address of each general partner;
- E. If the licensee is a corporation, the name, address, and position of each individual who is an officer or director;
- F. If the licensee is a business association, the name and address of each individual who is an officer and director of the association;
- G. The previous work experience in Minnesota nursing homes during the past two years for each individual identified under items A to F;
- H. If the licensee is a partnership, the name and address of every individual, partnership, corporation, or other business association having an ownership interest in the partnership;
- I. If the licensee is a corporation, the name and address of every individual, partnership, corporation, or other business association having an ownership interest in the corporation;
- J. If the licensee is a business association, the name and address of every individual, partnership, corporation, or business association having an ownership interest in the business association;
- K. The name and address of each individual, partnership, corporation, or other business association having an ownership interest in one or more of the following:

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- (1) the land on which the nursing home is located;
- (2) a structure in which the nursing home is located;
- (3) any mortgage, contract for deed, or other obligation secured in whole or in part by the land or structure comprising the nursing home; or
- (4) any lease or sublease of the land, structure, or facilities comprising the nursing home;

L. If a partnership, corporation, or other entity or association has been identified in response to items H to K, the following information must be provided:

- (1) if a partnership is identified, the name and address of all partners;
- (2) if a corporation is identified, the name and address of all individuals, partnerships, corporations, or other business associations having an ownership interest in that corporation;
- (3) If a business association is identified, the name and address of all individuals, partnerships, corporations, or business associations having an ownership interest in that association.

If a partnership, corporation, or other business association is identified in response to this item, the name and address of the individuals, partnerships, corporations, or other business associations having an ownership interest therein shall be provided. The disclosure of ownership interests in all subsequently identified partnerships, corporations, or business associations shall continue until only natural persons are disclosed; and

M. For each individual identified in response to the questions above, the following information must be provided:

- (1) the name and address of any individual who has the right to acquire that person's ownership interest through the exercise of an option or similar right; and
- (2) the name and address of that person's spouse or relative or a relative of the spouse residing in the home of that person who has the right to control the ownership interest, such as voting rights or the right to share in the income from that interest.

Subp. 16. **Disclosure of managerial employees.** Provide the name and address of all assistant administrators and service directors, and indicate their previous work experience in nursing homes located in Minnesota during the past two years.

MS s 144A.02 to 144A.07

4655.0400 TYPES OF PATIENTS OR RESIDENTS NOT TO BE RECEIVED.

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

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

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

4655.0500 CAPACITY PRESCRIBED.

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

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

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4655.0600 HOME NOT TO BE MISREPRESENTED.

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

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

4655.0700 NO DISCRIMINATION.

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

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

4655.0800 PRELIMINARY PLANNING.

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

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

4655.0900 EVALUATION.

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

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

4655.1000 VARIANCE AND WAIVERS.

A nursing home or boarding care home may request that the department grant a variance or waiver from the provisions of these rules. All requests for a variance or waiver shall be submitted to the department in writing. Each request shall contain the following information:

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

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

4655.1010 CRITERIA FOR EVALUATION.

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

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

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

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4655.1020 NOTIFICATION OF VARIANCE.

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

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

4655.1030 EFFECT OF ALTERNATIVE MEASURES OR CONDITIONS.

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

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

4655.1040 RENEWAL.

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

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

4655.1050 DENIAL, REVOCATION, OR REFUSAL TO RENEW.

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

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

4655.1060 APPEAL PROCEDURE.

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

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

ADMINISTRATION

4655.1200 LICENSEE.

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

Subp. 2. **Specific duties.** The licensee shall develop written bylaws and/or policies which shall be available to all members of the governing body and shall

assume full legal responsibility for matters under its control, for the quality of care rendered and for compliance with applicable laws and rules of legally authorized agencies. The responsibilities of the licensee shall include:

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

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

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

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

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

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

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

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

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

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

4655.1300 ADMINISTRATOR IN CHARGE.

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

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

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

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The person left in charge shall have the authority and competency to act in an emergency.

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

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

4655.1400 RESPONSIBILITIES OF THE ADMINISTRATOR IN CHARGE.

The responsibilities of the administrator in charge shall include:

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

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

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

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

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

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

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

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

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

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

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

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

(2) promoting the sharing of services and facilities;

(3) conducting and participating in cooperative educational programs;

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

Examples of such alternatives are day-care programs, foster home programs, housing for the well elderly, home care programs, activity centers, out-patient services, and community-wide recreation and adult education programs.

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

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

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

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

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

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

4655.1500 TYPE OF ADMISSIONS.

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

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

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

4655.1600 AGREEMENT AS TO RATES AND CHARGES.

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

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

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4655.1700 CENSUS REGISTER.

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

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

4655.1800 AVAILABILITY OF LICENSING REGULATIONS.

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

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

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

4655.1910 POLICIES CONCERNING PATIENTS.

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

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

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

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

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

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

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

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

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

4655.2000 EMPLOYEE POLICIES.

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

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

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

4655.2100 PROCEDURE AT DEATH.

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

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

4655.2200 OUTSIDE SERVICES.

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

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

4655.2300 INSPECTION BY DEPARTMENT.

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

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

4655.2410 USE OF OXYGEN.

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

Subp. 2. **Administration of oxygen.** Oxygen may be used in a nursing home on an emergency or nonemergency basis. A registered nurse or other person trained in the use of oxygen shall be responsible for its administration and shall be on duty during the entire time that oxygen is administered.

Subp. 3. **Precautions to be taken.** The following precautions shall be taken. Signs indicating "No Smoking" shall be placed at the bedside and at the entrance to the room. All matches, ash trays, and other smoking material shall be removed and kept out of the room. No oil or grease shall be used on oxygen equipment. Oxygen tanks shall be securely anchored when stored or in use.

Subp. 4. **Labeling of oxygen cylinders.** All oxygen used in the nursing home shall be from cylinders which bear labeling indicating that the oxygen is for medical purposes.

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

4655.2420 STANDARDS FOR THE USE OF OXYGEN.

Subpart 1. **Application.** Subpart 2 applies to nursing homes only.

Subp. 2. **Standards enumerated.** A nursing home which admits or retains patients in need of oxygen on other than an emergency basis shall comply with the following provisions:

A. The nursing home shall provide 24 hour licensed nurse coverage, unless it only admits patients who can self-administer oxygen.

B. The patient's attending physician shall submit written orders for oxygen, and, if self-administration of oxygen is also ordered, the physician shall specify that the patient is mentally and physically capable of administering oxygen without the assistance of the nursing home staff.

C. All nursing homes which admit patients in need of oxygen shall inform these patients of any limitations or restrictions imposed by the nursing home prior to admission or at the time the use of oxygen is ordered by the physician.

D. The Patient Care Policy Committee shall develop and implement written policies regarding the provision of oxygen in the nursing home. These policies shall at a minimum, include:

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(1) any limitations placed on the patient or other patients such as room assignments and smoking policies;

(2) any restrictions placed on patients using portable oxygen equipment as to mobility within the facility or participation in activities;

(3) a mechanism to periodically assess those patients authorized to self-administer oxygen as to their continued capability to self-administer it; and

(4) precautions to be taken, in addition to those in part 4655.2410, subpart 3, to assure the safe use of oxygen;

E. The director of nursing shall be responsible for providing training to the nursing home staff regarding the procedures to be followed for the administration of oxygen, for monitoring the use and effectiveness of oxygen, special precautions to be taken, and the care and cleaning of equipment.

F. Written policies and procedures shall be developed and implemented regarding the care, storage, cleaning, and sanitizing of oxygen equipment and supplies.

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

PERSONNEL

4655.2600 CAPABILITY.

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

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

4655.2700 ASSIGNMENT TO EXTRA DUTIES.

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

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

4655.2800 PERSONAL BELONGINGS.

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

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

4655.2900 ILLNESS OR ACCIDENT.

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

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

4655.3000 TUBERCULOSIS TESTING OF EMPLOYEES.

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

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

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

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

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

RECORDS AND REPORTS

4655.3200 PATIENT OR RESIDENT CARE RECORD.

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

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

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

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

4655.3300 ADMISSION RECORD.

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

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

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

4655.3400 MEDICAL RECORD.

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

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

4655.3500 FILING AND DISPOSITION OF RECORDS.

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

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

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

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

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

4655.3600 STORAGE AND PRESERVATION OF RECORDS.

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

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

4655.3700 CENSUS REGISTER.

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

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

4655.3800 REPORTS AND CORRESPONDENCE TO THE DEPARTMENT.

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

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

4655.3900 NURSES' RECORD.

Subpart 1. **Application.** This part applies to nursing homes only.

Subp. 2. **Record contents.** The nurses' record and nurses' notes for each patient shall include: the condition of the patient at the time of admission; temperature, pulse, respiration, blood pressure, and pertinent observations at least every four hours during the first 24 hours and as often as indicated by the condition of the patient or ordered thereafter, but at least weekly; the patient's weight at the time of admission and at least once each month thereafter; the patient's general condition, actions, and attitudes; significant observations on, for example, behavior, orientation, judgment, moods, date, time, quantity of dosage, and method of administration of all medications, and the signature of the nurse or authorized persons who administered same; dates and times of all treatments and dressings; dates and times of visits by physicians, dentists, or podiatrists; visits to clinics or hospitals; a full record of any restriction of activity as ordered by a physician including the reason for restriction; any change in the patient's sleeping habits or appetite; and pertinent factors regarding changes in the patient's general condition.

Subp. 3. **Record of injuries, accidents, and errors in administering drugs.** A detailed incident report of any accident, injury, or error in drug administration and the action taken shall be completed immediately.

Subp. 4. **Frequency of reporting.** Nurses' notes shall be recorded weekly on all patients or more often if indicated by their condition. All nurses' notes shall be written and signed by the person giving the medication or making the observation.

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

4655.4000 RESIDENT CARE RECORD.

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

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

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

RECORD OF PATIENTS' AND RESIDENTS' FUNDS

4655.4100 ADMISSION POLICY.

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

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

4655.4110 AUTHORIZATION.

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

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

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

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

4655.4120 PERSONAL FUND ACCOUNTS.

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

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

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

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

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4655.4130 WRITTEN ACCOUNTING SYSTEM MAINTAINED.

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

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

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

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

4655.4140 INDIVIDUAL WRITTEN RECORD.

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

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

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

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

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

4655.4150 PERSONAL FUNDS.

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

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

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

4655.4160 WITHDRAWAL OF FUNDS FROM THE ACCOUNT.

Upon the request of the patient or resident or the patient's or resident's legal guardian or conservator or representative payee, the nursing home or boarding care home shall return all or any part of the patient's or resident's funds given to the nursing home or boarding care home for safekeeping, including interest, if any, accrued from deposits. The nursing home or boarding care home shall develop a policy specifying the period of time during which funds can be withdrawn. This policy must ensure that the ability to withdraw funds is provided in accordance with the needs of the residents. This policy must also

specify whether or not the nursing home or boarding care home will establish a procedure allowing patients or residents to obtain funds to meet unanticipated needs on days when withdrawal periods are not scheduled. The nursing home or boarding care home shall notify patients and residents of the policy governing the withdrawal of funds. Funds kept outside of the facility shall be returned within five business days.

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

4655.4170 DISCHARGE OR DEATH OF PATIENT OR RESIDENT.

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

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

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

OTHER RECORDS

4655.4200 POLICY RECORDS.

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

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

4655.4300 UNUSUAL OCCURRENCES.

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

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

4655.4400 EMPLOYEES' PERSONNEL RECORDS.

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

A. person's name, address, telephone number, age and birth date, sex, marital status, Minnesota license or registration number, if applicable; name, address, and telephone number of person to be called in case of emergency; social security number, and similar identifying data;

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

C. dates and results of any pre-employment physical examination and of any subsequent physical examinations (annual physical examinations are recommended);

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

E. the record of all illnesses and accidents;

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

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

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

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

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LICENSING, MAINTENANCE, AND OPERATION 4655.4800

MEDICAL AND DENTAL SERVICES

4655.4600 CARE AND TREATMENT.

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

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

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

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

4655.4700 PHYSICIANS' EXAMINATIONS AND ORDERS.

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

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

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

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

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

4655.4800 DENTAL CARE.

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

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

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

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

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4655.4800 LICENSING, MAINTENANCE, AND OPERATION

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

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

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

4655.4900 ADMISSIONS AND TELEPHONE ORDERS IN NURSING HOMES.

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

Subp. 2. **Admissions.** A patient shall be admitted to a nursing home only upon the recommendation of a physician. See part 4655.1500.

Subp. 3. **Telephone orders.** Telephone orders shall be immediately recorded in the patient's record by the person authorized by the home and shall be countersigned by the physician within seven days.

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

STAFFING AND SERVICES

4655.5100 ADEQUATE STAFF.

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

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

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

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

4655.5200 ACTIVITIES PROGRAM.

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

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

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

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

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

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

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

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

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

4655.5300 SPIRITUAL NEEDS.

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

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

4655.5400 IN-SERVICE EDUCATION.

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

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

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

4655.5600 NURSING STAFF.

Subpart 1. **Application.** Subpart 2 applies to nursing homes only.

Subp. 2. **Requirements for staff.** The nursing home shall have on duty at all times a sufficient number of qualified nursing personnel which includes registered nurses, licensed practical nurses, nurse aides, and orderlies to meet the needs of the patients on all nurses' stations, on all floors, and in all buildings if more than one building is involved. This includes relief duty, weekends, and vacation replacements. On and after July 1, 1973, a minimum of two hours of nursing personnel per patient per 24 hours plus additional qualified nursing staff commensurate with the needs of the patients shall be provided.

The nursing staff shall be employed and used for nursing duties only. There shall be sufficient additional staff for housekeeping, dietary, laundry, and maintenance duties and these persons shall not be used to give nursing care.

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

4655.5700 DIRECTOR OF NURSING SERVICE.

Subpart 1. **Application.** Subparts 2 to 5 apply to nursing homes only.

Subp. 2. **Director's qualifications and duties.** Each nursing home shall have a director of nursing service who is a registered nurse currently licensed in Minnesota.

Subp. 3. **Requirement of full-time employment.** The director of the nursing service shall be employed full-time, a minimum of 40 hours per week, during the day shift (between 7 a.m. and 7 p.m.) and devote full time to the nursing service of the facility.

Subp. 4. **Assistant to director.** A licensed nurse who serves as the assistant to the director of nursing service shall be designated and be responsible for the duties of the director in her absence and shall assist her in carrying out her responsibilities so that the functions of the director of nursing service are maintained seven days per week.

Subp. 5. **Director's training.** The director of nursing service shall be trained in rehabilitation nursing techniques and trained and/or experienced in areas such as nursing service administration, or psychiatric or geriatric nursing.

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

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4655.5800 LICENSING, MAINTENANCE, AND OPERATION

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4655.5800 RESPONSIBILITIES OF THE DIRECTOR OF THE NURSING SERVICE.

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

Subp. 2. **Enumeration of responsibilities.** The director of nursing service shall be responsible for:

A. The total nursing care of patients and the accuracy of the nursing care records.

B. Establishing procedures for general nursing care and for aseptic techniques; developing nursing policy and procedure manuals and written job descriptions for each level of nursing personnel. Written nursing procedure manuals shall be available at each nurses' station.

C. Planning and conducting written orientation programs for new nursing personnel, and continuing in-service education for all nursing home personnel, if there is no one designated who is responsible for all in-service education. In nursing homes having 90 beds or more it is recommended that one person other than the director of nursing service be responsible for coordination of all in-service education programs.

D. Recommending to the administrator the numbers and levels of nursing personnel to be employed.

E. Participating in recruitment and selection of nursing personnel.

F. Assigning, supervising, and evaluating the performance of all nursing personnel.

G. Participating in the selection of prospective patients in terms of nursing service needed and nursing competencies available.

H. Assuring that a patient care plan is established and implemented for each patient and that the plan is periodically reviewed and revised as necessary, but at least every 30 days. Also known as a nursing care plan; see part 4655.6000.

I. Coordinating nursing services for the patients in the home with other patient care services provided both within and outside the institution.

J. Participating in planning, decision making, and budgeting for nursing care.

K. Accompanying or assigning other qualified nursing personnel to accompany physicians when attending patients.

L. Recommending termination of employment of nursing personnel when necessary.

M. Participating in discharge or transfer planning for patients.

Subp. 3. **Assignment of duties.** No nursing personnel shall perform duties for which they have not had proper and sufficient training. Duties assigned to nursing personnel shall be consistent with their training, experience, and licensure.

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

4655.5900 REHABILITATION NURSING CARE.

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

Subp. 2. **Generally.** Rehabilitation nursing care:

A. There shall be an active program of rehabilitation nursing care directed toward assisting each patient to achieve and maintain his highest level of self-care and independence as recorded in the patient care plan, also known as a nursing care plan. Continuous efforts shall be made to encourage ambulation and purposeful activities.

B. A supportive program which is directed toward prevention of deformities through positioning and range of motion shall be implemented and maintained.

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C. There shall be in effect a continuous program of bowel and bladder training to reduce incontinence and the unnecessary use of catheters.

D. Rehabilitation nursing care initiated in a hospital shall be continued immediately upon admission to the nursing home in accordance with the physician's orders.

Subp. 3. **Specific procedures.** All nursing personnel shall be taught rehabilitation nursing procedures including care of the skin and shall practice them in their daily care of patients. These measures include:

A. maintaining natural body alignment and proper positioning of bedfast patients;

B. encouraging and assisting bedfast patients to change positions at least every two hours, day and night;

C. making every effort to keep patients active and out of bed for reasonable periods of time, except when contraindicated by physicians' orders;

D. maintaining a bowel and bladder training program;

E. encouraging patients to achieve independence in activities of daily living by teaching self-care (i.e., feeding, dressing, grooming, toilet activities), transfer, and ambulation; and

F. assisting patients to adjust to their disabilities, to use their prosthetic devices, and to redirect their interest if necessary.

A consultant registered nurse trained in rehabilitation nursing or a physical or occupational therapist can provide knowledge and teaching skills in the areas of rehabilitation nursing, adaptive equipment, and self-care. Manuals are available from the American Rehabilitation Foundation, 1800 Chicago Avenue, Minneapolis, Minnesota 55404.

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

4655.6000 PATIENT CARE PLAN.

Subpart 1. **Application.** Subpart 2 applies to nursing homes only.

Subp. 2. **Contents of plan.** A written patient care plan shall be developed and revised for each patient. This is a personalized plan of daily care based on the nature of the illness, treatment prescribed, long- and short-term goals which include:

A. the physician's orders for medications, treatments, diet, and other therapy;

B. the types of care and consultation services needed; how they can best be accomplished; how the plan meets the needs and interests of the patient; what methods are most successful; and the modifications necessary to ensure best results.

Patient care plans shall be utilized by all personnel involved in the care of the patient and shall be reviewed periodically but at least every 30 days and revised as needed. Staff conferences shall be conducted regularly to keep the plans current and such conferences shall involve all personnel engaged in the care of the patient.

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

4655.6100 ASSISTANCE WITH EATING.

Subpart 1. **Application.** Subpart 2 applies to nursing homes only.

Subp. 2. **Requirements of nursing personnel.** Nursing personnel shall determine that patients are served diets as prescribed. Patients needing help in eating shall be promptly assisted upon receipt of the meals and such assistance shall be unhurried. Adaptive self-help devices shall be provided to contribute to the patient's independence in eating. Food and fluid intake of patients shall be

observed and deviations from normal reported to the charge nurse. Persistent unresolved problems shall be reported to the physician.

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

4655.6200 EDUCATIONAL OPPORTUNITIES.

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

Subp. 2. **Requirements generally.** The nursing home shall provide opportunities for personnel to attend courses in rehabilitation nursing and other educational programs.

Subp. 3. **Demonstrations and practice.** Nursing home personnel shall be trained in nursing skills including demonstrations and practice with supervision as needed and prior to assignment to patient care responsibilities.

Subp. 4. **Reference materials.** Textbooks, periodicals, dictionaries, and other reference materials should be available and kept current.

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

CARE OF PATIENTS AND RESIDENTS

4655.6400 ADEQUATE CARE.

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

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

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

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

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

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

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

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

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

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

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

4655.6500 SAFETY PROGRAM.

Subpart 1. **Written plan.** Every home shall have an organized safety program in accordance with a written plan and such shall be included in the orientation and in-service training programs of all employees and volunteers to assure safety to patients and residents at all times. In addition to fire safety, such precautions shall include the provision of safety features as outlined in parts 4660.6000 to 4660.7600.

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

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

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LICENSING, MAINTENANCE, AND OPERATION 4655.6800

4655.6600 USE OF RESTRAINTS TO MANAGE DIFFICULT BEHAVIOR.

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

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

4655.6700 ACUTE ILLNESS, SERIOUS ACCIDENT, OR DEATH.

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

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

4655.6800 PATIENT CARE.

This part applies to nursing homes only. Adequate patient care shall include:

A. A complete bath at least every other day and more often as indicated for patients confined to bed. Incontinent patients shall be checked at least every two hours and shall have partial baths and clean linens promptly each time the bed or clothing is soiled. Pads or diapers shall be used to keep the bed dry and for the patient's comfort. Special attention shall be given to the skin to prevent irritation. Rubber, plastic, or other types of protectors shall be kept clean, be completely covered, and not come in direct contact with the patient. Soiled linen and clothing shall be removed immediately from the patient areas to prevent odors.

B. An on-going program for care of the skin. Bony prominences and weight-bearing parts, such as heels, elbows, and back, shall be bathed and given care frequently to prevent discomfort and the development of pressure sores. If pressure sores exist, treatment shall be given on a written medical order. The position of bed patients shall be changed at least every two hours during the day and night. Patients shall be positioned in good body alignment. Precautions shall be taken to prevent foot drop in bed patients.

C. Availability of fresh, cold water and other fluids at the bedside for all patients unless fluids are restricted.

D. Evidence of a continuous in-service training program in rehabilitation for all nursing personnel to promote ambulation, aid in activities of daily living, assist in activities, self-help, maintenance of range of motion, proper chair and bed positioning, and in the prevention or reduction of incontinence.

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

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4655.7000 LICENSING, MAINTENANCE, AND OPERATION

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FURNISHINGS AND EQUIPMENT FOR CARE

4655.7000 PATIENT OR RESIDENT UNITS.

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

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

B. At least one comfortable chair.

C. A locker or closet within the room to allow clothes to be hung. In existing facilities, if a closet is used for two or more persons, there shall be a fixed partition for complete separation of clothing for each person. There shall be dresser drawer space provided for each patient or resident. Closets, lockers, or drawers which are provided with locks shall have a master key available in the administrator's office. See parts 4660.1470 and 4660.3460.

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

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

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

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

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

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

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

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

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

4655.7100 FACILITIES FOR EMERGENCY CARE.

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

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

4655.7200 HAND-WASHING FACILITIES.

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

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

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LICENSING, MAINTENANCE, AND OPERATION 4655.7500

4655.7300 ROOMS.

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

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

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

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

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

4655.7400 STORAGE.

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

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

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

4655.7500 PATIENT UNITS.

This part applies to nursing homes only. The following items shall be provided for each patient:

A. Individual bedpans, urinals, wash basins, emesis basins, and mouth wash cups, free of chips and cracks, for each patient confined to bed and stored in the bedside table. Such equipment shall be thoroughly cleaned after each use and sanitized at least weekly and prior to use by a new patient. All bedside equipment such as utensils, bedpan covers, towels, washcloths, bath blankets, and other linens which come in direct contact with the body shall not be interchangeable from one person to another unless they are first thoroughly cleaned or laundered. Thermometers shall be washed with soap and water, rinsed well in clean water, then totally immersed in an effective disinfectant solution, removed, dried, and placed in a covered container until used again. Oral and rectal thermometers shall be kept on separate trays.

B. Side-rails for beds for the protection of patients when needed. Half-length side-rails are recommended.

C. Autoclave. There shall be a properly functioning autoclave or instrument sterilizer with a recording thermometer for the sterilization of nursing equipment and supplies unless an alternate, satisfactory method is approved by the department or sterilization services are provided by an outside agency.

D. Equipment. There shall be sufficient wheelchairs, walkers, canes, metal bedside rails, foot stools, commodes, foot cradles, footboards, under-the-mattress bed boards, trapeze frames, transfer boards, and similar equipment needed for the care of patients.

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

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4655.7600 LICENSING, MAINTENANCE, AND OPERATION

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MEDICATIONS

4655.7600 APPLICABILITY.

Subpart 1. **Nursing homes.** Parts 4655.7700 to 4655.7790 apply to nursing homes only.

Subp. 2. **Boarding homes.** Parts 4655.7810 to 4655.7850 apply to boarding homes only.

Subp. 3. **Nursing homes and boarding homes.** Part 4655.7860 applies to both nursing homes and boarding care homes.

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

4655.7700 ADMINISTRATION OF MEDICATIONS.

Subpart 1. **System of administration.** A system shall be developed in each nursing home to assure that all medications are administered safely and properly.

Subp. 2. **Staff allowed to administer medications.** The supervising nurse or other nursing staff trained specifically by the supervising nurse or a physician in the administration of medications and familiar with the expected action of drugs, shall be designated and held responsible for the administration of medications during each eight-hour period.

Subp. 3. **Posting of staff allowed to administer medications.** A list of carefully selected personnel, currently employed, who have been so trained, none under 18 years of age, shall be maintained. The written training program shall be available at each nursing station.

Subp. 4. **Medications administered by hypodermic.** Medications administered by hypodermic may be given only by a physician, registered nurse, or licensed practical nurse.

Subp. 5. **Medications added to food.** Administration shall include the addition of medications to food when patients require assistance with eating.

Subp. 6. **Observation of swallowing medications.** The actual act of swallowing oral medications shall be observed personally by the individual responsible for administering medications.

Subp. 7. **Recording of medications added to food.** When medications have been added to food, the amount of food consumed shall be recorded by the person designated to administer medications.

Subp. 8. **Reporting of medication errors and patient reactions.** All medications shall be administered exactly as ordered by the physician. Any medication errors or patient reactions shall be reported to the physician at once and an explanation made in the patient's care record.

Subp. 9. **Administration requirements.** Administration of medications includes the complete procedure of checking the patient's record, transferring individual doses of the medication from the patient's prescription container, distribution to the patient, and the recording of all medications given on the patient's chart.

Subp. 10. **Reporting of adverse drug reactions.** It is recommended that all adverse drug reactions be reported to the Adverse Drug Reaction Registry of the American Medical Association, 535 North Dearborn Street, Chicago, Ill., 60610 or to the Food and Drug Administration, 240 Hennepin Avenue, Minneapolis, Minnesota, 55414.

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

4655.7710 WRITTEN AUTHORIZATION FOR ADMINISTERING DRUGS.

Subpart 1. **Requirement for written orders.** All medications, including those brought into the nursing home by the patient, shall be administered only on a written order signed by a licensed physician or dentist except that orders may be given by telephone provided that such orders are authorized by the physician or dentist, recorded by the person so authorized and signed by the physician or dentist within seven days.

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Subp. 2. **Review of patient medications and treatment.** The charge nurse and the attending physician together shall review each patient's medications and treatments at least every three months.

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

4655.7720 DRUGS IN STOCK.

Subpart 1. **Controlled substances.** "Controlled substances" include all narcotics, stimulants, depressants, and other drugs of abuse contained in the federal Controlled Substances Act of 1970, Public Law Number 91-513, or Laws of Minnesota 1971, chapter 937.

Subp. 2. **Legend drugs.** Legend drugs include those obtainable only on prescription.

Subp. 3. **Proof-of-use system.** A "proof-of-use" system is a pharmacy-based drug control system which allows multiple dose distribution for selected controlled drugs which are accounted for by a certified disposition record completed by the nurse and filed in the pharmacy to account for drugs administered.

Subp. 4. **Unit dose dispensing system.** A "unit dose dispensing system" utilizes unit dose packaging in a pharmacy-based distribution system which insures the identity and integrity of the drug dosage form up to the point of patient consumption. The traditional nursing act of "setting up" medications is accomplished in the pharmacy from which doses are distributed according to predetermined schedules.

Subp. 5. **Legend drug storage and dispensing.** Stock supplies of legend drugs may be kept on the premises only within a licensed pharmacy. Legend drugs are dispensed from a pharmacy only: on an individual prescription basis, through a unit dose dispensing system approved by the Minnesota State Board of Pharmacy, or on a proof-of-use system in a convalescent and nursing care unit of a hospital when the hospital has a licensed pharmacy dispensing controlled substances.

Subp. 6. **Stock supply drugs.** Medications procurable without prescription may be retained in stock supply. These shall be dated on receipt to prevent the accumulation of outdated or deteriorated items.

Subp. 7. **Physicians emergency supply of drugs.** For use in emergencies only, a licensed physician may maintain a minimum supply of medications in the nursing home providing the responsibility for the contents, maintenance, safeguarding, and usage of this emergency supply is fully assumed in writing by the physician. This emergency supply shall be kept in a separate, labeled container in the locked medicine cabinet or locked medicine room.

Subp. 8. **Prohibitions.** In no case shall a prescription drug supply for one patient be used or saved for the use of other patients in the nursing home.

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

4655.7730 MEDICINE CABINET AND PREPARATION AREA.

Subpart 1. **Medicine cabinet location and requirements.** A well-illuminated medicine cabinet shall be provided on each nursing station. The medicine cabinet shall be equipped with separate cubicles which are plainly labeled, or provided with other physical separation for the storage of each patient's prescriptions.

Subp. 2. **Preparation area requirements.** A medicine preparation area shall be provided in a location that is quiet, convenient for the nursing staff, and separate from all soiled activities. All medications shall be prepared in such preparation area.

Subp. 3. **Measuring equipment requirements.** Graduated medicine containers for the accurate measurement of liquid medications shall be provided. If not disposable, these medicine containers shall be returned to the institution dishwashing unit for processing after each use.

Subp. 4. **Narcotics storage requirements.** All narcotics shall be placed under double lock. This shall be accomplished by maintaining a separate, permanently attached compartment with a tumblers key lock within the locked medicine cabinet or locked medicine room.

Subp. 5. **Locking of medicine cabinet and preparation areas.** The medicine cabinet, medicine refrigerator, or medicine room shall be kept locked when not in use. The keys shall be carried on the person designated to administer drugs and be available only to those persons who are authorized to administer drugs.

Subp. 6. **Storage of drugs.** All drugs shall be stored in medicine cabinets. The cabinet shall be kept clean and orderly at all times and shall be used only for the storage of drugs.

Subp. 7. **Poisons and medications for external use labeling and storage.** Poisons and medications intended for external use only shall be clearly so marked and shall be kept in a separate locked compartment.

Subp. 8. **Refrigerated drugs.** Biologicals and other medications requiring refrigeration shall be kept in a refrigerator within the medication room or in a specially locked, securely attached, and labeled, impervious container in a general use refrigerator.

Subp. 9. **Storage with nondrug substances.** All substances, such as cleaning agents, bleaches, detergents, disinfectants, pesticides, paints, and flammable liquids shall be clearly labeled and stored separately from all drugs and foods.

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

4655.7740 DISPOSABLE EQUIPMENT.

All disposable equipment shall be rendered inoperable prior to disposal, unless incinerated. Other than disposable syringes, needles, medicine droppers, and similar equipment shall be thoroughly cleaned and then sterilized before each use by one of the following methods:

- A. dry heat at 170 degrees Celsius (338 degrees Fahrenheit) for not less than one hour;
- B. autoclaving at 15 pounds pressure and 120 degrees Celsius (248 degrees Fahrenheit) for 20 minutes;
- C. boiling for not less than 30 minutes after the boiling temperature has been reached; or
- D. other method of sterilization acceptable to the department.

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

4655.7750 MEDICATION CONTAINERS.

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

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

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

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

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

4655.7760 RECORD OF MEDICATIONS AND NARCOTICS.

Subpart 1. **Recording requirements.** All medications administered to each patient shall be recorded on the medication and treatment record or in the nurses' notes on the patient's chart. This information shall include the name and quantity of the drug given and the time administered and shall be initialed by the person giving the drug. Special notations shall be made whenever medications are started or discontinued. Medicine cards or a medicine list shall be maintained to show each medication which is currently being given.

Subp. 2. **Narcotics and controlled substances; new prescriptions.** All narcotics and other controlled substances and antihistamines shall have their prescription number entered on the nursing record each time a new prescription is received. Records of receipt and distribution of controlled substances shall be maintained by either of the following methods:

A. A narcotic record book consisting of a bound notebook with numbered pages and containing a record of the name and the quantity of all narcotics received, dates received as well as a record of the patient to whom the narcotics are given. It shall also include the prescription number, date and time administered, name of patient, kind of drug, dosage, method of administration, name of prescribing physician, and signature of person who administered the drug.

B. A proof-of-use system in a convalescent and nursing care unit of a hospital when the hospital has a licensed pharmacy.

Subp. 3. **Narcotics recording.** Each time a controlled substance is given it shall be recorded on the patient's chart. In addition, the supervising nurse shall record and sign the narcotic count at least once every day. When a loss or spillage of a prescribed narcotic occurs, an explanatory notation shall be made on the patient's chart and in the narcotic record book. This notation shall be signed by the person responsible for the accident and by one witness who shall also observe the destruction of any remaining contaminated drug by flushing into the sewer system.

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

4655.7770 AUTOMATIC "STOP ORDERS."

Medications not specifically limited as to time or number of doses when ordered, shall be automatically stopped in accordance with a written policy approved by the physician(s) responsible for advising the nursing home on its patient care policies. The patient's attending physician shall be notified of stop order policies a short time before a medication order expires so that the medications are renewed when necessary and the continuity of the patient's therapeutic regimen is not interrupted. See part 4655.1400, item G.

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

4655.7780 DISPOSITION OF MEDICATIONS.

Subpart 1. **Drugs given to discharged patient.** Disposition of medications:

A. If authorized by the attending physician or the physician in charge, medications belonging to patients shall be given to them when discharged or transferred. This shall be recorded on the patient's chart.

B. Unused portions of controlled substances shall be handled by contacting the Minnesota Board of Pharmacy who shall furnish the necessary

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instructions and forms, a copy of which shall be kept on file in the home for two years.

C. Any other unused portions of prescription drugs remaining in the nursing home after the death or discharge of the patient for whom they were prescribed or any prescriptions discontinued permanently, shall be destroyed by the supervising nurse in the nursing home, by flushing them into the sewer system and removing and destroying the labels from the containers or handled in accordance with subpart 2.

D. A notation of any such destruction giving date, quantity, name of medication, and prescription number shall be recorded on the patient's chart. Such destruction shall be witnessed and the notation signed by both persons.

Subp. 2. **Returned to pharmacy.** Drugs and prescribed medications, other than controlled substances, used in nursing homes may be returned to the dispensing pharmacy in accordance with the provisions of the Minnesota Board of Pharmacy part 6800.2700, subpart 2.

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

4655.7790 PHARMACIES IN NURSING HOMES AND MEDICATION REFERENCES.

Subpart 1. **Licensing of pharmacies.** No pharmacy shall be maintained as a part of any nursing home unless it is licensed by the Minnesota Board of Pharmacy and complies with all its statutes and rules governing such licensures and operation.

Subp. 2. **Reference materials requirements.** The nursing home shall maintain current medication references and other printed sources of information, such as the ASHP Hospital Formulary Service; a current standard textbook on pharmacology and similar references.

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

4655.7810 DISTRIBUTION OF MEDICATIONS.

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

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

4655.7820 MEDICINE CABINET.

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

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

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

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

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

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4655.7830 MEDICATION CONTAINERS.

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

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

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

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

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

4655.7840 RECORD OF MEDICATIONS.

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

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

4655.7850 DISPOSITION OF MEDICATIONS.

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

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

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

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

4655.7860 ADMINISTRATION OF MEDICATIONS BY UNLICENSED PERSONNEL.

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

MS s 144.56; 144.56; 144A.08

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LINEN SERVICE AND LAUNDRY REQUIREMENTS

4655.8000 LINEN AND NURSING UTENSILS.

Subpart 1. **Application.** Subparts 2 to 8 apply to nursing homes only.

Subp. 2. **Complete separation.** There shall be a complete separation of handling, collection, storage, transport, and processing of soiled and clean linen to prevent cross-contamination. This includes the laundry operation. Easily cleanable laundry trucks or containers for off-the-floor storage and sorting of soiled linen shall be provided. Only clean trucks or containers shall be used for the storage and transport of clean linen.

Subp. 3. **Clean linen.** Clean linen shall be dried, ironed, except for noniron linen, and folded and shall be stored in enclosed, clean, designated locations at least eight inches above the floor. New linen shall be washed and ironed before use. During distribution for use, only the linen needed in an area or room shall be carried into that area or room. Enclosed linen carts are acceptable for linen storage on patient floors. Linen storage rooms or closets shall be kept clean and used only for the storage of clean linen and clean supply items. The supply of linen should provide for at least three times the bed capacity.

Subp. 4. **Soiled linen.** Soiled linen shall be removed from the patients and beds without undue agitation. Sheets shall be rolled from the corners containing other miscellaneous soiled items within the bundle. The soiled linen shall be placed directly into a lined, cleanable hamper or similar container with a cover for storage in the soiled utility area, and for frequent removal in the same container to the soiled linen collection room or to the laundry. Linen soiled by incontinent patients shall be soaked and rinsed immediately in the soiled utility room. The liners and bags used for soiled linen shall be laundered between each use if they are not disposable. Linen containers shall be cleaned regularly.

Subp. 5. **Contaminated linen.** Contaminated linen, such as linen from patients with infectious drainage, dressings, or pads shall be stored and sent to the laundry in separate bags which are plainly marked to indicate that their contents are contaminated. The bags shall be tightly closed until the contents are removed from the bag, and placed in the washer along with the bag, if nondisposable. Laundry personnel shall be instructed in the safe handling of such laundry.

Subp. 6. **Laundering of linen.** Linen shall be washed in commercial-type washers. The water temperature inside the washers shall be at least 160 degrees Fahrenheit during the main washing and rinsing cycles for a total time of at least 30 minutes, excluding time for filling and draining. Contaminated linen shall be thoroughly preflushed separately before being introduced to the main washing and rinsing process. Tests indicate that linen can be rendered pathogen-free under the following conditions: 160 degrees Fahrenheit water temperature, 0.10 percent high titer soap, 0.05 percent alkali, 11.5 pH, and 30-minutes wash series.

Subp. 7. **Outside linen service.** Linen processed in central or commercial laundries outside the institution shall be subject to the laundering standards of these regulations; see part 4655.2200.

Subp. 8. **Laundering of personal clothing.** Patients' personal clothing and other nonlinen items shall be laundered in accordance with appropriate washing procedures for the various fabrics and shall be ironed, mended, and labeled as necessary. Outside services for washing or dry cleaning are acceptable.

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

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LICENSING, MAINTENANCE, AND OPERATION 4655.8300

4655.8100 SANITIZING OF NURSING UTENSILS.

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

Subp. 2. **Thorough washing after each use.** All bedpans, urinals, emesis basins, wash basins, and other personal nursing items shall be thoroughly cleaned after each use and shall be washed and sanitized at least weekly and before use by another patient as follows.

Subp. 3. **Washing.** Utensils shall be preflushed prior to washing and shall be completely free of all soil before being sanitized. The washing solution shall contain detergent and 20 to 30 ppm (parts per million) of chlorine. The washing temperature shall be as high as tolerable; for machine washing the temperature shall be not less than 160 degrees Fahrenheit for a washing period of at least eight minutes.

Subp. 4. **Sanitizing.** Utensils shall be sanitized by a thermal process such as hot water sanitizing, or some other acceptable method producing equivalent results. Hot water sanitizing by immersion or a continuous mechanical rinse shall be provided with a water temperature maintained at a minimum of 180 degrees Fahrenheit for a sanitizing period of not less than 12 minutes. A mechanical washer-sanitizer is recommended.

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

4655.8300 LINEN.

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

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

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

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

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

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

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

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4655.8500 LICENSING, MAINTENANCE, AND OPERATION

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DIETARY SERVICE AND SANITATION

4655.8500 DIETARY SERVICE.

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

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

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

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

4655.8510 DIETARY SUPERVISOR.

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

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

4655.8520 DIETARY STAFF REQUIREMENTS.

Dietary staff:

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

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

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

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

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

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

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

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

4655.8600 FOOD HANDLING.

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

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

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LICENSING, MAINTENANCE, AND OPERATION 4655.8620

4655.8610 ADEQUACY OF MEALS.

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

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

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

B. two slices prepared luncheon meat;

C. two eggs;

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

E. one cup cooked navy beans.

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

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

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

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

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

C. one large tomato or eight ounces of juice.

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

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

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

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

4655.8620 FREQUENCY OF MEALS.

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

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

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

4655.8630 QUALITY AND VARIETY.

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

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

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

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

4655.8640 RETURNED FOOD.

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

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

4655.8650 MILK.

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

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

4655.8660 ICE.

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

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

4655.8670 FOOD SUPPLIES.

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

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

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

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

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

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

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

4655.8680 TRANSPORT OF FOOD.

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

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

4655.8690 FLOOR CLEANING AND TRASH.

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

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

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

4655.8700 DISHES AND UTENSILS REQUIREMENTS.

Dishes and utensils:

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

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

C. Enclosed lowerators for dishes are acceptable.

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

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

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

4655.8800 DISHWASHING.

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

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

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MACHINE WASHING OF DISHES AND UTENSILS

4655.8810 HOT WATER SANITIZING.

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

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

4655.8820 CHEMICAL SANITIZING.

Subpart 1. Dishwashing equipment. Equipment:

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

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

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

Subp. 2. Dishwashing operation. Operation:

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

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

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

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

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

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

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

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

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

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

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

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

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4655.8830 HAND WASHING OF POTS AND PANS.

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

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

HOUSEKEEPING

4655.9000 HOUSEKEEPING.

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

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

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

4655.9010 SOLID WASTE DISPOSAL.

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

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

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

4655.9020 HOUSEKEEPING SUPPLIES.

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

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

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

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

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

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4655.9030 DEODORIZERS.

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

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

4655.9040 INSECT AND RODENT CONTROL.

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

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

4655.9050 SHELVING.

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

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

4655.9060 SCREENS.

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

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

4655.9070 HOUSEKEEPING RULES APPLICABLE ONLY TO NURSING HOMES.

Subpart 1. **Scope** Subparts 2 and 3 apply to nursing homes only.

Subp. 2. **Disposal of special waste.** Materials or waste such as dressings or disposable pads which are infectious or suspected of presenting a potential health hazard shall be collected in a manner which will prevent transmission of disease, and shall be incinerated. If regular waste or refuse is not incinerated, infectious waste shall be collected separately in special bags to indicate their content. Needles and similar medical single-use items shall be destroyed before disposal, unless incinerated.

Subp. 3. **Prohibited sink uses.** A flushing rim service sink in a soiled utility room shall not be considered as a substitute for, nor shall it be used as a janitor's service sink. A janitor's service sink shall not be used for disposal of urine, fecal matters, or other human wastes.

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

SCHEDULE OF FINES FOR UNCORRECTED DEFICIENCIES

4655.9200 FIFTY DOLLAR PENALTY FOR NONCOMPLIANCE.

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

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

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

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

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- D. parts 4655.2700 and 4655.2800;
- E. parts 4655.3600, 4655.3700, 4655.3800, 4655.4200, 4655.4400;
- F. parts 4655.5100 and 4655.6200;
- G. parts 4655.7000, subpart 1, items B, C, D, I, 4655.7300, subparts 1 and 2;
- H. parts 4655.8000, subpart 7 and 4655.8300, subpart 5;
- I. part 4655.8630, subpart 3;
- J. parts 4655.9030 and 4655.9050; and
- K. parts 4660.3000 and 4660.4500.

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

4655.9210 TWO HUNDRED FIFTY DOLLAR PENALTY FOR NONCOMPLIANCE.

A \$250 penalty assessment will be issued under the provisions of Minnesota Statutes, section 144.653, subdivision 6 for noncompliance with correction orders relating to all other parts of these rules not specifically enumerated in parts 4655.9200, 4655.9250, or 4655.9300.

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

4655.9250 PENALTIES FOR BOARDING CARE HOMES.

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

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

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

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

Statutory Authority: *MS s 144.653*

4655.9300 PENALTIES FOR NURSING HOMES.

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

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

- A. part 4638.0200, subpart 2;
- B. part 4655.3600;
- C. part 4655.4100;
- D. part 4655.4110, subpart 2;
- E. part 4655.4120, subpart 3;
- F. part 4655.4150;
- G. part 4655.4170;

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- H. part 4655.7000, subpart 2;
- I. part 4655.7780, subpart 2;
- J. part 4655.8820, subpart 1, item C; and
- K. part 4660.1460, subpart 1, item A.

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

- A. part 4638.0200, subpart 3;
- B. part 4655.2420, subpart 2, items B to F;
- C. part 4655.2410, subpart 4;
- D. part 4655.3000;
- E. part 4655.4110, subpart 1;
- F. part 4655.4120, subparts 1 and 2;
- G. part 4655.4130, subpart 2;
- H. part 4655.4130, subpart 3;
- I. part 4655.4140;
- J. part 4655.4160;
- K. part 4655.7860;
- L. part 4655.8820, subpart 1, items A and B; and
- M. part 4655.8820, subparts 2 and 3.

Subp. 4. **\$250 penalty assessment.** A \$250 penalty assessment shall be assessed on a daily basis to a nursing home for noncompliance with correction orders relating to the following rules:

- A. part 4655.2420, subpart 2, item A; and
- B. part 4660.1460, subpart 1, item B.

Statutory Authority: *MS s 144A.10*

4655.9400 ALLOWABLE TIME PERIODS FOR CORRECTION.

The allowable time periods for complying with a correction order issued by the department shall be as follows:

- A. part 4655.2420, subpart 2, item A, 30 days; part 4655.2420, subpart 2, item B, 14 days; part 4655.2420, subpart 2, item D, 14 days; part 4655.2420, subpart 2, item C, 14 days; part 4655.2420, subpart 2, item E, 14 days; part 4655.2420, subpart 2, item F, 14 days; part 4655.2410, subpart 4, 30 days;
- B. part 4655.3000, 14 days;
- C. part 4655.3600, 14 days; part 4655.4100, 30 days; part 4655.4110, 14 days; part 4655.4120, 30 days; part 4655.4130, subpart 2, 14 days; part 4655.4130, subpart 3, 30 days; part 4655.4140, 30 days; part 4655.4150, subpart 1, 30 days; part 4655.4150, subpart 2, 30 days; part 4655.4160, 14 days; part 4655.4170, subpart 1, 14 days; part 4655.4170, subpart 2, 14 days;
- D. part 4655.7000, subpart 2, 30 days;
- E. part 4655.7780, subpart 2, 30 days;
- F. part 4655.8820, subpart 1, item A, 60 days; part 4655.8820, subpart 1, item B, 30 days; part 4655.8820, subpart 1, item C, 60 days; part 4655.8820, subpart 2, 14 days; part 4655.8820, subpart 3, 14 days; and
- G. part 4660.1460, subpart 1, item A, 30 days; part 4660.1460, subpart 1, item B, 14 days.

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

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4655.9500 REQUEST FOR EXTENSION OF THE ALLOWABLE TIME PERIOD FOR CORRECTION.

The nursing home may request an extension of the allowable time for correction for those rules specified in part 4655.9400. The request for extension of the allowable period of time for correction shall be received by the department prior to the expiration of the time period cited in the correction order. The failure to submit a request within that time period shall result in a denial of the request.

Statutory Authority: *MS s 144A.10*

4655.9600 CONTENTS OF REQUEST.

Subpart 1. **Content.** All requests for an extension of the allowable time period for correction shall contain the following information:

- A. the identification of the rule or rules for which the correction order was issued;
- B. the date the correction order was received;
- C. the allowable time period for correction;
- D. the reasons for requesting an extension of the allowable time period for correction which shall specify, in detail, the steps that have been taken by the nursing home to attain compliance;
- E. the length of additional time required to attain compliance with the correction order; and
- F. such other relevant information necessary to evaluate the request for the extension of time.

Subp. 2. **Oral request.** If the request for an extension is made orally, the administrator shall mail, within one business day, a written confirmation which contains the information specified under subpart 1.

Statutory Authority: *MS s 144A.10*

4655.9700 CRITERIA FOR EVALUATION.

A request for an extension of the allowable period of time shall be granted if the department determines that:

- A. Continued noncompliance with the rule for the length of the extension will not jeopardize the health, treatment, comfort, safety, or well-being of the patient; and
- B. The nursing home:
 - (1) Has entered into a contract to obtain the materials, labor, personnel, or other items necessary to obtain compliance with the correction order, but the supplier, contractor, or individual has failed to perform or is unable to perform within the time period specified and the inability of the nursing home to comply with the correction order is due solely to that failure; or
 - (2) Has otherwise made a diligent good faith effort to comply with the correction order since its receipt.

The administrator shall be notified, in writing, of the department's decision. If an extension of time is granted, the notification shall specify the additional time allowed for correction.

Statutory Authority: *MS s 144A.10*

4655.9800 RENEWAL.

Any request for the renewal of an extension of the allowable time period for correction shall be made in accordance with parts 4655.9500 and 4655.9600.

Approval for the renewal of an extension of the allowable time period for correction shall be granted if the department determines that the nursing home continues to meet the criteria contained in part 4655.9700.

Statutory Authority: *MS s 144A.10*

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4655.9900 DENIAL.

The department shall deny any request for an extension of the allowable time period for correction if it determines that the criteria specified in part 4655.9700, are not met. The denial shall be in writing and shall list the reasons for the denial.

Statutory Authority: *MS s 144A.10*