

**CHAPTER 4658
DEPARTMENT OF HEALTH
NURSING HOMES**

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LICENSING

4658.0010 DEFINITIONS.

Subpart 1. **Scope.** The terms used in parts 4658.0010 to 4658.5590 have the meanings given them in this part.

Subp. 1a. **Addition of new resident services.** "Addition of new resident services" means the commencement of a resident service, such as physical or occupational therapy, that is not being provided for the residents as of November 12, 1996.

Subp. 1b. **Changes in existing resident services.** "Changes in existing resident services" means the conversion of existing facility space used for resident services from one function to another function.

Subp. 2. **Convalescent and nursing care (C&NC) unit.** "Convalescent and nursing care (C&NC) unit" means a nursing home unit operated in conjunction with a hospital where there is a direct physical connection between the unit and the hospital which permits the movement of the residents and the provision of services without going outside the building or buildings involved. The units are subject to this chapter.

Subp. 3. **Department.** "Department" means the Minnesota Department of Health.

Subp. 4. **Existing facility.** "Existing facility" means a licensed nursing home or nursing home space that was in place before November 13, 1995. All existing facilities will be deemed to be in substantial compliance with the physical plant requirements for new construction, except as noted in this chapter. Existing facilities must, at a minimum, maintain compliance with the rules applicable at the time of their construction.

Subp. 4a. **Food service equipment.** "Food service equipment" means all machinery, appliances, equipment, or supplies which are used in the storage, preparation, or serving of food as part of the nursing home's food service program.

Subp. 4b. **Food storage equipment.** "Food storage equipment" means food service equipment that is used in the cold and dry storage of food and supplies as part of the nursing home's food service program.

Subp. 5. **Licensee.** "Licensee" means the person or governing body to whom the license is issued. The licensee is responsible for compliance with this chapter.

Subp. 5a. **New construction.** "New construction" means any addition to, or replacement of, a nursing home after November 12, 1996, that results in new facility space for the operation of the nursing home. The term new construction as used in this chapter includes the erection of new facility space, addition to existing facility space, and any existing facility space converted in order to be licensed under this chapter.

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

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

Subp. 7a. **Nursing area.** "Nursing area" means an area within the nursing home that is served by a single nurses' station.

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

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

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

Subp. 10. **Nursing home.** "Nursing home" has the meaning given it in Minnesota Statutes, section 144A.01, subdivision 5.

Subp. 11. **Nursing personnel.** "Nursing personnel" means registered nurses, licensed practical nurses, and nursing assistants.

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

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

Subp. 13a. **Redecoration.** "Redecoration" means the repainting of walls or ceilings, or the covering or recovering of walls, ceilings, or floors with suitable interior finishing materials.

Subp. 13b. **Remodel.** "Remodel" means reconstruction of existing facility space, including floors, walls, and ceilings. Remodel includes reconstruction work necessary to change the function of the facility space or to facilitate a change in operating capability or physical composition of existing equipment, fixtures, or appurtenances.

Subp. 13c. **Replace-in-kind.** "Replace-in-kind" means the removal of mechanical or electrical equipment or construction materials from facility space and subsequent installation of new or used equipment or construction materials with similar operating capability, function, and physical composition.

Subp. 14. **Resident.** "Resident" means an individual cared for in a nursing home.

Subp. 14a. **Room.** "Room" means a space within the facility that has access to the corridor and is totally enclosed with permanently constructed full height walls.

Subp. 14b. **Shelf.** "Shelf" means a horizontal surface manufactured of noncorrosive, cleanable materials.

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

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

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

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

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

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

History: *20 SR 303; 21 SR 196*

4658.0015 COMPLIANCE WITH REGULATIONS AND STANDARDS.

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

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

History: *20 SR 303*

4658.0020 LICENSING IN GENERAL.

Subpart 1. **Required.** For the purpose of this chapter, a state license is required for a facility where nursing home 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 must be accompanied by a fee based upon the formula as provided by Minnesota Statutes, section 144.122. A bed must be licensed if it is available for use by residents. If the number of licensed beds is increased during the term of the license, a full year's fee for each additional bed must be paid. There is no refund for a decrease in licensed beds.

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

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

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

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

History: *20 SR 303*

4658.0025 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 a nursing home and to other facilities not already licensed as a nursing home. Applicants for initial licensure must complete the license application form supplied by the department. An application 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 as provided by Minnesota Statutes, section 144.122.

To be issued a license, an applicant must file with the department a current 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 must submit with the application a copy of its articles of incorporation and bylaws. A foreign corporation must also submit a copy of its certificate of authority to do business in Minnesota. The department will issue the initial license as of the date the department determines that the nursing home is in compliance with parts 4655.0090 to 4655.9342, 4658.0010 to 4658.1365, 4660.0090 to 4660.9940, and Minnesota Statutes, sections 144A.01 to 144A.16, unless the applicant requests a later date.

Subp. 2. **Renewed licenses.** An applicant for license renewal must complete the license application form supplied by the department. An application 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 as provided by Minnesota Statutes, section 144.122. The department will issue a renewed license if a nursing home continues to satisfy the requirements of parts 4655.0090 to 4655.9342, 4658.0010 to 4658.1365, 4660.0100 to 4660.9940, and Minnesota Statutes, sections 144A.01 to 144A.16.

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

If the renewal application specifies a different licensed capacity from that provided on the current license, the licensee must comply with 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 must 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:

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, 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 must apply for a renewed license in accordance with subpart 2. The department must 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 60 days before the license expiration date. Application for relicensure must be accompanied by a license fee based upon the formula as provided by Minnesota Statutes, section 144.122. Payment of any outstanding penalty assessments must be submitted before the application for relicensure may be acted upon by the department. If the applicant for relicensure is a corporation, it must submit a copy of its current articles of incorporation and bylaws with the license application. A foreign corporation must also submit a copy of its certificate of authority to do business in Minnesota. The department will relicensure the nursing home as of the date the commissioner determines that the prospective licensee complies with parts 4655.0090 to 4655.9342, 4658.0010 to 4658.1365, 4660.0100 to 4660.9940, and Minnesota Statutes, sections 144A.01 to 144A.16, unless the applicant requests a later date. 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 a change in its licensed capacity or in its license classification, it must 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 as provided by Minnesota Statutes, section 144.122. The department will amend the license as of the date the department determines that the nursing home is in compliance with parts 4655.0090 to 4655.9342, 4658.0010 to 4658.1365, 4660.0100 to 4660.9940, and Minnesota Statutes, sections 144A.01 to 144A.16, 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 must attach to the license any conditions or limitations necessary according to subpart 8 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 residents. A condition or limitation may be attached to a license at any time.

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

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 must impose one or more of the following conditions or limitations for reasons determined under subpart 8:

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 must notify the applicant or licensee, in writing, of its decision to issue a conditional or limited license. The department must inform the applicant or licensee of the reasons for the condition or limitation and of the right to appeal.

Unless otherwise specified, a 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 must notify the department when the reasons for the condition or limitation no longer exist. If the department determines that the condition or limitation is no longer required, it will 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 according to 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 14.69, within 15 days after receiving the notification described in subpart 10. 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 will 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 means:

- 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, for example, state, county, city, city and 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 will be responsible for communicating with the commissioner of health on all matters relating to the nursing home license and on whom personal service of all notices and orders will be served; and
- G. the location and square footage of the floor space constituting the facility.

Subp. 15. **Disclosure of controlling persons.** According to Minnesota Statutes, section 144A.03, the nursing home license application must identify the name and address of all controlling persons of the nursing home, as defined in Minnesota Statutes, section 144A.01, subdivision 4.

Subp. 16. **Disclosure of managerial employees.** A nursing home license application must identify the name and address of all administrators, assistant administrators, directors of nursing, medical directors, and all other managerial employees, as defined in Minnesota

Statutes, section 144A.01, subdivision 8, and indicate their previous work experience in nursing homes during the past two years.

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

History: *20 SR 303*

4658.0030 CAPACITY PRESCRIBED.

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

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

History: *20 SR 303*

4658.0035 EVALUATION.

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

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

History: *20 SR 303*

4658.0040 VARIANCE AND WAIVER.

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

- A. the specific part or parts 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. other relevant information necessary to properly evaluate the request for the variance or waiver.

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

- A. whether the variance or waiver adversely affects the health, treatment, comfort, safety, or well-being of a resident;
- B. whether the alternative measures to be taken, if any, are equivalent to or superior to those prescribed in this chapter; and
- C. whether compliance with the part or parts would impose an undue burden upon the applicant.

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

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

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

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

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

Subp. 7. Appeal procedure. An applicant may contest the denial, revocation, or refusal to renew a variance or waiver by requesting a contested case hearing under Minnesota Statutes, chapter 14. The applicant must submit, within 15 days of the receipt of the department's decision, a written request for a hearing. The request for hearing must 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 has the burden of proving that it satisfied the criteria specified in subparts 2 and 3, except in a proceeding challenging the revocation of a variance or waiver.

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

History: *20 SR 303*

4658.0045 PENALTIES FOR LICENSING RULE VIOLATIONS.

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

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

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

History: *20 SR 303*

ADMINISTRATION AND OPERATIONS

4658.0050 LICENSEE.

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

Subp. 2. Specific duties. The licensee must develop written bylaws or policies for the management and operation of the nursing home and for the provision of resident care, which must be available to all members of the governing body, and must assume legal responsibility for matters under its control, for the quality of care rendered and for compliance with laws and rules relating to the safety and sanitation of nursing homes, or which otherwise relate directly to the health, welfare, and care of residents.

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

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

B. Appointment of a licensed nursing home administrator who is responsible for the operation of the home in accordance with law and established policies and whose authority to serve as administrator is delegated in writing.

C. Notification of the termination of service of the administrator and the appointment of a replacement within five working days in writing to the department. If a licensed

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

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

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

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

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

History: *20 SR 303*

4658.0055 ADMINISTRATOR.

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

Subp. 2. **Serve only one nursing home.** The administrator must be full time, at least 35 hours per week, and serve only one nursing home and may not serve as the director of nursing services, except as permitted by Minnesota Statutes, section 144A.04. The administrator at a hospital with a convalescent and nursing care unit may serve both according to Minnesota Statutes, section 144A.04.

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

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

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

History: *20 SR 303*

4658.0060 RESPONSIBILITIES OF ADMINISTRATOR.

The administrator is responsible for the:

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

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

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

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

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

F. 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. The schedule must be dated and communicated to employees. The schedules and time cards, payroll records, or other written documentation of actual time worked and paid for must be kept on file in the home for three years;

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G. 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;

H. establishment of a recognized accounting system; and

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

- (1) distribution of written personnel policies to employees;
- (2) regularly scheduled meetings of supervisory personnel;
- (3) an employee suggestion system; and
- (4) employee evaluation.

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

History: *20 SR 303*

4658.0065 RESIDENT SAFETY AND DISASTER PLANNING.

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

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

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

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

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

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

History: *20 SR 303*

4658.0070 QUALITY ASSESSMENT AND ASSURANCE COMMITTEE.

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

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

History: *20 SR 303*

4658.0075 OUTSIDE RESOURCES.

If a nursing home does not employ a qualified professional person to furnish a specific service to be provided by the nursing home, the nursing home must have that service fur-

nished to residents under a written agreement with a person or agency outside the nursing home. The written agreement must specify that the service meets professional standards and principles that apply to professionals providing services in a nursing home, and that the service meets the same standards as required by this chapter.

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

History: *20 SR 303*

4658.0085 NOTIFICATION OF CHANGE IN RESIDENT HEALTH STATUS.

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

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

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

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

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

E. expected and unexpected resident deaths.

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

History: *20 SR 303*

4658.0090 USE OF OXYGEN.

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

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

History: *20 SR 303*

4658.0095 AVAILABILITY OF LICENSING RULES.

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

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

History: *20 SR 303*

4658.0100 EMPLOYEE ORIENTATION AND IN-SERVICE EDUCATION.

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

Subp. 2. In-service education. A nursing home must provide in-service education. The in-service education must be sufficient to ensure the continuing competence of employees, must address areas identified by the quality assessment and assurance committee, and must address the special needs of residents as determined by the nursing home staff. A nursing home must provide an 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, and proper chair and bed positioning; and in the prevention or reduction of incontinence.

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

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

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

History: *20 SR 303*

4658.0105 COMPETENCY.

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

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

History: *20 SR 303*

4658.0110 INCIDENT AND ACCIDENT REPORTING.

All persons providing services in a nursing home must report any accident or injury to a resident, and the nursing home must immediately complete a detailed incident report of the accident or injury and the action taken after learning of the accident or injury.

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

History: *20 SR 303*

4658.0115 WORK PERIOD.

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

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

History: *20 SR 303*

4658.0120 EMPLOYEE POLICIES.

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

Subp. 2. **Requirements for staff.** A nursing home must have at least one responsible person awake, dressed, and on duty at all times. The person must be at least 21 years of age and capable of performing the required duties of evacuating the residents.

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

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

History: *20 SR 303*

4658.0125 PERSONAL BELONGINGS.

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

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

History: *20 SR 303*

4658.0130 EMPLOYEES' PERSONNEL RECORDS.

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

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

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

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

D. the date of resignation or discharge.

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

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

History: 20 SR 303

4658.0135 POLICY RECORDS.

Subpart 1. **Availability of policies.** All policies and procedures directly related to resident care adopted by the home must be placed on file and be made available upon request to nursing home personnel, residents, legal representatives, and designated representatives.

Subp. 2. **Admission policies.** Admission policies must be made available upon request to prospective residents, family members, legal representatives, and designated representatives.

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

History: 20 SR 303

4658.0140 TYPE OF ADMISSIONS.

Subpart 1. **Selection of residents.** The administrator, in cooperation with the director of nursing services and the medical director, is responsible for the admission of residents to the home according to the admission policies of the nursing home.

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

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

History: 20 SR 303

4658.0145 AGREEMENT AS TO RATES AND CHARGES.

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

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

B. extra charges for care or services;

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

D. the refund policy of the home.

All residents' bills must be itemized for services rendered.

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

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

History: 20 SR 303

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4658.0150 INSPECTION BY DEPARTMENT.

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

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

History: *20 SR 303*

4658.0155 REPORTS TO DEPARTMENT.

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

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

History: *20 SR 303*

PENALTIES**4658.0190 PENALTIES FOR ADMINISTRATION AND OPERATIONS RULE VIOLATIONS.**

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

- A. part 4658.0050, subpart 1, \$250;
- B. part 4658.0050, subpart 2, \$100;
- C. part 4658.0050, subpart 3, item A, \$250;
- D. part 4658.0050, subpart 3, items B to F, \$100;
- E. part 4658.0055, subparts 1 to 3, \$100;
- F. part 4658.0055, subpart 4, \$50;
- G. part 4658.0060, items A, F, H, and I, \$50;
- H. part 4658.0060, items B, C, D, E, and G, \$100;
- I. part 4658.0065, \$200;
- J. part 4658.0070, \$100;
- K. part 4658.0075, \$100;
- L. part 4658.0085, \$350;
- M. part 4658.0090, \$500;
- N. part 4658.0095, \$50;
- O. part 4658.0100, subparts 1 and 2, \$100;
- P. part 4658.0100, subpart 3, \$50;
- Q. part 4658.0100, subpart 4, \$300;
- R. part 4658.0105, \$300;
- S. part 4658.0110, \$100;
- T. part 4658.0115, \$100;
- U. part 4658.0120, subpart 1, \$100;
- V. part 4658.0120, subpart 2, \$500;
- W. part 4658.0120, subpart 3, \$50;
- X. part 4658.0125, \$50;
- Y. part 4658.0130, \$50;
- Z. part 4658.0135, \$50;
- AA. part 4658.0140, subpart 1, \$100;
- BB. part 4658.0140, subpart 2, \$250;
- CC. part 4658.0145, subpart 1, \$100;
- DD. part 4658.0145, subpart 2, \$100;
- EE. part 4658.0150, \$100; and
- FF. part 4658.0155, \$50.

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

History: *20 SR 303*

4658.0191 PENALTIES FOR VIOLATIONS OF RESIDENTS' BILL OF RIGHTS.

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

- A. Minnesota Statutes, section 144.651, subdivision 4, \$100;
- B. Minnesota Statutes, section 144.651, subdivision 5, \$250;
- C. Minnesota Statutes, section 144.651, subdivision 6, \$250;
- D. Minnesota Statutes, section 144.651, subdivision 7, \$100;
- E. Minnesota Statutes, section 144.651, subdivision 8, \$100;
- F. Minnesota Statutes, section 144.651, subdivision 9, \$250;
- G. Minnesota Statutes, section 144.651, subdivision 10, \$250;
- H. Minnesota Statutes, section 144.651, subdivision 11, \$100;
- I. Minnesota Statutes, section 144.651, subdivision 12, \$250;
- J. Minnesota Statutes, section 144.651, subdivision 13, \$500;
- K. Minnesota Statutes, section 144.651, subdivision 14, \$500;
- L. Minnesota Statutes, section 144.651, subdivision 15, \$250;
- M. Except as noted in item N, a \$100 penalty assessment must be issued for a violation of Minnesota Statutes, section 144.651, subdivision 16;
- N. A \$250 penalty assessment must be issued for a violation of that portion of Minnesota Statutes, section 144.651, subdivision 16, which states: "Patients and residents shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility.";
- O. Minnesota Statutes, section 144.651, subdivision 17, \$100;
- P. Minnesota Statutes, section 144.651, subdivision 18, \$250;
- Q. Minnesota Statutes, section 144.651, subdivision 19, \$250;
- R. Minnesota Statutes, section 144.651, subdivision 20, \$250;
- S. A \$250 penalty assessment must be issued for a violation of the portions of Minnesota Statutes, section 144.651, subdivision 21, which state: "Patients and residents may associate and communicate privately with persons of their choice and enter and, except as provided by the Minnesota Commitment Act, leave the facility as they choose." and "Personal mail shall be sent without interference and received unopened unless medically or programmatically contraindicated and documented by the physician in the medical record.";
- T. A \$250 penalty assessment must be issued for a violation of the portions of Minnesota Statutes, section 144.651, subdivision 21, which state: "Patients and residents shall have access, at their expense, to writing instruments, stationery, and postage." and "There shall be access to a telephone where patients and residents can make and receive calls as well as speak privately. Facilities which are unable to provide a private area shall make reasonable arrangements to accommodate the privacy of patients' or residents' calls.";
- U. Minnesota Statutes, section 144.651, subdivision 22, \$250;
- V. Minnesota Statutes, section 144.651, subdivision 23, \$250;
- W. Minnesota Statutes, section 144.651, subdivision 24, \$100;
- X. Minnesota Statutes, section 144.651, subdivision 25, \$250;
- Y. Minnesota Statutes, section 144.651, subdivision 26, \$250;
- Z. Minnesota Statutes, section 144.651, subdivision 27, \$250;
- AA. Minnesota Statutes, section 144.651, subdivision 28, \$250;
- BB. Minnesota Statutes, section 144.651, subdivision 29, \$250;
- CC. Minnesota Statutes, section 144.651, subdivision 30, \$250; and
- DD. Minnesota Statutes, section 144.652, subdivision 1, \$100.

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

History: *21 SR 196*

4658.0192 NURSING HOME STATUTES; FINES.

Penalty assessments for violations of Minnesota Statutes, chapter 144A, are as follows:

A. Minnesota Statutes, section 144A.04, subdivision 4, \$100;

B. Minnesota Statutes, section 144A.04, subdivision 6, \$100;

C. a \$100 penalty assessment must be issued for a violation of those portions of Minnesota Statutes, section 144A.10, subdivision 3, which state: "A copy of each correction order and notice of noncompliance, and copies of any documentation supplied to the commissioner of health or the commissioner of human services under section 144A.03 or 144A.05 shall be kept on file at the nursing home and shall be made available for viewing by any person upon request. Except as otherwise provided by this subdivision, a copy of each correction order and notice of noncompliance received by the nursing home after its most recent inspection or reinspection shall be posted in a conspicuous and readily accessible place in the nursing home." and "All correction orders and notices of noncompliance issued to a nursing home owned and operated by the state or political subdivision of the state shall be circulated and posted at the first public meeting of the governing body after the order or notice is issued. Confidential information protected by section 13.05 or 13.46 shall not be made available or posted as provided in this subdivision unless it may be made available or posted in a manner authorized by chapter 13.";

D. Minnesota Statutes, section 144A.13, subdivision 1, \$100;

E. except as noted in item F, a \$100 penalty assessment must be issued for a violation of Minnesota Statutes, section 144A.13, subdivision 2;

F. a \$250 penalty assessment must be issued for a violation of that portion of Minnesota Statutes, section 144A.13, subdivision 2, which states: "No controlling person or employee of a nursing home shall retaliate in any way against a complaining nursing home resident and no nursing home resident may be denied any right available to the resident under chapter 566.;" and

G. Minnesota Statutes, section 144A.16, \$100.

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

History: *21 SR 196*

4658.0193 REPORTING MALTREATMENT OF VULNERABLE ADULTS; FINES.

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

A. Minnesota Statutes, section 626.557, subdivision 3, \$250;

B. Minnesota Statutes, section 626.557, subdivision 3a, \$100;

C. Minnesota Statutes, section 626.557, subdivision 4, \$100;

D. Minnesota Statutes, section 626.557, subdivision 4a, \$100;

E. Minnesota Statutes, section 626.557, subdivision 14, \$100; and

F. Minnesota Statutes, section 626.557, subdivision 17, \$250.

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

History: *21 SR 196*

RESIDENT RIGHTS

4658.0200 POLICIES CONCERNING RESIDENTS.

Subpart 1. Visitors. A nursing home must provide access to a resident by relatives and guardians, and to any entity or individual that provides health, social, legal, advocacy, or religious services to the resident, subject to the resident's right to deny or withdraw consent at any time. A nursing home must also provide access to others who are visiting the resident with the resident's consent. A nursing home may restrict visits when the visits pose a health or safety risk to a resident or otherwise violate a resident's rights.

Subp. 2. Telephones. A nursing home must provide at least one non-coin-operated telephone which is accessible to residents at all times in case of emergency. A resident must have access to a telephone at a convenient location within the building for personal use. A nursing home may charge the resident for actual long distance charges that the resident incurs.

Subp. 3. **Mail.** A resident must receive mail unopened unless the resident or the resident's legal guardian, conservator, representative payee, or other person designated in writing by the resident has requested in writing that the mail be reviewed. The outgoing mail must not be censored.

Subp. 4. **Funds and possessions.** A nursing home may not handle the personal major business affairs of a resident without written legal authorization by the resident or the resident's legal guardian, conservator, representative payee, or other person designated in writing by the resident.

Subp. 5. **Smoking in bed.** A resident must not be permitted to smoke in bed unless the resident's condition requires that the resident remain in bed, and the smoking is directly supervised by a staff member.

Subp. 6. **Permitted smoking.** Smoking is permitted in the nursing home only as provided by Minnesota Statutes, sections 16B.24, subdivision 9, and 144.411 to 144.417.

Subp. 7. **Pet animals.** Pet animals may be kept on the premises of a nursing home only according to part 4638.0200.

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

History: *21 SR 196*

4658.0205 PROCEDURE AT DEATH.

When a resident dies in a nursing home, the administrator, nurse, or other employee designated by the administrator must contact a relative, guardian, legal representative, other person designated in writing by the resident, or the placement agency regarding the death and the desired funeral arrangements. The body must be accorded privacy until removed from the nursing home. Where reasonably possible, no body may remain in a nursing home for more than 12 hours.

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

History: *21 SR 196*

4658.0210 ROOM ASSIGNMENTS.

Subpart 1. **Room assignments and furnishings.** A nursing home must attempt to accommodate a resident's preferences on room assignments, roommates, and furnishings whenever possible.

Subp. 2. **Room assignment complaints.** A nursing home must develop and implement written policies and procedures for addressing resident complaints, including complaints regarding room assignments and roommates. At a minimum, the policies and procedures must include the following:

A. a mechanism for informal dispute resolution of room assignment and roommate complaints; and

B. a procedure for documenting the complaint and its resolution.

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

History: *21 SR 196*

4658.0215 ADMINISTRATION OF MEDICATIONS.

The right of residents to self-administer medications must be provided as allowed under part 4658.1325, subpart 4. Medications may be added to food only as provided under part 4658.1325, subpart 6.

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

History: *21 SR 196*

4658.0220 FREEDOM FROM CORPORAL PUNISHMENT AND INVOLUNTARY SECLUSION.

A resident must be free from corporal punishment and involuntary seclusion.

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

History: *21 SR 196*

RESIDENT PERSONAL FUNDS ACCOUNT**4658.0250 ADMISSION POLICIES.**

The admission policies of a nursing home must specify the manner of protecting personal funds of the residents, according to parts 4658.0250 to 4658.0280.

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

History: *21 SR 196*

4658.0255 AUTHORIZATION.

Subpart 1. **Written authorization.** The personal funds of a resident must not be accepted for safekeeping without written authorization from the resident or from the resident's legal guardian, conservator, representative payee, or other person designated in writing by the resident. For purposes of this chapter, "representative payee" means an individual designated by the Social Security Administration to receive Social Security benefits on behalf of the resident.

Subp. 2. **Copy retained.** A copy of the written authorization must be retained in the resident's records.

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

History: *21 SR 196*

4658.0260 PERSONAL FUND ACCOUNTING AND RECORDS.

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

Subp. 2. **Resident funds not used by nursing home.** The personal funds of a resident must not be used for the purpose of the nursing home or any other resident and must be maintained free from any liability that the nursing home incurs.

Subp. 3. **Accounting system.** A nursing home must establish and maintain a system that ensures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the nursing home on the resident's behalf.

Subp. 4. **Financial record.** The resident's financial record must be available through quarterly statements and on request to the resident or the resident's legal guardian, conservator, representative payee, or other person designated in writing by the resident.

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

History: *21 SR 196*

4658.0265 DEPOSIT OF PERSONAL FUNDS.

A nursing home, except for veterans homes under Minnesota Statutes, section 198.265, must deposit a resident's personal funds in excess of \$100 in an interest bearing account (or accounts) that is separate from any of the nursing home's operating accounts, and that credits all interest earned on the resident's account to the resident's account. Pooled accounts must separately account for each resident's share.

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

History: *21 SR 196*

4658.0270 WITHDRAWAL OF FUNDS FROM THE ACCOUNT.

Upon the request of the resident or the resident's legal guardian, conservator, representative payee, or other person designated in writing by the resident, a nursing home must return all or any part of a resident's funds given to the nursing home for safekeeping, including interest, if any, accrued from deposits. A nursing home must develop a policy specifying the period of time during which funds can be withdrawn. The policy must ensure that the ability to withdraw funds is provided in accordance with the needs of the resident and must specify whether or not the nursing home allows residents to obtain funds to meet unanticipated needs on days when withdrawal periods are not scheduled. A nursing home must notify residents of

the policy governing the withdrawal of funds. Funds kept outside of the nursing home must be returned within five business days.

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

History: *21 SR 196*

4658.0275 RETURN OF FUNDS AFTER DISCHARGE OR DEATH.

Subpart 1. **Discharge of a resident.** Upon discharge of a resident, the resident's funds must be returned to the resident or resident's legal guardian, conservator, representative payee, or other person designated in writing by the resident, with a written accounting in exchange for a signed receipt. If a resident's bed is being held for anticipated readmission, the resident's funds need not be returned. Funds which are maintained outside of the nursing home must be returned within five business days.

Subp. 2. **Death of a resident.** Upon the death of a resident, a nursing home must convey the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.

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

History: *21 SR 196*

4658.0290 PENALTIES FOR RESIDENT RIGHTS RULE VIOLATIONS.

Penalty assessments will be assessed on a daily basis for violations of parts 4658.0200 to 4658.0275 and are as follows:

- A. part 4658.0200, subpart 1, \$250;
- B. part 4658.0200, subpart 2, \$100;
- C. part 4658.0200, subparts 3 and 4, \$250;
- D. part 4658.0200, subpart 5, \$500;
- E. part 4658.0200, subpart 7:
 - (1) part 4638.0200, subpart 2, \$50; and
 - (2) part 4638.0200, subpart 3, \$150;
- F. part 4658.0205, \$100;
- G. part 4658.0210, subpart 1, \$250;
- H. part 4658.0210, subpart 2, \$50;
- I. part 4658.0220, \$500;
- J. part 4658.0250, \$50;
- K. part 4658.0255, subpart 1, \$250;
- L. part 4658.0255, subpart 2, \$50; and
- M. parts 4658.0260 to 4658.0275, \$100.

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

History: *21 SR 196*

RESTRAINTS

4658.0300 USE OF RESTRAINTS.

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

A. "Physical restraints" means any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. Physical restraints include, but are not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, and wheelchair safety bars. Physical restraints also include practices which meet the definition of a restraint, such as tucking in a sheet so tightly that a resident confined to bed cannot move; bed rails; chairs that prevent rising; or placing a resident in a wheelchair so close to a wall that the wall prevents the resident from rising. Bed rails are considered a restraint if they restrict freedom of movement. If the bed rail is used solely to assist the resi-

dent in turning or to help the resident get out of bed, then the bed rail is not used as a restraint. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room or area do not, in and of themselves, restrict freedom of movement and should not be considered restraints.

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

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

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

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

Subp. 2. **Freedom from restraints.** Residents must be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

Subp. 3. Emergency use of restraint.

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

B. If a restraint is needed, a physician's order must be obtained which specifies the duration and circumstances under which the restraint is to be used.

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

Subp. 4. **Decision to apply restraint.** The decision to apply a restraint must be based on the comprehensive resident assessment. The least restrictive restraint must be used and incorporated into the comprehensive plan of care. The comprehensive plan of care must allow for progressive removal or the progressive use of less restrictive means. A nursing home must obtain an informed consent for a resident placed in a physical or chemical restraint. A physician's order must be obtained for a physical or chemical restraint which specifies the duration and circumstances under which the restraint is to be used, including the monitoring interval. Nothing in this part requires a resident to be awakened during the resident's normal sleeping hours strictly for the purpose of releasing restraints.

Subp. 5. **Physical restraints.** At a minimum, for a resident placed in a physical restraint, a nursing home must also:

A. develop a system to ensure that the restrained resident is monitored at the interval specified in the written order from the physician;

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

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

D. release the resident from the restraint as quickly as possible.

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

History: *20 SR 303; 21 SR 196*

4658.0350 PENALTIES FOR RESTRAINTS RULE VIOLATIONS.

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

A. part 4658.0300, subpart 2, \$500;

B. part 4658.0300, subpart 3, items A and B, \$500;

C. part 4658.0300, subpart 3, item C, \$50;

D. part 4658.0300, subpart 4, first paragraph, \$250;

E. part 4658.0300, subpart 4, items A to D, \$300; and

F. part 4658.0300, subpart 4, item E, \$500.

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

History: *20 SR 303*

RESIDENT ASSESSMENT AND PLAN OF CARE

4658.0400 COMPREHENSIVE RESIDENT ASSESSMENT.

Subpart 1. **Assessment.** A nursing home must conduct a comprehensive assessment of each resident's needs, which describes the resident's capability to perform daily life functions and significant impairments in functional capacity. A nursing assessment conducted according to Minnesota Statutes, section 148.171, paragraph (3), may be used as part of the comprehensive resident assessment. The results of the comprehensive resident assessment must be used to develop, review, and revise the resident's comprehensive plan of care as defined in part 4658.0405.

Subp. 2. **Information gathered.** The comprehensive resident assessment must include at least the following information:

- A. medically defined conditions and prior medical history;
- B. medical status measurement;
- C. physical and mental functional status;
- D. sensory and physical impairments;
- E. nutritional status and requirements;
- F. special treatments or procedures;
- G. mental and psychosocial status;
- H. discharge potential;
- I. dental condition;
- J. activities potential;
- K. rehabilitation potential;
- L. cognitive status;
- M. drug therapy; and
- N. resident preferences.

Subp. 3. **Frequency.** Comprehensive resident assessments must be conducted:

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

Subp. 4. **Review of assessments.** A nursing home must examine each resident at least quarterly and must revise the resident's comprehensive assessment to ensure the continued accuracy of the assessment.

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

History: *20 SR 303*

4658.0405 COMPREHENSIVE PLAN OF CARE.

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

Subp. 2. **Contents of plan of care.** The comprehensive plan of care must list measurable objectives and timetables to meet the resident's long- and short-term goals for medical, nursing, and mental and psychosocial needs that are identified in the comprehensive resident assessment. The comprehensive plan of care must include the individual abuse prevention plan required by Minnesota Statutes, section 626.557, subdivision 14, paragraph (b).

Subp. 3. **Use.** A comprehensive plan of care must be used by all personnel involved in the care of the resident.

Subp. 4. **Revision.** A comprehensive plan of care must be reviewed and revised by an interdisciplinary team that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, with the participation of the resident, the resident's legal guardian or chosen representative at least quarterly and within seven days of the revision of the comprehensive resident assessment required by part 4658.0400, subpart 3, item B.

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

History: *20 SR 303*

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

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

A. part 4658.0400, \$300; and

B. part 4658.0405, \$300.

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

History: *20 SR 303*

CLINICAL RECORDS

4658.0430 HEALTH INFORMATION MANAGEMENT SERVICE.

Subpart 1. **Health information management.** A nursing home must maintain health information management services, including clinical records, in accordance with accepted professional standards and practices, federal regulations, and state statutes pertaining to the content of the clinical record, health care data, computerization, confidentiality, retention, and retrieval. For purposes of this part, "health information management" means the collection, analysis, and dissemination of data to support decisions related to: disease prevention and resident care; effectiveness of care; reimbursement and payment; planning, research, and policy analysis; and regulations.

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

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

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

History: *20 SR 303*

4658.0435 CONFIDENTIALITY OF CLINICAL RECORDS AND INFORMATION.

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

Subp. 2. **Electronic transmission of health care data.** If a nursing home chooses to transmit or receive health care data by electronic means, the nursing home must develop and comply with policies and procedures to ensure the confidentiality, security, and verification of the transmission and receipt of information authorized to be transmitted by electronic means. A durable copy of the transmission must be placed in the resident's clinical record.

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

History: *20 SR 303*

4658.0440 ABBREVIATIONS.

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

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

History: *20 SR 303*

4658.0445 CLINICAL RECORD.

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

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

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

Subp. 4. **Admission information.** Identification information must be collected and maintained for each resident upon admission and must include, at a minimum:

- A. the resident's legal name and preferred name;
- B. previous address;
- C. social security number;
- D. gender;
- E. marital status;
- F. date and place of birth;
- G. date and hour of admission;
- H. advance directives, and Do Not Resuscitate (DNR) and Do Not Intubate (DNI) status, if any;
- I. name, address, and telephone number of designated relative or significant other, if any;
- J. name, address, and telephone number of person to be notified in an emergency;
- K. legal representative, designated representative, or representative payee, if any;
- L. religious affiliation, place of worship, and clergy member;
- M. hospital preference; and
- N. name of attending physician.

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

History: *20 SR 303; 21 SR 196*

4658.0450 CLINICAL RECORD CONTENTS.

Subpart 1. **In general.** Each resident's clinical record, including nursing notes, must include:

- A. the condition of the resident at the time of admission;
- B. temperature, pulse, respiration, and blood pressure, according to part 4658.0520, subpart 2, item I;
- C. the resident's height and weight, according to part 4658.0520, subpart 2, item J;
- D. the resident's general condition, actions, and attitudes;
- E. observations, assessments, and interventions provided by all disciplines responsible for care of the resident, with the exception of confidential communications with religious personnel;

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

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

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

I. reports of laboratory examinations;

J. dates and times of all treatments and dressings;

K. dates and times of visits by all licensed health care practitioners;

L. visits to clinics or hospitals;

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

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

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

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

Subp. 2. **Physician and professional services.** The clinical record must contain the recording requirements of parts 4658.0710 to 4658.0725.

Subp. 3. **Nursing services.** The clinical record must contain the recording requirements of parts 4658.0515 to 4658.0530.

Subp. 4. **Dietary and food services.** The clinical record must contain the recording requirements of parts 4658.0600 and 4658.0625.

Subp. 5. **Resident personal funds account.** The clinical record must contain the recording requirements of part 4658.0255.

Subp. 6. **Activities.** The clinical record must contain the recording requirements of part 4658.0900.

Subp. 7. **Social services.** The clinical record must contain the recording requirements of parts 4658.1015 and 4658.1020.

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

History: *20 SR 303; 21 SR 196*

4658.0455 TELEPHONE AND ELECTRONIC ORDERS.

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

B. Orders received by telephone or other electronic means, not including facsimile machine, must be immediately recorded or placed in the resident's record by the person authorized by the nursing home and must be countersigned by the ordering health care practitioner authorized to prescribe at the time of the next visit, or within 60 days, whichever is sooner.

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

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

History: *20 SR 303*

4658.0460 MASTER RESIDENT RECORD.

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

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

History: *20 SR 303*

4658.0465 TRANSFER, DISCHARGE, AND DEATH.

Subpart 1. **Discharge summary at death.** When a resident dies, the nursing home must compile a discharge summary that includes the date, time, and cause of death.

Subp. 2. **Other discharge.** When a resident is transferred or discharged for any reason other than death, the nursing home must compile a discharge summary that includes the date and time of transfer or discharge, reason for transfer or discharge, transfer or discharge diagnoses, and condition.

Subp. 3. **Transfer or discharge to another facility.** When a resident is transferred or discharged to another health care facility or program, the nursing home must send the discharge summary compiled according to subpart 2, and pertinent information about the resident's immediate care and sufficient information to ensure continuity of care prior to or at the time of the transfer or discharge to the other health care facility or program. Additional information not necessary for the resident's immediate care may be sent to the new health care facility or program at the time of or after the transfer or discharge.

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

History: 20 SR 303

4658.0470 RETENTION, STORAGE, AND RETRIEVAL.

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

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

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

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

History: 20 SR 303

4658.0475 COMPUTERIZATION.

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

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

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

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

D. backup systems must be implemented and maintained;

E. preventative maintenance must be implemented and maintained;

F. there must be a plan for preparing, securing, and retaining archived copies of computerized clinical databases;

G. procedures must be implemented for preparing and securing daily, weekly, and monthly archived copies of computerized clinical databases; and

H. there must be confidentiality and protection from unauthorized use of active and archived computerized clinical databases.

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

History: 20 SR 303

4658.0490 PENALTIES FOR CLINICAL RECORDS RULE VIOLATIONS.

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

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- A. part 4658.0430, \$300;
- B. part 4658.0435, \$250;
- C. part 4658.0440, \$50;
- D. part 4658.0445, subpart 1, \$300;
- E. part 4658.0445, subpart 2, \$300;
- F. part 4658.0445, subpart 3, \$300;
- G. part 4658.0445, subpart 4, \$100;
- H. part 4658.0450, \$300;
- I. part 4658.0455, item A, \$250;
- J. part 4658.0455, item B, \$300;
- K. part 4658.0455, item C, \$300;
- L. part 4658.0460, \$50;
- M. part 4658.0465, subpart 1, \$50;
- N. part 4658.0465, subpart 2, \$100;
- O. part 4658.0465, subpart 3, \$300;
- P. part 4658.0470, \$100; and
- Q. part 4658.0475, \$300.

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

History: *20 SR 303*

NURSING SERVICES

4658.0500 DIRECTOR OF NURSING SERVICES.

Subpart 1. **Qualifications and duties.** A nursing home must have a director of nursing services who is a registered nurse.

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

Subp. 3. **Assistant to director.** A nursing home must designate a nurse to be responsible for the duties of the director of nursing services related to the provision of resident services in the director's absence.

Subp. 4. **Education.** A person newly appointed to the position of the director of nursing services must have training in rehabilitation nursing, gerontology, nursing service administration, management, supervision, and psychiatric or geriatric nursing before or within the first 12 months after appointment as director of nursing services.

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

History: *20 SR 303*

4658.0505 RESPONSIBILITIES; DIRECTOR OF NURSING SERVICES.

The written job description for the director of nursing services must include responsibility for:

- A. the total nursing care of residents and the accuracy of the nursing care records;
- B. establishing and implementing procedures for the provision of nursing care and delegated medical care, developing nursing policy and procedure manuals that must be available at each nurse's station, and developing written job descriptions for each category of nursing personnel;
- C. planning and conducting orientation programs for new nursing personnel, volunteers, and temporary staff, and continuing in-service education for all nursing home staff in nursing homes under 90 beds, if no one is designated as responsible for all in-service education;
- D. determining with the administrator the numbers and levels of nursing personnel to be employed;
- E. participating in recruitment, selection, and termination of nursing personnel;

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

G. delegating and monitoring nonnursing responsibilities to other staff consistent with their training, experience, competence, and legal authorization, and with nursing home policy;

H. participating in the selection of prospective residents based on nursing care needed and nursing personnel competencies available;

I. assuring that a comprehensive plan of care is established and implemented for each resident and that the plan is reviewed at least quarterly and within seven days of the revision of the comprehensive resident assessment required by part 4658.0400, subpart 3, item B;

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

K. participating in planning, decision making, and budgeting for nursing care;

L. interacting with physicians to plan care for residents; and

M. assuring that discharge and transfer planning for residents is conducted.

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

History: 20 SR 303

4658.0510 NURSING PERSONNEL.

Subpart 1. **Staffing requirements.** A nursing home must have on duty at all times a sufficient number of qualified nursing personnel, including registered nurses, licensed practical nurses, and nursing assistants to meet the needs of the residents at 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.

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

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

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

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

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

Subp. 5. **Assignment of duties.** Nursing personnel must not perform duties for which they have not had proper and sufficient training. Duties assigned to nursing personnel must be consistent with their training, experience, competence, and credentialing.

Subp. 6. **Duties.** Nursing personnel must be employed and used for nursing duties only. A nursing home must provide sufficient additional staff for housekeeping, dietary, laundry, and maintenance duties and those persons must not provide nursing care.

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

History: 20 SR 303

4658.0515 FREQUENCY OF REPORTING.

Nursing notes must be recorded at least weekly on all residents and more often if indicated by their condition.

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

History: 20 SR 303

4658.0520 ADEQUATE AND PROPER NURSING CARE.

Subpart 1. **Care in general.** A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts

4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed.

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

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

B. Clean skin and freedom from offensive odors. A bathing plan must be part of each resident's plan of care. A resident whose condition requires that the resident remain in bed must be given a complete bath at least every other day and more often as indicated. An incontinent resident must be checked at least every two hours, and must receive perineal care following each episode of incontinence. Clean linens or clothing must be provided promptly each time the bed or clothing is soiled. Perineal care includes the washing and drying of the perineal area. Pads or diapers must be used to keep the bed dry and for the resident's comfort. Special attention must be given to the skin to prevent irritation. Rubber, plastic, or other types of protectors must be kept clean, be completely covered, and not come in direct contact with the resident. Soiled linen and clothing must be removed immediately from resident areas to prevent odors.

C. A shampoo at least weekly and assistance with daily hair grooming as needed.

D. Assistance with or supervision of shaving of all 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 must be used to prevent dry, cracked lips.

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

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

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

I. Monitoring resident temperature, pulse, respiration, and blood pressure as often as indicated by the resident's condition but at least weekly.

J. Recording resident height and weight at the time of admission and weight at least monthly thereafter.

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

History: *20 SR 303*

4658.0525 REHABILITATION NURSING CARE.

Subpart 1. **Program required.** A nursing home must have an active program of rehabilitation nursing care directed toward assisting each resident to achieve and maintain the highest practicable physical, mental, and psychosocial well-being according to the comprehensive resident assessment and plan of care described in parts 4658.0400 and 4658.0405. Continuous efforts must be made to encourage ambulation and purposeful activities.

Subp. 2. **Range of motion.** A supportive program that is directed toward prevention of deformities through positioning and range of motion must be implemented and maintained. Based on the comprehensive resident assessment, the director of nursing services must coordinate the development of a nursing care plan which provides that:

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

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

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

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

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

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

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

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

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

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

A. a resident is given the appropriate treatments and services to maintain or improve abilities in activities of daily living unless deterioration is a normal or characteristic part of the resident's condition. For purposes of this part, activities of daily living includes the resident's ability to:

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

B. a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

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

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

B. a resident who is fed by a nasogastric or gastrostomy tube or feeding syringe receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal feeding function.

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

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

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

History: 20 SR 303

4658.0530 ASSISTANCE WITH EATING.

Subpart 1. **Nursing personnel.** Nursing personnel must determine that residents are served diets as prescribed. Residents needing help in eating must be promptly assisted upon receipt of the meals and the assistance must be unhurried and in a manner that maintains or enhances each resident's dignity and respect. Adaptive self-help devices must be provided to contribute to the resident's independence in eating. Food and fluid intake of residents must be

observed and deviations from normal reported to the nurse responsible for the resident's care during the work period the observation of a deviation was made. Persistent unresolved problems must be reported to the attending physician.

Subp. 2. **Volunteers.** Volunteers may assist residents with eating if the following conditions are met:

A. the nursing home has a policy allowing that assistance. The policy must specify whether family members are allowed to assist their immediate relatives with eating and, if allowed, what training is required for family members;

B. the resident has been assessed and a determination made that the resident may be safely fed by a volunteer, and that is documented in the comprehensive plan of care;

C. the resident has agreed, or an immediate family member, the legal guardian, or designated representative has agreed for the resident, to be fed by a volunteer;

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

E. the director of nursing services must be responsible for the monitoring of all persons, including family members, performing this activity; and

F. there are mechanisms in place to ensure appropriate reporting to nursing personnel of observations made by the volunteer during meal time.

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

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

History: *20 SR 303*

4658.0580 PENALTIES FOR NURSING SERVICES RULE VIOLATIONS.

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

- A. part 4658.0500, subpart 1, \$300;
- B. part 4658.0500, subpart 2, \$300;
- C. part 4658.0500, subpart 3, \$100;
- D. part 4658.0500, subpart 4, \$300;
- E. part 4658.0505, items A to C, \$300;
- F. part 4658.0505, items D to F, \$100;
- G. part 4658.0505, item G, \$300;
- H. part 4658.0505, item H, \$100;
- I. part 4658.0505, item I, \$300;
- J. part 4658.0505, items J to M, \$100;
- K. part 4658.0510, subpart 1, \$300;
- L. part 4658.0510, subparts 2 to 5, \$500;
- M. part 4658.0510, subpart 6, \$300;
- N. part 4658.0515, \$300;
- O. part 4658.0520, subpart 1, \$350;
- P. part 4658.0520, subpart 2, items A to H, \$350;
- Q. part 4658.0520, subpart 2, items I to J, \$300;
- R. part 4658.0525, \$350; and
- S. part 4658.0530, \$350.

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

History: *20 SR 303*

DIETARY SERVICE

4658.0600 DIETARY SERVICE.

Subpart 1. **Food quality.** Food must have taste, aroma, and appearance that encourages resident consumption of food.

Subp. 2. **Nutritional status.** The nursing home must ensure that a resident is offered a diet which supplies the caloric and nutrient needs as determined by the comprehensive resident assessment. Substitutes of similar nutritive value must be offered to residents who refuse food served.

Subp. 3. **Availability of diet manuals.** The most recent edition of diet manuals must be readily available in the dietary department.

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

History: *19 SR 1803*

4658.0605 DIRECTION OF DIETARY DEPARTMENT.

Subpart 1. **Dietitian.** The nursing home must employ a qualified dietitian either full time, part time, or on a consultant basis. For purposes of this chapter, a "qualified dietitian" means a person who:

A. is registered by the Commission on Dietetic Registration of the American Dietetic Association;

B. is licensed under Minnesota Statutes, section 148.624; or

C. has a bachelor's degree in dietetics, food and nutrition, or food service management plus experience in long-term care and ongoing continuing education in identification of dietary needs, and planning and implementation of dietary programs.

Subp. 2. **Director of dietary service.** If a qualified dietitian is not employed full time, the administrator must designate a director of dietary service who is enrolled in or has completed, at a minimum, a dietary manager course, and who receives frequently scheduled consultation from a qualified dietitian. The number of hours of consultation must be based upon the needs of the nursing home. Directors of dietary service hired before May 28, 1995, are not required to complete a dietary manager course.

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

History: *19 SR 1803*

4658.0610 DIETARY STAFF REQUIREMENTS.

Subpart 1. **Sufficient personnel.** The nursing home must employ sufficient personnel competent to carry out the functions of the dietary service. "Sufficient personnel" means enough staff to plan, prepare, and serve palatable, attractive, and nutritionally adequate meals at proper temperatures and appropriate times.

Subp. 2. **Health.** The dietary staff must be free from symptoms of communicable disease and from open, infected wounds.

Subp. 3. **Grooming.** Dietary staff must wear clean outer garments. Hairnets or other hair restraints must be worn to prevent the contamination of food, utensils, and equipment. Hair spray is not an acceptable hair restraint.

Subp. 4. **Hygiene.** Dietary staff must thoroughly wash their hands and the exposed portions of their arms with soap and warm water in a handwashing facility before starting work, during work as often as is necessary to keep them clean, and after smoking, eating, drinking, using the toilet, or handling soiled equipment or utensils. Dietary staff must keep their fingernails clean and trimmed.

Subp. 5. **Tobacco use.** Employees must not use tobacco in any form while on duty to handle, prepare, or serve food, or clean utensils and equipment.

Subp. 6. **Eating.** All employees must consume food only in areas designated for employee dining. An employee dining area must not be designated if consuming food in that location could cause contamination of other food, equipment, or utensils. This subpart does not apply to cooks or other persons designated by the cook who test the food for flavor and palatability.

Subp. 7. **Sanitary conditions.** Sanitary procedures and conditions must be maintained in the operation of the dietary department at all times.

Subp. 8. **Food handling guide.** A current copy of the department's food handling guide entitled "Information for Food Service Personnel in Hospitals and Related Care Facilities" must be readily available for reference by all dietary personnel.

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

History: *19 SR 1803*

4658.0615 FOOD TEMPERATURES.

Potentially hazardous food must be maintained at 40 degrees Fahrenheit (four degrees centigrade) or below, or 150 degrees Fahrenheit (66 degrees centigrade) or above. "Potentially hazardous food" means any food subject to continuous time and temperature controls in order to prevent the rapid and progressive growth of infectious or toxigenic microorganisms.

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

History: *19 SR 1803; 21 SR 196*

4658.0620 FREQUENCY OF MEALS.

Subpart 1. **Time of meals.** The nursing home must provide at least three meals daily at regular times. There must be no more than 14 hours between a substantial evening meal and breakfast the following day. A "substantial evening meal" means an offering of three or more menu items at one time, one of which is a high-quality protein such as meat, fish, eggs, or cheese.

Subp. 2. **Snacks.** The nursing home must offer evening snacks daily. "Offer" means having snacks available and making the resident aware of that availability.

Subp. 3. **Time between meals.** Up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group, such as the resident council, agrees to this meal span and a nourishing evening snack is provided.

Subp. 4. **Dining room.** Meals are to be served in a specified dining area consistent with the resident's choice and plan of care.

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

History: *19 SR 1803; 21 SR 196*

4658.0625 MENUS.

Subpart 1. **Menu planning.** All menus must be planned in advance, dated, and followed. Any changes in the meals actually served must be of equal nutritional value. The general menu for a seven-day period must be posted prior to the start of that seven-day period at a location readily accessible to residents, and any changes to the general menu must be noted on that posted menu. All menus and any changes for the current and following seven-day periods must be posted in the dietary area. Records of menus and of foods purchased must be filed for six months. A variety of foods must be provided. A file of tested recipes adjusted to a yield appropriate for the size of the home must be maintained.

Subp. 2. **Food habits and customs.** There must be adjustment to the food habits, customs, likes, and appetites of individual residents including condiments, seasonings, and salad dressings. There must be resident involvement in menu planning.

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

History: *19 SR 1803*

4658.0630 RETURNED FOOD.

Returned portions of food and beverages from individual servings may be reused if the food or beverage is served in a sealed wrapper or container which has not been unwrapped or opened and is not potentially hazardous.

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

History: *19 SR 1803*

4658.0635 CONDIMENTS.

Condiments, seasonings, and salad dressing for resident use must be provided in individual packages or from dispensers.

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

History: *19 SR 1803*

4658.0640 MILK.

Fluid milk and fluid milk products used must be pasteurized and must meet Grade A quality standards in Minnesota Statutes, chapter 32. The milk must be dispensed directly from the original container in which it was packaged, shipped, and received. This container may be individual portions, mechanically refrigerated bulk milk dispenser, or a commercially filled container of not more than one gallon capacity. Dry milk may not be reconstituted and served as fluid milk. Dry milk may be added to fluid milk and other foods to increase nutrient density. Dry milk, dry milk products, and commercial nondairy products may be used in instant dessert and whipped products or for cooking and baking.

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

History: *19 SR 1803*

4658.0645 ICE.

Ice must be stored and handled in a sanitary manner. Stored ice must be kept in an enclosed container. If the container is not mechanically cooled, it must be cleaned at least daily and more often if needed. If an ice scoop is used, the scoop must be stored separately to prevent the handle from contact with the ice.

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

History: *19 SR 1803*

4658.0650 FOOD SUPPLIES.

Subpart 1. **Food.** All food must be clean, wholesome, free from spoilage, free from adulteration and misbranding, and safe for human consumption. Canned or preserved food which has been processed in a place other than a commercial food-processing establishment is prohibited for use by nursing homes.

Subp. 2. **Food brought into nursing home.** Nonprohibited food items from noncommercial sources such as fresh produce, game, and fish may be brought into the nursing home in accordance with nursing home policy.

Subp. 3. **Food containers.** Food, whether raw or prepared, if removed from the container or package in which it was obtained, must be stored in a clean, covered container. The container need not be covered during necessary periods of preparation or service.

Subp. 4. **Storage of nonperishable food.** Containers of nonperishable food must be stored a minimum of six inches above the floor in a manner that protects the food from splash and other contamination, and that permits easy cleaning of the storage area. Containers may be stored on equipment such as dollies, racks, or pallets, provided the equipment is easily movable and constructed to allow for easy cleaning. Nonperishable food and containers of nonperishable food must not be stored under exposed or unprotected sewer lines or similar sources of potential contamination. The storage of nonperishable food in toilet rooms or vestibules is prohibited.

Subp. 5. **Storage of perishable food.** All perishable food must be stored off the floor on washable, corrosion-resistant shelving under sanitary conditions, and at temperatures which will protect against spoilage.

Subp. 6. **Prohibited storage.** The storage of detergents, cleaners, pesticides, and other nonfood items not related to the operation of the dietary service, including employees' personal items, is prohibited in food storage areas. The nursing home may store dry goods and paper products related to the dietary service in the food storage area.

Subp. 7. **Vending machines.** Storage and dispensing of food and beverages in vending machines must be in accordance with parts 1550.5000 to 1550.5130, and in accordance with any applicable local ordinances.

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

History: *19 SR 1803*

4658.0655 TRANSPORT OF FOOD.

The food service system must be capable of keeping food hot or cold until served. A dumbwaiter or conveyor, which cab or carrier is used for the transport of food and soiled

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dishes, must be sanitized immediately after the transportation of soiled dishes is complete, and prior to the transporting of food. The dumbwaiter or conveyor, which cab or carrier is used for the transport of soiled linens, may not be used for the transport of food or soiled dishes.

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

History: *19 SR 1803*

4658.0660 FLOOR CLEANING AND TRASH.

Subpart 1. **Cleaning during food preparation.** There must be no sweeping or mopping in the food preparation or service areas of the kitchen during the time of food preparation or service, except when necessary to prevent accidents.

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

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

History: *19 SR 1803*

4658.0665 DISHES AND UTENSILS REQUIREMENTS.

The requirements in items A to E apply to the use of dishes and utensils.

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

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

C. Enclosed lowerators for dishes are acceptable.

D. Clean spoons, knives, and forks must be touched only by their handles. Clean cups, glasses, bowls, plates, and similar items must be handled without contact with inside surfaces or surfaces that contact the user's mouth.

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

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

History: *19 SR 1803*

4658.0670 DISHWASHING.

Subpart 1. **Requirements.** The dishwashing operation must provide separation in the handling of soiled and clean dishes and utensils, and must conform with either part 4658.0675 or 4658.0680 for washing, rinsing, sanitizing, and drying.

Subp. 2. **Sanitization; storage.** All utensils and equipment must be thoroughly cleaned, and food-contact surfaces of utensils and equipment must be given sanitization treatment and must be stored in such a manner as to be protected from contamination. Cleaned and sanitized equipment and utensils must be handled in a way that protects them from contamination.

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

History: *19 SR 1803*

4658.0675 MECHANICAL CLEANING AND SANITIZING.

Subpart 1. **Generally.** Mechanical cleaning and sanitizing must be done in the manner described by subparts 2 to 8.

Subp. 2. **Cleaning and sanitizing.** Cleaning and sanitizing may be done by spray-type or immersion utensil washing machines or by any other type of machine or device if it is demonstrated that it thoroughly cleans, sanitizes equipment and utensils, and meets the requirements of Standard No. 3, spray-type dishwashing machines, issued by NSF International, June 1982. This standard is incorporated by reference. It is available through the Minitex interlibrary loan system. It is not subject to frequent change. These machines and devices must

be properly installed and maintained in good repair. Machines and devices must be operated according to manufacturers' instructions, which must be posted nearby. Utensils and equipment placed in the machine must be exposed to all washing cycles. Automatic detergent dispensers, wetting agent dispensers, and liquid sanitizer injectors must be properly installed and maintained.

Subp. 3. **Drainboards.** Drainboards must be provided and be of adequate size for the proper handling of soiled utensils before washing and for cleaned utensils following sanitization, and must be located and constructed so as not to interfere with the proper use of the dishwashing facilities. This does not preclude the use of easily movable dish tables for the storage of soiled utensils or the use of easily movable dish tables for the storage of clean utensils following sanitization.

Subp. 4. **Preparing to clean.** Equipment and utensils must be flushed or scraped and, when necessary, soaked to remove gross food particles and soil before being washed in a dishwashing machine unless a prewash cycle is a part of the dishwashing machine operation. Equipment and utensils must be placed in racks, trays, or baskets, or on conveyors, in a way that food-contact surfaces are exposed to the unobstructed application of detergent wash and clean rinse water and that permits free draining.

Subp. 5. **Chemical sanitization.** Single-tank machines, stationary-rack machines, door-type machines, and spray-type glass washers using chemicals for sanitization may be used, provided that:

A. wash water temperatures, addition of chemicals, rinse water temperatures, and chemical sanitizers used are in conformance with NSF International Standard No. 3, incorporated by reference in subpart 2, and Standard No. 29, Detergent and Chemical Feeders for Commercial Spray-Type Dishwashing Machines, issued by NSF International, November 1992. These standards are incorporated by reference. They are available through the Minitex interlibrary loan system. They are not subject to frequent change;

B. a test kit or other device that accurately measures the parts per million concentration of the sanitizing solution must be available and be used, and a log of the test results must be maintained for the previous three months;

C. containers for storing the sanitizing agent must be installed in such a manner as to ensure that operators maintain an adequate supply of sanitizing compound; and

D. a visual or audible warning device must be provided for the operator to easily verify when the sanitizing agent is depleted.

Subp. 6. **Hot water sanitization.** Machines using hot water for sanitizing may be used provided that wash water and pumped rinse water are kept clean and water is maintained at not less than the temperature specified by NSF International Standard No. 3, incorporated by reference in subpart 2, under which the machine is evaluated. A pressure gauge must be installed with a valve immediately adjacent to the supply side of the control valve in the final rinse line provided that this requirement does not pertain to a dishwashing machine with a pumped final rinse.

Subp. 7. **Air drying.** Dishes and utensils must be air dried before being stored or must be stored in a self-draining position. Properly racked sanitized dishes and utensils may complete air drying in proper storage places, if available.

Subp. 8. **Cleaning of dishwashing machines.** Dishwashing machines must be cleaned at least once a day, or more frequently if required, in accordance with the manufacturer's recommendation.

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

History: *19 SR 1803*

4658.0680 MANUAL CLEANING AND SANITIZING.

Subpart 1. **Generally.** Manual cleaning and sanitizing must be done in the manner described in subparts 2 to 9.

Subp. 2. **Three compartment sink.** For manual washing, rinsing, and sanitizing of utensils and equipment, a sink with at least three compartments must be provided and be used. Sink compartments must accommodate food preparation equipment and utensils, and each compartment of the sink must be supplied with hot and cold potable running water.

Fixed equipment and utensils and equipment too large to be cleaned in sink compartments must be washed manually or cleaned through pressure spray methods.

Subp. 3. **Drainboards.** Drainboards must be provided at each end for proper handling of soiled utensils before washing and for cleaned utensils following sanitizing and must be located so as not to interfere with the proper use of the utensil washing facilities.

Subp. 4. **Preparing to clean.** Equipment and utensils must be preflushed or prescraped and, when necessary, presoaked to remove gross food particles and soil.

Subp. 5. **Manual dishwashing process.** Except for fixed equipment and utensils too large to be cleaned in sink compartments, manual washing, rinsing, and sanitizing must be conducted in the following manner:

A. sinks must be cleaned before use;

B. equipment and utensils must be thoroughly washed in the first compartment with a detergent in accordance with the detergent manufacturer's instructions;

C. equipment and utensils must be rinsed free of detergent and abrasives with clean water in the second compartment;

D. equipment and utensils must be sanitized in the third compartment according to subpart 6.

Subp. 6. **Sanitization methods.** The food-contact surfaces of all equipment and utensils must be sanitized by one of the following methods:

A. immersion for at least one-half minute in clean, hot water at a temperature of at least 170 degrees Fahrenheit (77 degrees centigrade);

B. immersion for at least one minute in a clean solution containing at least 50 parts per million, but no more than 200 parts per million, of available chlorine as a hypochlorite and at a temperature of at least 75 degrees Fahrenheit (24 degrees centigrade);

C. immersion for at least one minute in a clean solution containing at least 12.5 parts per million, but not more than 25 parts per million, of available iodine and having a pH range which the manufacturer has demonstrated to be effective and at a temperature of at least 75 degrees Fahrenheit (24 degrees centigrade);

D. immersion in a clean solution containing any other chemical sanitizing agent allowed under Code of Federal Regulations, title 21, section 178.1010, that will provide at least the equivalent bactericidal effect of a solution containing 50 parts per million of available chlorine as a hypochlorite at a temperature of at least 75 degrees Fahrenheit (24 degrees centigrade) for one minute; or

E. for equipment too large to sanitize by immersion, but in which steam can be confined, treatment with steam free from materials or additives other than those specified in Code of Federal Regulations, title 21, section 173.310.

Equipment too large to sanitize by immersion must be rinsed, sprayed, or swabbed with a sanitizing solution of at least twice the required strength for that particular sanitizing solution.

Subp. 7. **Hot water sanitization.** When hot water is used for sanitizing, the following equipment must be provided and used:

A. an integral heating device or fixture installed in, on, or under the sanitizing compartment of the sink capable of maintaining the water at a temperature of at least 170 degrees Fahrenheit (77 degrees centigrade);

B. a numerically scaled indicating thermometer, accurate to plus or minus three degrees Fahrenheit (plus or minus two degrees centigrade) convenient to the sink for frequent checks of water temperature; and

C. dish baskets or other equipment of such size and design to permit complete immersion of the tableware, kitchenware, and equipment in the hot water.

Subp. 8. **Chemical sanitization.** When chemicals are used for sanitization, they must not have concentrations higher than the maximum permitted under Code of Federal Regulations, title 21, section 178.1010, and a test kit or other device that accurately measures the parts per million concentration of the solution must be provided and used, and a log of the test results must be maintained for the previous three months.

Subp. 9. **Air drying.** All dishes and utensils must be air dried before being stored or must be stored in a self-draining position. Properly racked sanitized dishes and utensils may complete air drying in proper storage places, if available.

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

History: *19 SR 1803*

4658.0685 PENALTIES FOR DIETARY AND FOOD SERVICES AND SANITATION RULE VIOLATIONS.

Penalty assessments for violations of parts 4658.0600 to 4658.0680 are as follows:

- A. part 4658.0600, subpart 1, \$350;
- B. part 4658.0600, subpart 2, \$350;
- C. part 4658.0600, subpart 3, \$100;
- D. part 4658.0605, subpart 1, \$350;
- E. part 4658.0605, subpart 2, \$300;
- F. part 4658.0610, subpart 1, \$300;
- G. part 4658.0610, subpart 2, \$350;
- H. part 4658.0610, subpart 3, \$350;
- I. part 4658.0610, subpart 4, \$350;
- J. part 4658.0610, subpart 5, \$350;
- K. part 4658.0610, subpart 6, \$50;
- L. part 4658.0610, subpart 7, \$350;
- M. part 4658.0610, subpart 8, \$350;
- N. part 4658.0615, \$350;
- O. part 4658.0620, subpart 1, \$350;
- P. part 4658.0620, subpart 2, \$350;
- Q. part 4658.0620, subpart 3, \$350;
- R. part 4658.0620, subpart 4, \$100;
- S. part 4658.0625, subpart 1, \$300;
- T. part 4658.0625, subpart 2, \$300;
- U. part 4658.0630, \$350;
- V. part 4658.0635, \$350;
- W. part 4658.0640, \$350;
- X. part 4658.0645, \$350;
- Y. part 4658.0650, subpart 1, \$350;
- Z. part 4658.0650, subpart 2, \$350;
- AA. part 4658.0650, subpart 3, \$350;
- BB. part 4658.0650, subpart 4, \$350;
- CC. part 4658.0650, subpart 5, \$350;
- DD. part 4658.0650, subpart 6, \$350;
- EE. part 4658.0650, subpart 7, \$350;
- FF. part 4658.0655, \$350;
- GG. part 4658.0660, subpart 1, \$300;
- HH. part 4658.0660, subpart 2, \$300;
- II. part 4658.0665, \$300; and
- JJ. parts 4658.0670 to 4658.0680, \$300.

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

History: *19 SR 1803*

MEDICAL AND DENTAL SERVICES

4658.0700 MEDICAL DIRECTOR.

Subpart 1. **Designation.** A nursing home must designate a physician to serve as medical director.

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

A. the development of resident care policies and procedures that are to be approved by the licensee;

B. implementation of resident care policies;

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

D. the medical direction and coordination of medical care in the nursing home, including serving as liaison with attending physicians, and periodic evaluation of the adequacy and appropriateness of health professional and supportive staff and services to meet the medical needs of residents;

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

F. periodic advisement to the director of nursing services to ensure a quality level of delegated medical care provided to residents; and

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

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

History: *20 SR 303*

4658.0705 MEDICAL CARE AND TREATMENT.

Subpart 1. **Physician supervision.** A nursing home must ensure that each resident has a physician designated to authorize and supervise the medical care and treatment of the resident during the resident's stay in the nursing home, and must ensure that another physician is available to supervise the resident's medical care when the attending physician is unavailable.

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

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

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

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

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

History: *20 SR 303*

4658.0710 ADMISSION ORDERS AND PHYSICIAN EVALUATIONS.

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

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

Subp. 3. **Frequency of physician evaluations.**

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

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

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

- A. review the resident's comprehensive plan of care, including medications and treatments, and progress notes;
- B. write, sign, and date physician progress notes; and
- C. sign and date all orders.

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

History: 20 SR 303

4658.0715 MEDICAL INFORMATION FOR CLINICAL RECORD.

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

- A. the report of the admission history and physical examination;
- B. the admitting diagnosis;
- C. a description of the general medical condition, including disabilities and limitations;
- D. a report of subsequent physical examinations;
- E. instructions relative to the resident's total program of care;
- F. written orders for all medications with stop dates, treatments, rehabilitations, and any medically prescribed special diets;
- G. progress notes;
- H. any advanced directives; and
- I. condition on discharge or transfer, or cause of death.

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

History: 20 SR 303

4658.0720 PROVIDING DAILY ORAL CARE.

Subpart 1. **Daily oral care plan.** A nursing home must establish a daily oral care plan for each resident consistent with the results of the comprehensive resident assessment.

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

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

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

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

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

History: 20 SR 303

4658.0725 PROVIDING ROUTINE AND EMERGENCY ORAL HEALTH SERVICES.

Subpart 1. **Routine dental services.** A nursing home must provide, or obtain from an outside resource, routine dental services to meet the needs of each resident. Routine dental services include dental examinations and cleanings, fillings and crowns, root canals, periodontal care, oral surgery, bridges and removable dentures, orthodontic procedures, and adjunctive services that are provided for similar dental patients in the community at large, as limited by third party reimbursement policies.

Subp. 2. **Annual dental visit.**

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

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

Subp. 3. Emergency dental services.

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

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

Subp. 4. Dental records. For each dental visit, the clinical record must include the name of the dentist or dental hygienist, date of the service, specific dental services provided, medications administered, medical or dental consultations, and follow-up orders.

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

History: *20 SR 303*

4658.0730 NURSING HOME REQUIREMENTS.

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

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

- A. routine and emergency dental care for the nursing home's residents;
- B. consultation on the nursing home's oral health policies and procedures; and
- C. oral health training for nursing home staff.

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

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

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

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

History: *20 SR 303*

4658.0750 PENALTIES FOR PHYSICIAN AND DENTAL SERVICES RULE VIOLATIONS.

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

- A. part 4658.0700, subpart 1, \$100;
- B. part 4658.0700, subpart 2, items A to F, \$300;
- C. part 4658.0700, subpart 2, item G, \$100;
- D. part 4658.0705, subpart 1, \$300;
- E. part 4658.0705, subpart 2, item A, \$300;
- F. part 4658.0705, subpart 2, item B, \$100;
- G. part 4658.0705, subpart 2, item C, \$300;
- H. part 4658.0710, subpart 1, \$350;
- I. part 4658.0710, subpart 2, \$300;
- J. part 4658.0710, subpart 3, item A, \$350;

- K. part 4658.0710, subpart 3, item B, \$300;
- L. part 4658.0710, subpart 4, \$100;
- M. part 4658.0715, \$350;
- N. part 4658.0720, subpart 1, \$300;
- O. part 4658.0720, subpart 2, \$100;
- P. part 4658.0725, subpart 1, \$350;
- Q. part 4658.0725, subparts 2 and 3, \$300;
- R. part 4658.0725, subpart 4, \$100;
- S. part 4658.0730, subparts 1 to 4, \$300; and
- T. part 4658.0730, subpart 5, \$100.

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

History: *20 SR 303*

INFECTION CONTROL

4658.0800 INFECTION CONTROL.

Subpart 1. **Infection control program.** A nursing home must establish and maintain an infection control program designed to provide a safe and sanitary environment.

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

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

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

A. surveillance based on systematic data collection to identify nosocomial infections in residents;

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

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

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

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

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

G. a system for reviewing antibiotic use;

H. a system for review and evaluation of products which affect infection control, such as disinfectants, antiseptics, gloves, and incontinence products; and

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

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

History: *20 SR 303*

4658.0805 PERSONS PROVIDING SERVICES.

All persons providing services, including volunteers, with a communicable disease as listed in part 4605.7040 or with infected skin lesions must not be permitted to work in the nursing home unless it is determined that the person's condition will permit the person to work without endangering the health and safety of residents and other staff. The employee health policies required in part 4658.0800, subpart 4, item F, must address grounds for excluding persons from work and for reinstating persons to work due to a communicable disease or infected skin lesions.

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

History: *20 SR 303*

4658.0810 RESIDENT TUBERCULOSIS PROGRAM.

Subpart 1. **Tuberculosis test at admission.** A resident's clinical record must contain a report of a tuberculin test within the three months prior to admission or within 72 hours after admission, administered in conformance with the general guidelines for surveillance and diagnosis as found in Morbidity and Mortality Weekly Report (MMWR), Recommendations and Reports, July 13, 1990, Vol. 39, No. RR-10; "Prevention and Control of Tuberculosis in Facilities Providing Long-Term Care to the Elderly; Recommendations of the Advisory Committee for Elimination of Tuberculosis," as issued by the Centers for Disease Control and Prevention. This guideline is incorporated by reference. It is available through the Minitex interlibrary loan system. It is not subject to frequent change.

Subp. 2. **Identification; evaluation; treatment.** A nursing home must develop and implement policies and procedures addressing the identification, evaluation, and initiation of treatment for residents who may have active tuberculosis in accordance with Morbidity and Mortality Weekly Report (MMWR), October 28, 1994, Vol. 43, No. RR-13; section II.C. of the "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities, 1994," issued by the Centers for Disease Control and Prevention, October 28, 1994. This guideline is incorporated by reference. It is available through the Minitex interlibrary loan system. It is not subject to frequent change.

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

History: *20 SR 303*

4658.0815 EMPLOYEE TUBERCULOSIS PROGRAM.

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

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

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

Subp. 4. **Evaluation of symptoms.** All employees exhibiting symptoms consistent with tuberculosis must be evaluated within 72 hours.

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

History: *20 SR 303*

4658.0820 FOOD POISONING AND DISEASE REPORTING.

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

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

History: *20 SR 303*

4658.0850 PENALTIES FOR INFECTION CONTROL RULE VIOLATIONS.

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

A. part 4658.0800, \$300;

B. part 4658.0805, \$300;

C. part 4658.0810, \$200;

- D. part 4658.0815, subparts 1 and 2, \$200;
- E. part 4658.0815, subpart 3, \$50;
- F. part 4658.0815, subpart 4, \$300; and
- G. part 4658.0820, \$100.

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

History: *20 SR 303*

RECREATIONAL PROGRAM

4658.0900 ACTIVITY AND RECREATION PROGRAM.

Subpart 1. **General requirements.** A nursing home must provide an organized activity and recreation program. The program must be based on each individual resident's interests, strengths, and needs, and must be designed to meet the physical, mental, and psychological well-being of each resident, as determined by the comprehensive resident assessment and comprehensive plan of care required in parts 4658.0400 and 4658.0405. Residents must be provided opportunities to participate in the planning and development of the activity and recreation program.

Subp. 2. **Frequency of program activities.** The activity and recreation program must be regularly scheduled every day, except that a nursing home may establish a policy designating holidays or other days that are exempt from scheduled activities. A schedule of the activities and recreation programming must be posted in a location readily accessible to residents at least one week in advance.

Subp. 3. **Activity and recreation program director.** The activity and recreation program director must be a person who is trained or experienced to direct the activity and recreation staff and program at that nursing home.

Subp. 4. **Staff assistance with activities.** Sufficient staff must be assigned to assist with the implementation of the activity and recreation program, as determined by the needs of the residents and the nursing home.

Subp. 5. **Space, equipment, and materials.** The activity and recreation program must be provided with space both within the nursing home and out-of-doors. Appropriate and adequate equipment and materials must be provided to meet the needs of the activity and recreation program.

Subp. 6. **Prohibition on charges.** A nursing home may not charge a resident for any portion of the activity and recreation program required in subpart 1. A nursing home may charge a resident for social events and entertainment offered outside the scope of the regularly scheduled activity and recreation program, if the event is requested by the resident and the nursing home informs the resident that there will be a charge.

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

History: *21 SR 196*

4658.0950 PENALTIES FOR ACTIVITY AND RECREATION PROGRAM RULE VIOLATIONS.

Penalty assessments will be assessed on a daily basis for violations of part 4658.0900 and are as follows:

- A. subparts 1, 3, and 6, \$300; and
- B. subparts 2, 4, and 5, \$100.

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

History: *21 SR 196*

SPIRITUAL NEEDS

4658.0960 SPIRITUAL NEEDS.

A nursing home must provide opportunities for the residents' spiritual needs to be met.

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

History: *21 SR 196*

4658.0990 PENALTIES FOR SPIRITUAL NEEDS RULE VIOLATIONS.

A \$250 penalty assessment will be assessed on a daily basis for a violation of part 4658.0960.

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

History: *21 SR 196*

SOCIAL SERVICES**4658.1000 DEFINITIONS.**

Subpart 1. **Scope.** For the purposes of this chapter, the following terms have the meanings given them.

Subp. 2. **Medically related social services.** "Medically related social services" means services provided by the nursing home's staff to assist residents in maintaining or improving their ability to manage their everyday physical, mental, and psychosocial needs.

Subp. 3. **Qualified social worker.** Until June 30, 1996, "qualified social worker" means an individual with at least a bachelor's degree in a social work or a human services field, with at least one year of supervised social work experience in a health care setting working directly with individuals. Effective July 1, 1996, "qualified social worker" means an individual licensed as a social worker by the Minnesota Board of Social Work according to Minnesota Statutes, chapter 148B.

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

History: *21 SR 196*

4658.1005 SOCIAL SERVICES.

Subpart 1. **General requirements.** A nursing home must have an organized social services department or program to provide medically related social services to each resident. A nursing home must make referrals to or collaborate with outside resources for a resident who is in need of additional mental health, substance abuse, or financial services.

Subp. 2. **Social worker.** A nursing home must employ a qualified social worker or a social services designee. A nursing home with more than 120 beds must have at least one filled qualified social worker position. The person or persons filling the qualified social worker position must be assigned full time to the social services of the nursing home and must fill at least one full-time equivalent position of at least 35 hours per week.

Subp. 3. **Admission history and assessment.** A psychosocial history and assessment must be completed for each new resident within 14 days after admission. The psychosocial history and assessment must contain sufficient information related to the resident's condition to develop care planning goals based on that resident's needs and strengths and may be used as a part of the comprehensive resident assessment required by part 4658.0400. The psychosocial history and assessment must be included in the resident's clinical record.

Subp. 4. **Updating the assessment.** The psychosocial assessment must be reviewed at least annually and updated as necessary.

Subp. 5. **Providing social services.** Social services must be provided on the basis of identified social service needs of each resident, according to the comprehensive resident assessment and comprehensive plan of care described in parts 4658.0400 and 4658.0405.

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

History: *21 SR 196*

4658.1090 PENALTIES FOR SOCIAL SERVICES RULE VIOLATIONS.

Penalty assessments will be assessed on a daily basis for violations of parts 4658.1000 to 4658.1005 and are as follows:

A. part 4658.1005, subparts 1, 3, and 4, \$300; and

B. part 4658.1005, subparts 2 and 5, \$350.

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

History: *21 SR 196*

BARBER AND BEAUTY SERVICES**4658.1100 BARBER AND BEAUTY SHOP SERVICES.**

A nursing home must provide or arrange for the provision of barber and beauty shop services.

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

History: *21 SR 196*

4658.1190 PENALTIES FOR BARBER AND BEAUTY SHOP SERVICES RULE VIOLATIONS.

A \$100 penalty assessment will be assessed on a daily basis for violations of part 4658.1100.

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

History: *21 SR 196*

REHABILITATIVE SERVICES**4658.1200 SPECIALIZED REHABILITATIVE SERVICES.**

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

A. "Qualified personnel" means professional staff who are licensed, certified, or registered in accordance with applicable state laws and rules, and are educated to perform the particular service safely and competently.

B. "Specialized rehabilitative services" means restorative therapy and specialized maintenance therapy including, but not limited to, physical therapy, occupational therapy, and speech therapy.

Subp. 2. **Provision of services.** If specialized rehabilitative services are required in the resident's comprehensive plan of care, the nursing home must:

A. provide the required services; or

B. obtain the required services from an outside source according to part 4658.0075.

Subp. 3. **Qualified personnel.** Specialized rehabilitative services must be provided by qualified personnel under the written order of a physician or other health care practitioner authorized to prescribe.

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

History: *21 SR 196*

4658.1290 PENALTIES FOR SPECIALIZED REHABILITATIVE SERVICES RULE VIOLATIONS.

Penalty assessments will be assessed on a daily basis for violations of part 4658.1200 and are as follows:

A. part 4658.1200, subpart 2, \$350; and

B. part 4658.1200, subpart 3, \$300.

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

History: *21 SR 196*

MEDICATIONS**4658.1300 MEDICATIONS AND PHARMACY SERVICES; DEFINITIONS.**

Subpart 1. **Controlled substances.** "Controlled substances" has the meaning given in Minnesota Statutes, section 152.01, subdivision 4.

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

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

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

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

History: *20 SR 303*

4658.1305 PHARMACIST SERVICE CONSULTATION.

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

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

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

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

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

History: *20 SR 303*

4658.1310 DRUG REGIMEN REVIEW.

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

B. The pharmacist must report any irregularities to the director of nursing services and the attending physician, and these reports must be acted upon by the time of the next physician visit, or sooner, if indicated by the pharmacist. For purposes of this part, "acted upon" means the acceptance or rejection of the report and the signing or initialing by the director of nursing services and the attending physician.

C. If the attending physician does not concur with the pharmacist's recommendation, or does not provide adequate justification, and the pharmacist believes the resident's quality of life is being adversely affected, the pharmacist must refer the matter to the medical director for review if the medical director is not the attending physician. If the medical director determines that the attending physician does not have adequate justification for the order and if the attending physician does not change the order, the matter must be referred for review to the quality assessment and assurance committee required by part 4658.0070. If the attending physician is the medical director, the consulting pharmacist must refer the matter directly to the quality assessment and assurance committee.

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

History: *20 SR 303*

4658.1315 UNNECESSARY DRUG USAGE.

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

A. in excessive dose, including duplicate drug therapy;

B. for excessive duration;

C. without adequate indications for its use; or

D. in the presence of adverse consequences which indicate the dose should be reduced or discontinued.

In addition to the drug regimen review required in part 4658.1310, the nursing home must comply with provisions in the Interpretive Guidelines for Code of Federal Regulations, title 42, section 483.25(1)(1) found in Appendix P of the State Operations Manual, Guidance to

Surveyors for Long-Term Care Facilities, published by the Department of Health and Human Services, Health Care Financing Administration, April 1992. This standard is incorporated by reference. It is available through the Minitex interlibrary loan system and the state law library. It is not subject to frequent change.

Subp. 2. Monitoring. A nursing home must monitor each resident's drug regimen for unnecessary drug usage, based on the nursing home's policies and procedures, and the pharmacist must report any irregularity to the resident's attending physician. If the attending physician does not concur with the nursing home's recommendation, or does not provide adequate justification, and the pharmacist believes the resident's quality of life is being adversely affected, the pharmacist must refer the matter to the medical director for review if the medical director is not the attending physician. If the medical director determines that the attending physician does not have adequate justification for the order and if the attending physician does not change the order, the matter must be referred for review to the Quality Assurance and Assessment (QAA) committee required by part 4658.0070. If the attending physician is the medical director, the consulting pharmacist shall refer the matter directly to the QAA.

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

History: *20 SR 303*

4658.1320 MEDICATION ERRORS.

A nursing home must ensure that:

A. Its medication error rate is less than five percent as described in the Interpretive Guidelines for Code of Federal Regulations, title 42, section 483.25(m), found in Appendix P of the State Operations Manual, Guidance to Surveyors for Long-Term Care Facilities, which is incorporated by reference in part 4658.1315. For purposes of this part, a medication error means:

(1) a discrepancy between what was prescribed and what medications are actually administered to residents in the nursing home; or

(2) the administration of expired medications.

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

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

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

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

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

History: *20 SR 303*

4658.1325 ADMINISTRATION OF MEDICATIONS.

Subpart 1. Pharmacy services. A nursing home must arrange for the provision of pharmacy services.

Subp. 2. Staff designated to administer medications. A nurse or unlicensed nursing personnel, as described in part 4658.1360, must be designated as responsible for the administration of medications during each work period.

Subp. 3. List of staff to administer medications. A list of staff authorized to administer medications must be available at each nursing station.

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

Subp. 5. Medications administered by injection. Medications for injection may be given only by a physician, physician's assistant, registered nurse, nurse practitioner, or li-

censed practical nurse, or may be self-administered by a resident in accordance with subpart 4.

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

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

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

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

History: *20 SR 303*

4658.1330 WRITTEN AUTHORIZATION FOR ADMINISTERING DRUGS.

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

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

History: *20 SR 303*

4658.1335 STOCK MEDICATIONS.

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

Subp. 2. Emergency medication supply. A nursing home may have an emergency medication supply which must be approved by the QAA committee. The contents, maintenance, and use of the emergency medication supply must comply with part 6800.6700.

Subp. 3. Prohibitions. No prescription drug supply for one resident may be used or saved for the use of another resident in the nursing home.

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

History: *20 SR 303*

4658.1340 MEDICINE CABINET AND PREPARATION AREA.

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

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

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

History: *20 SR 303*

4658.1345 LABELING OF DRUGS.

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

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

History: *20 SR 303*

4658.1350 DISPOSITION OF MEDICATIONS.

Subpart 1. **Drugs given to discharged residents.** Current medications, except controlled substances listed in Minnesota Statutes, section 152.02, subdivision 3, belonging to a resident must be given to the resident, or the resident's legal guardian or designated representative, when discharged or transferred and must be recorded on the clinical record.

Subp. 2. Destruction of medications.

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

B. Unused portions of other prescription drugs remaining in the nursing home after the death or discharge of the resident for whom they were prescribed or any prescriptions discontinued permanently, must be destroyed according to part 6800.6500, subpart 3, or must be returned to the pharmacy according to part 6800.2700, subpart 2. A notation of the destruction listing the date, quantity, name of medication, prescription number, signature of the person destroying the drugs, and signature of the witness to the destruction must be recorded on the clinical record.

Subp. 3. **Loss or spillage.** When a loss or spillage of a prescribed Schedule II drug occurs, an explanatory notation must be made in a Schedule II record. The notation must be signed by the person responsible for the loss or spillage and by one witness who must also observe the destruction of any remaining contaminated drug by flushing into the sewer system or wiping up the spill.

Subp. 4. **Returned to pharmacy.** Drugs and prescribed medications used in nursing homes may be returned to the dispensing pharmacy according to part 6800.2700, subpart 2.

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

History: *20 SR 303*

4658.1355 MEDICATION REFERENCE BOOK.

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

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

History: *20 SR 303*

4658.1360 ADMINISTRATION OF MEDICATIONS BY UNLICENSED PERSONNEL.

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

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

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

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

- (1) the complete procedure of checking the resident's medication record;
- (2) preparation of the medication for administration;
- (3) administration of the medication to the resident;
- (4) assisting residents with self-administration as necessary;
- (5) documentation after administration of the date, time, dosage, and method

of administration of all medications, or the reason for not administering the medication as ordered, and the signature of the nurse or authorized person who administered and observed the same; and

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

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

Subp. 4. Medication administration. A person who completes the required training course, and has been delegated the responsibility, may administer medication, whether oral, suppository, eye drops, ear drops, inhalant, or topical, if:

A. the medications are regularly scheduled; and

B. in the case of pro re nata (PRN) medications, the administration of the medication is authorized by a nurse or reported to a nurse within a time period that is specified by nursing home policy prior to the administration.

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

History: *20 SR 303*

4658.1365 PENALTIES FOR MEDICATIONS AND PHARMACY SERVICES RULE VIOLATIONS.

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

- A. part 4658.1305, \$300;
- B. part 4658.1310, \$300;
- C. part 4658.1315, \$300;
- D. part 4658.1320, \$500;
- E. part 4658.1325, subpart 1, \$500;
- F. part 4658.1325, subpart 2, \$300;
- G. part 4658.1325, subpart 3, \$50;
- H. part 4658.1325, subpart 4, \$250;
- I. part 4658.1325, subpart 5, \$500;
- J. part 4658.1325, subpart 6, \$250;
- K. part 4658.1325, subpart 7, \$350;
- L. part 4658.1325, subpart 8, \$300;
- M. part 4658.1330, \$350;
- N. part 4658.1335, \$300;
- O. part 4658.1340, \$300;
- P. part 4658.1345, \$300;
- Q. part 4658.1350, \$300;
- R. part 4658.1355, \$100;
- S. part 4658.1360, subpart 1, \$350;
- T. part 4658.1360, subpart 2, \$300;
- U. part 4658.1360, subpart 3, \$50; and
- V. part 4658.1360, subpart 4, \$350.

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

History: *20 SR 303*

ENVIRONMENTAL SERVICES

4658.1400 PHYSICAL ENVIRONMENT.

A nursing home must provide a safe, clean, functional, comfortable, and homelike physical environment, allowing the resident to use personal belongings to the extent possible.

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

History: *21 SR 196*

4658.1405 RESIDENT UNITS.

The following items must be provided for each resident:

A. A bed of proper size and height for the convenience of the resident, a clean, comfortable mattress, and clean bedding, appropriate for the weather and resident's comfort, that are in good condition. Each bed must have a clean bedspread. A moisture-proof mattress or mattress cover must be provided for all residents confined to bed and for other beds as necessary. Rollaway type beds, cots, or folding beds must not be used.

B. A chair or place for the resident to sit other than the bed.

C. A place adjacent or near the bed to store personal possessions, such as a bedside table with a drawer.

D. Clean bath linens provided daily or more often as needed.

E. A bed light conveniently located and of an intensity to meet the needs of the resident while in bed or in an adjacent chair.

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

History: *21 SR 196*

4658.1410 LINEN.

Nursing home staff must handle, store, process, and transport linens so as to prevent the spread of infection according to the infection control program and policies as required by part 4658.0800. These laundering policies must comply with the manufacturer's instructions for the laundering equipment and products and include a wash formula addressing the time, temperature, water hardness, bleach, and final pH.

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

History: *21 SR 196*

4658.1415 PLANT HOUSEKEEPING, OPERATION, AND MAINTENANCE.

Subpart 1. **Direction of housekeeping and plant management.** One or more persons, qualified through education and experience, must be assigned the responsibility of direction of housekeeping and plant management.

Subp. 2. **Physical plant.** The physical plant, including walls, floors, ceilings, all furnishings, systems, and equipment must be kept in a continuous state of good repair and operation with regard to the health, comfort, safety, and well-being of the residents according to a written routine maintenance and repair program.

Subp. 3. **Grounds.** The grounds must be maintained with regard to the health, comfort, safety, and well-being of the residents. Driveways, walks, outside steps, and ramps must be maintained in good condition for access and safe use at all times.

Subp. 4. **Housekeeping.** A nursing home must provide housekeeping and maintenance services necessary to maintain a clean, orderly, and comfortable interior, including walls, floors, ceilings, registers, fixtures, equipment, lighting, and furnishings.

Subp. 5. **Written program.** A nursing home must develop and implement a written program for routine daily housekeeping duties and any special cleaning necessary.

Subp. 6. **Heating, air conditioning, and ventilation.** A nursing home must operate and maintain the mechanical systems to provide comfortable and safe temperatures, air changes, and humidity levels. Temperatures in all resident areas must be maintained according to items A to C:

A. For construction of a new physical plant, a nursing home must maintain a temperature range of 71 degrees Fahrenheit to 81 degrees Fahrenheit at all times.

B. For existing facilities, a nursing home must maintain a minimum temperature of 71 degrees Fahrenheit during the heating season.

C. Variations of the temperatures required by items A and B are allowed if the variations are based on documented resident preferences.

Subp. 7. **Hot water temperature.** Hot water supplied to sinks and bathing fixtures must be maintained within a temperature range of 105 degrees Fahrenheit to 115 degrees Fahrenheit at the fixtures.

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Subp. 8. **Janitor's closet.** The janitor's closet and all other areas used by the environmental services personnel must be kept clean.

Subp. 9. **Storage of supplies.** Supplies must be stored above the floor to facilitate cleaning of the storage area. Supplies must be identified. Toxic substances must be clearly identified and stored in a locked enclosure. Sterile supplies must be stored to maintain sterility and integrity in packaging. All substances, such as cleaning agents, bleaches, detergents, disinfectants, pesticides, paints, and flammable liquids, must be stored separately from all food and drugs.

Subp. 10. **Boiler water additives.** Precautions must be taken to ensure that the type and concentration of boiler water additives is not harmful if steam is used for humidification or comes into direct contact with food.

Subp. 11. **Insect and rodent control.** Any condition on the site or in the nursing home conducive to the harborage or breeding of insects, rodents, or other vermin must be eliminated immediately. A continuous pest control program must be maintained by qualified personnel.

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

History: *21 SR 196*

4658.1420 SOLID WASTE DISPOSAL.

Solid wastes, including garbage, rubbish, recyclables, and other refuse must 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. Accumulation of combustible material or waste in unassigned areas is prohibited.

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

History: *21 SR 196*

4658.1425 OZONE GENERATORS.

Ozone generators are prohibited.

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

History: *21 SR 196*

4658.1490 PENALTIES FOR ENVIRONMENTAL SERVICES RULE VIOLATIONS.

Penalty assessments will be assessed on a daily basis for violations of parts 4658.1400 to 4658.1425 and are as follows:

- A. part 4658.1400, \$200;
- B. part 4658.1405, \$150;
- C. part 4658.1410, \$200;
- D. part 4658.1415, subpart 1, \$300;
- E. part 4658.1415, subparts 2 to 7, \$200;
- F. part 4658.1415, subpart 8, \$150;
- G. part 4658.1415, subparts 9 to 11, \$200;
- H. part 4658.1420, \$200; and
- I. part 4658.1425, \$150.

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

History: *21 SR 196*

RELOCATION OF RESIDENTS FROM NURSING HOMES**4658.1600 DEFINITIONS.**

Subpart 1. **Scope.** The terms used in parts 4658.1600 to 4658.1610 have the meanings given.

Subp. 2. **Relocation.** "Relocation" means a situation when residents are to be discharged from a nursing home as the result of the closing of the nursing home or the curtailment, reduction, or change of operations or services offered there.

Subp. 3. Service offered in the facility. "Service offered in the facility" means participation in the Medicare or Medicaid programs, or both, pursuant to United States Code, title 42, sections 1395 et seq. and 1396 et seq., as amended through June 30, 1995.

Subp. 4. Social service agency. "Social service agency" means the county or multi-county agency authorized under Minnesota Statutes, sections 393.01, subdivision 7, and 393.07, subdivision 2, for the county in which the nursing home is located.

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

History: *21 SR 196*

4658.1605 NOTICE TO DEPARTMENT OF HEALTH.

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

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

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

B. the number of residents to be relocated; and

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

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

History: *21 SR 196*

4658.1610 NURSING HOME RESPONSIBILITIES.

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

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

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

A. Notice must be sent to the resident who will be relocated and to the individual responsible for the resident's care. This notice must include the name, address, and telephone number of:

(1) the individual in the nursing home to be contacted for assistance and further information;

(2) the social service agency; and

(3) the area long-term care ombudsman, required by the Older Americans Act, United States Code, title 42, section 3027(a)(12), as amended through June 30, 1995.

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

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

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

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

Subp. 6. **Resident inventory.** The inventory of the resident's personal possessions must be updated and a copy of the final inventory provided to the resident, the individual responsible for the resident's care, or both. A final accounting of personal funds held in the nursing home must be completed according to part 4658.0275. Arrangements must be made for the transfer of the resident's possessions and personal funds.

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

Subp. 8. **Administrative duties.** All administrative duties must be completed prior to the actual relocation of the resident. Personnel in the facility to which the resident will be moved must be provided with the information necessary to provide care and services to the resident, according to part 4658.0465.

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

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

Subp. 11. **Ease in transition.** A nursing home must not disrupt the provision of meals, medications, or treatments of the resident during the relocation process.

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

Subp. 13. **Status reports.** Beginning the week following the relocation notice to the Department of Health required in part 4658.1605, subpart 1, the nursing home must provide weekly written status reports to the Department of Health as to the progress being made in arranging for the relocation. The initial status report must include the relocation plan developed by the nursing home, the identity of the interdisciplinary team members, and a schedule for the completion of the various elements of the plan. Subsequent status reports must note the progress being made, any modifications to the relocation plan, and any change of interdisciplinary team members, and must include the names of residents who have been relocated during the time period covered by the report. Once relocation has been completed, a final list of the residents who have been relocated and the identity of the facilities or other locations to which the residents were moved must be provided to the Department of Health.

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

History: *21 SR 196*

4658.1690 PENALTIES FOR RELOCATION RULE VIOLATIONS.

A \$250 penalty shall be assessed on a daily basis for violations of parts 4658.1600 to 4658.1610.

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

History: *21 SR 196*

SPECIALIZED UNITS**4658.2000 SECURED UNITS.**

Subpart 1. **Secured unit, definition.** For purposes of parts 4658.2000 to 4658.2090, "secured unit" means a nursing home unit in which a resident's horizontal and vertical access in or out of the unit is restricted.

Subp. 2. **Locked unit, definition.** For purposes of parts 4658.2000 to 4658.2090, "locked unit" means a nursing home unit in which a resident's access is restricted because the doors to the unit are locked from the outside. A locked unit is a form of secured unit.

Subp. 3. Criteria for assignment to secured unit. A resident may be assigned to placement in a secured unit only if the results of a comprehensive resident assessment as required by part 4658.0400 indicate that resident requires a more secure environment and there is a physician's written order for placement in a secured unit. A resident may choose to reside in a secured unit if the comprehensive resident assessment and plan of care as required by parts 4658.0400 and 4658.0405 determine that placement in a secured unit is appropriate for that resident.

Subp. 4. Approval by state fire marshal. Fire safety systems and locking arrangements must be reviewed and approved by the state fire marshal according to part 4658.4030 before operation as a secured unit.

Subp. 5. Approval by department. A secured unit must be approved by the department according to part 4658.4030 before operation as a secured unit. Any significant change to the statement of operations for the secured unit, as required by part 4658.2020, must be reviewed and approved by the department before making the change.

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

History: *21 SR 196*

4658.2010 PHYSICAL PLANT REQUIREMENTS.

The physical plant of the secured unit must include, at a minimum, resident bedrooms, a central bathing area, dayroom, dining room, nurses' station, clean utility room, and soiled utility room. The dining room and dayroom spaces in the secured unit must comply with part 4658.4200. The construction of a new secured unit physical plant, or any physical plant changes that meet the definition of "new construction" in part 4658.0010, subpart 5a, must be in compliance with the requirements for new construction in parts 4658.3500 to 4658.4690.

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

History: *21 SR 196*

4658.2020 STATEMENT OF OPERATIONS.

A nursing home must develop and implement a statement of operations for a secured unit, which must include, at a minimum:

- A. a statement of the philosophy and objectives of the unit;
- B. a description of the population to be served;
- C. a list of the admission and discharge criteria; and
- D. a list of any environmental changes or adaptations, and any necessary waivers for them granted by the department.

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

History: *21 SR 196*

4658.2030 SPECIALIZED CARE UNIT.

Subpart 1. Specialized care unit, defined. For purposes of this part, "specialized care unit" means any nursing unit within a nursing home designed and advertised for a specific population.

Subp. 2. Statement of operations. A nursing home must develop and implement a statement of operations for the specialized care unit, which must include, at a minimum:

- A. the philosophy and objectives of the unit;
- B. the intended population of the unit; and
- C. admission and discharge criteria for the unit.

Subp. 3. Availability of statement of operations. A nursing home must make the statement of operations for the specialized care unit available to the department and to the public.

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

History: *21 SR 196*

4658.2090 PENALTIES FOR SPECIALIZED UNITS RULE VIOLATIONS.

Penalty assessments for violations of parts 4658.2000 to 4658.2030 shall be assessed on a daily basis and are as follows:

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- A. part 4658.2000, subpart 2, \$300;
- B. part 4658.2000, subpart 3, \$200;
- C. part 4658.2000, subpart 4, \$200;
- D. part 4658.2010, \$200;
- E. part 4658.2020, \$100;
- F. part 4658.2030, subpart 2, \$100; and
- G. part 4658.2030, subpart 3, \$50.

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

History: *21 SR 196*

PHYSICAL PLANT LICENSURE, EXISTING AND NEW

4658.3000 LICENSURE.

The commissioner of health must be notified directly in writing about proposed planning for all new construction, remodeling, changes in existing service, function or bed capacity, addition of new services, sale, and change of ownership.

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

History: *21 SR 196*

4658.3005 COMPLIANCE WITH RULES.

Subpart 1. **New construction.** New construction must be according to the requirements for new construction in parts 4658.3500 to 4658.4690.

Subp. 2. **Existing facilities.** All existing facilities must be in compliance with the physical plant requirements for new construction, except as noted in this chapter. When additional beds are added to existing facilities, the required dayroom and dining room areas must be based on the bed capacity of the entire facility. Compliance with the standards for new construction for existing facilities must be for the areas involved and to the extent that the existing structure will permit.

Subp. 3. **Reclassification.** As a condition for reclassification of a boarding care home to a nursing home, the physical plant must be in compliance with all new construction requirements for nursing homes in this chapter. The department shall consider waiver requests under part 4658.0040 from a facility that is in substantial compliance with the new construction requirements in parts 4658.3500 to 4658.4690.

Subp. 4. **State fire marshal.** Fire protection for the nursing home must be provided in accordance with the Minnesota Uniform Fire Code. The state fire marshal's approval of the fire safety features of the completed facility is required for initial licensure. A nursing home must remain in compliance with regulations enforced by the state fire marshal in order to qualify for continued licensure.

Subp. 5. **Redecoration.** A nursing home must maintain specification sheets for all wall, floor, or ceiling covering materials, except paint. The materials and installation must be in accordance with the Life Safety Code.

Subp. 6. **Remodeling.** New construction standards apply only to those materials, space, and equipment being remodeled. The new construction plan requirements of parts 4658.3500 to 4658.4090 apply to all remodeling projects.

Subp. 7. **Replace-in-kind.** The department must be notified in writing prior to all replace-in-kind projects, except in the case of an emergency. Changes in space required for the replacement equipment must be only to the extent required by the newer equipment.

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

History: *21 SR 196*

4658.3090 PENALTIES FOR PHYSICAL PLANT LICENSURE RULE VIOLATIONS.

Penalty assessments for violations of parts 4658.3000 to 4658.3005 shall be assessed on a daily basis and are as follows:

- A. part 4658.3000, \$100;
- B. part 4658.3005, subparts 2 and 4, \$200; and
- C. part 4658.3005, subparts 5 to 7, \$100.

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

History: *21 SR 196*

NEW CONSTRUCTION; PLANS

4658.3500 INCORPORATION BY REFERENCE; NEW CONSTRUCTION.

Subpart 1. **Scope.** For purposes of this chapter, the documents in subparts 2 to 6 are incorporated by reference. They can be found at the Minnesota Law Library, 25 Constitution Avenue, Saint Paul, Minnesota 55155. They are also available through the Minitex interlibrary loan system. They are subject to frequent change. If any of the documents in subparts 2 to 6 are amended, then the amendments to the documents are also incorporated by reference. All construction, installations, and equipment must conform to the codes and standards in this part, provided that the requirements of such codes or standards are not inconsistent with the requirements of these regulations.

Subp. 2. **Minnesota Rules.** The following documents are also available from the Print Communications Division, 117 University Avenue, Saint Paul, Minnesota 55155:

- A. chapters 1300 to 1365, the Minnesota State Building Code;
- B. chapter 4715, the Minnesota Plumbing Code; and
- C. parts 1550.5000 to 1550.5130, Vending Machines.

Subp. 3. **NSF international standards and criteria.** The following documents are also available from the NSF International, ATTN: Publications, P.O. Box 130140, Ann Arbor, Michigan 48113-0140:

- A. Standard No. 1, Soda Fountain and Luncheonette Equipment, June 1984;
- B. Standard No. 2, Food Equipment, May 1992;
- C. Standard No. 3, Commercial Spray-Type Dishwashing Machines, June 1982;
- D. Standard No. 4, Commercial Cooking, Rethermalization and Powered Hot Food Holding Equipment, May 1992;
- E. Standard No. 5, Water Heaters, Hot Water Supply Boilers, and Heat Recovery Equipment, November 1992;
- F. Standard No. 6, Dispensing Freezers, February 1989;
- G. Standard No. 7, Food Service Refrigerators & Storage Freezers, May 1990;
- H. Standard No. 8, Commercial Powered Food Preparation Equipment, November 1992;
- I. Standard No. 12, Automatic Ice-Making Equipment, November 1992;
- J. Standard No. 13, Refuse Compactors and Compactor Systems, November 1992;
- K. Standard No. 18, Manual Food and Beverage Dispensing Equipment, November 1990;
- L. Standard No. 25, Vending Machines for Food & Beverages, November 1990;
- M. Standard No. 26, Pot, Pan, and Utensil Washers, December 1980;
- N. Standard No. 29, Detergent & Chemical Feeders for Commercial Spray-Type Dishwashing Machines, November 1992;
- O. Standard No. 35, Laminated Plastics for Surfacing Food Service Equipment, November 1991;
- P. Standard No. 51, Plastic Materials and Components Used in Food Equipment, May 1978;
- Q. Criteria C-2, Special Equipment and/or Devices (Food Service Equipment), November 1983.

Subp. 4. **NFPA documents.** The following documents are also available from the National Fire Protection Association, Batterymarch Park, Quincy, Massachusetts 02269:

- A. Life Safety Code, National Fire Protection Association, NFPA No. 101, 1985 edition; and

B. Health Care Facilities, National Fire Protection Association, NFPA, No. 99.

Subp. 5. **ANSI/ASME document.** The following document, published by the American National Standards Institute and the American Society of Mechanical Engineers, is also available from the American National Standards Institute, 11 West 42nd Street, New York, New York 10036: ANSI/ASME A17.1-1993 and supplements.

Subp. 6. **ASHRAE standard.** The following standard is also available from the American Society of Heating, Refrigeration, and Air-Conditioning Engineers, Inc., 1791 Tullie Circle Northeast, Atlanta, Georgia 30329-2305: Standard No. 52.1-1992.

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

History: *21 SR 196*

4658.3590 PENALTIES FOR INCORPORATIONS BY REFERENCE; NEW CONSTRUCTION RULE VIOLATIONS.

A \$200 penalty shall be assessed on a daily basis for violations of part 4658.3500.

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

History: *21 SR 196*

4658.4000 PREPARATION OF PLANS; NEW CONSTRUCTION.

Architectural and engineering plans and specifications for new construction must be prepared and signed by architects and engineers who are registered in Minnesota and in accordance with the requirements by the Board of Architecture, Engineering, Land Surveying, Landscape Architecture, and Interior Design.

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

History: *21 SR 196*

4658.4005 APPROVAL OF PLANS; NEW CONSTRUCTION.

Preliminary plans and final working drawings and specifications for proposed construction must be submitted to the commissioner of health for review and approval. Preliminary plans must be approved before the preparation of final working drawings is undertaken. Final working drawings and specifications must be approved before construction is begun.

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

History: *21 SR 196*

4658.4010 PRELIMINARY PLANS; NEW CONSTRUCTION.

Preliminary plans must be drawn to scale, show basic dimensions, and indicate the general layout and space arrangement of the proposed building or area and must include a site plan when applicable. Plans must indicate assignments of rooms and areas, and must show bed capacities and fixed equipment.

The plans should include consideration for future expansion of a nursing home by consideration of the site, orientation of the structure on the site, parking, and resident, dietary, and laundry areas. If a laundry is not contemplated initially, provision must be made for its possible future location.

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

History: *21 SR 196*

4658.4015 FINAL PLANS; NEW CONSTRUCTION.

Final architectural plans and specifications must include elevations and sections through the building showing types of construction, and must indicate dimensions and assignments of rooms and areas, room finishes, door types and hardware, elevations and details of nurses' stations, utility rooms, toilets and bathing areas, and large-scale layouts of dietary and laundry areas. Plans must show location of fixed equipment and sections and details of elevators, chutes, and other conveying systems. Fire walls and smoke partitions must be indicated. The roof plan must show all mechanical installations. The site plan, if applicable, must indicate the proposed and existing buildings, topography, roadways, walks, and utility service lines.

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

History: *21 SR 196*

4658.4020 FINAL MECHANICAL AND ELECTRICAL PLANS; NEW CONSTRUCTION.

Final mechanical and electrical plans and specifications must address the complete layout and type of all installations, systems, and equipment to be provided according to this chapter. Heating plans must include heating elements, piping, thermostatic controls, pumps, tanks, heat exchangers, boilers, breeching, and accessories. Ventilation plans must include room air quantities, ducts, fire and smoke dampers, exhaust fans, humidifiers, and air handling units. Plumbing plans must include a fixtures and equipment fixture schedule; water supply and circulating piping, pumps, tanks, riser diagrams, and building drains; the size, location, and elevation of water and sewer services; and the building fire protection systems. Electrical plans must include fixtures and equipment, receptacles, switches, power outlets, circuits, power and light panels, transformers, and service feeders. Plans must show location of nurse call signals, telephones, fire alarm stations and detectors, and emergency lighting.

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

History: *21 SR 196*

4658.4025 START OF CONSTRUCTION; NEW CONSTRUCTION.

The department must be notified in writing within seven days after beginning construction. Unless construction is begun within one year after approval of final working drawings and specifications, the drawings must be resubmitted for renewal of review and approval.

All construction must be executed according to the approved final plans and specifications. Subsequent construction changes addressed by this chapter must be approved by the department before the changes are made.

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

History: *21 SR 196*

4658.4030 FINAL INSPECTION; NEW CONSTRUCTION.

The department must be notified at least 30 days before the completion of construction so that arrangements can be made for a final inspection by the department and by the state fire marshal. Completion means the entire construction, equipment, staffing patterns, and services. Mechanical and electrical systems must be completed and tested for performance and safety in accordance with specifications and state requirements before new construction can be licensed and residents admitted.

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

History: *21 SR 196*

4658.4035 PLAN SAFEKEEPING; NEW CONSTRUCTION.

At least one set of complete plans of the entire facility, including changes resulting from remodeling or alterations, must be kept on file in the nursing home.

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

History: *21 SR 196*

4658.4040 SITE; NEW CONSTRUCTION.

A nursing home must be so located as to protect at all times the health, comfort, and safety of residents. The factors in selecting the site for a new nursing home must include the following:

A. Public utilities must be available.

B. The water supply must be obtained from an approved public water supply system. If none is available, water must be obtained from a water supply system whose location, construction, and operation complies with parts 4720.0010 to 4720.4600 and, where applicable, parts 4725.0050 to 4725.7450. Plans and specifications for a private water supply system must be approved before construction of the system or the nursing home is started.

C. Sewage and other liquid wastes must be discharged into an approved public sewer system where available. If none is available, sewage must be collected, treated, and disposed of in a sewage disposal system which is designed, located, constructed, and operated according to parts 7080.0010 to 7080.0210. Plans and specifications for a private sewage disposal system must be approved before construction of the system or the nursing home is started.

D. The site must be no closer than 300 feet to the right-of-way of a railroad main line or to the property line of industrial developments which are nuisance-producing or hazardous to health under state or local law.

E. The site must not be located within 85 feet of underground or 300 feet of above-ground storage tanks or warehouses containing flammable liquids.

F. The site must be publicly accessible to fire department services, medical services, and community activities.

G. The topography must provide good natural drainage and not be subject to flooding.

H. Adequate all-weather roads and walks must be provided within the lot lines to the primary entrance and the service entrance, including employees' and visitors' parking at the site.

I. The primary entrance must be accessible for the elderly and individuals with disabilities.

J. The site must include space for outdoor activities.

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

History: *21 SR 196*

4658.4090 PENALTIES FOR PLANS; NEW CONSTRUCTION RULE VIOLATIONS.

Penalty assessments for violations of parts 4658.4000 to 4658.4040 shall be assessed on a daily basis and are as follows:

A. parts 4658.4000 to 4658.4035, \$100; and

B. part 4658.4040, \$200.

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

History: *21 SR 196*

RESIDENT AREAS; NEW CONSTRUCTION

4658.4100 RESIDENTS' BEDROOM REQUIREMENTS, CAPACITIES; NEW CONSTRUCTION.

At least five percent of the rooms must be designed for single person occupancy (one bed), and must have private toilet rooms. No room may have more than two beds. No toilet room may be shared by more than two bedrooms.

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

History: *21 SR 196*

4658.4105 BEDROOM DESIGN; NEW CONSTRUCTION.

Subpart 1. **Design.** Each bedroom must be designed and equipped for adequate nursing care, comfort, and privacy of residents, including full visual privacy of residents.

Subp. 2. **Usable floor area.** The usable floor area and the arrangement and shape of the bedroom must provide space for furnishings, for the free movement of residents with physical handicaps, and for nursing procedures. "Usable floor area" does not include spaces occupied by toilet rooms, vestibules, permanently installed wardrobes, lockers, closets, or heating units. The usable floor area per bed must be at least 100 square feet per resident in double bedrooms, and at least 120 square feet in single bedrooms.

Subp. 3. **Access to exit.** Each bedroom must have direct access to an exit corridor.

Subp. 4. **Bedroom shape.** The shape of the bedroom must allow for the capability of a bed arrangement that provides at least three feet of floor space at both sides and the foot end of each bed.

Subp. 5. **Window.** Each bedroom must have at least one window to the outdoors.

Subp. 6. **Window area.** The window area must not be less than one-eighth of the required usable floor area, and the window sill must not be higher than two feet six inches above the floor. The entire window area must face an open outdoor space not less than 30 feet deep, and must provide an unobstructed angle of vision within this space of not less than 65 degrees. The 30-foot-deep open outside space must be measured perpendicular to the plane of the window. The 65 degree unobstructed angle of vision must include the perpendicular bisector of the window. Figure #1 illustrates these requirements:

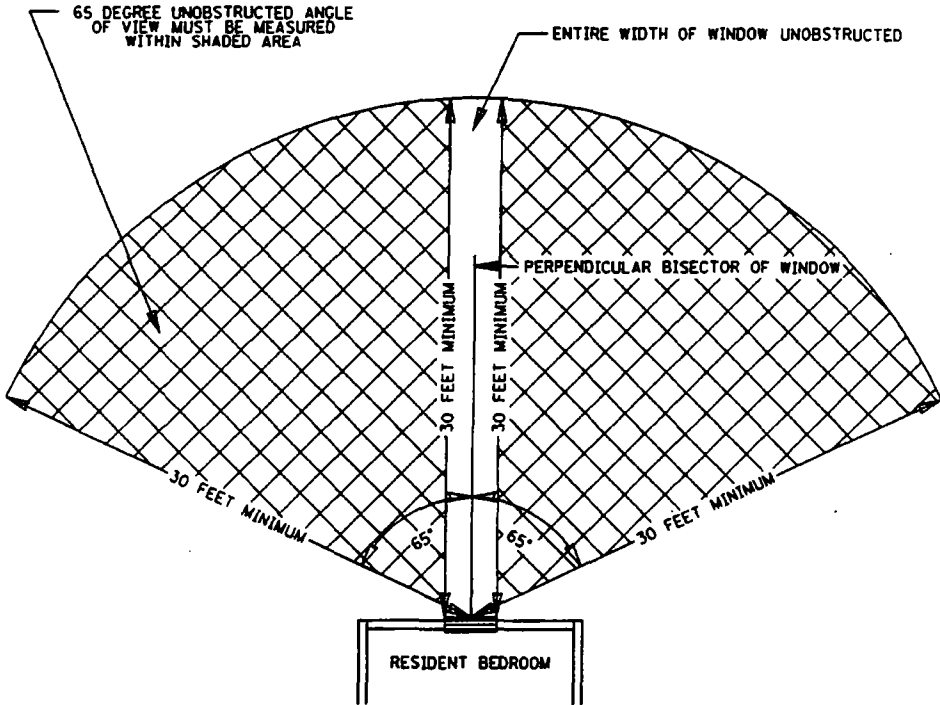
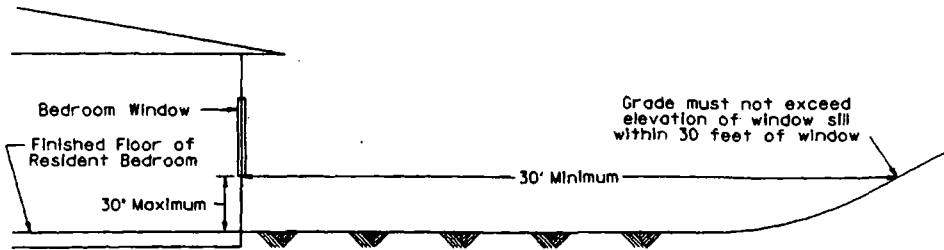
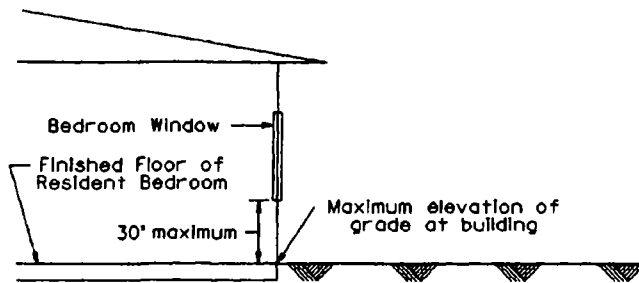


FIGURE #1

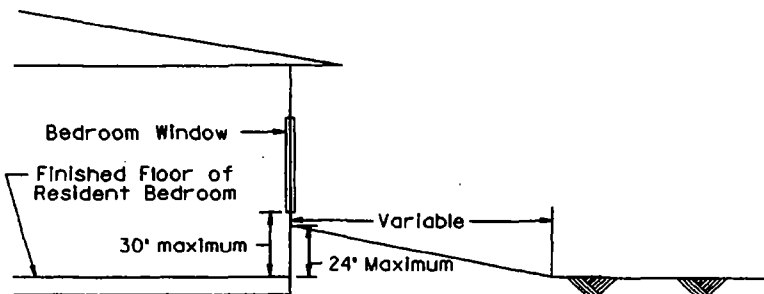
Subp. 7. **Floor at grade level.** Each bedroom must have a floor at or above grade level. An energy conservation berm as detailed in the diagram below is permitted. The following three diagrams illustrate acceptable methods of compliance with this subpart.



RESIDENT BEDROOM - GRADE RISING FROM BUILDING



RESIDENT BEDROOM - ROOM AT GRADE



RESIDENT BEDROOM - ENERGY CONSERVATION BERM

Subp. 8. **Distance from nurses' station.** Bedrooms must be located not more than 140 feet from the nurses' station.

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

History: *21 SR 196*

4658.4110 BEDROOM DOORS; NEW CONSTRUCTION.

Subpart 1. **Written policy.** A nursing home must develop a written policy regarding the use of locks on bedroom doors. The policy must address whether or not doors can be locked while the resident is in the room.

Subp. 2. **Door locks.** All bedroom door locks must permit exit from the room by a simple operation without the use of a key. All locks must be openable with a master key which is located at each nurses' station.

Subp. 3. **Door.** The door to the corridor must be of fire-resistive construction in accordance with the Minnesota State Building Code, open into the bedroom, and have a nominal width of 44 inches. Bedroom doors must not open directly to an area where services are provided.

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

History: *21 SR 196*

4658.4115 CLOTHES WARDROBE OR CLOSET; NEW CONSTRUCTION.

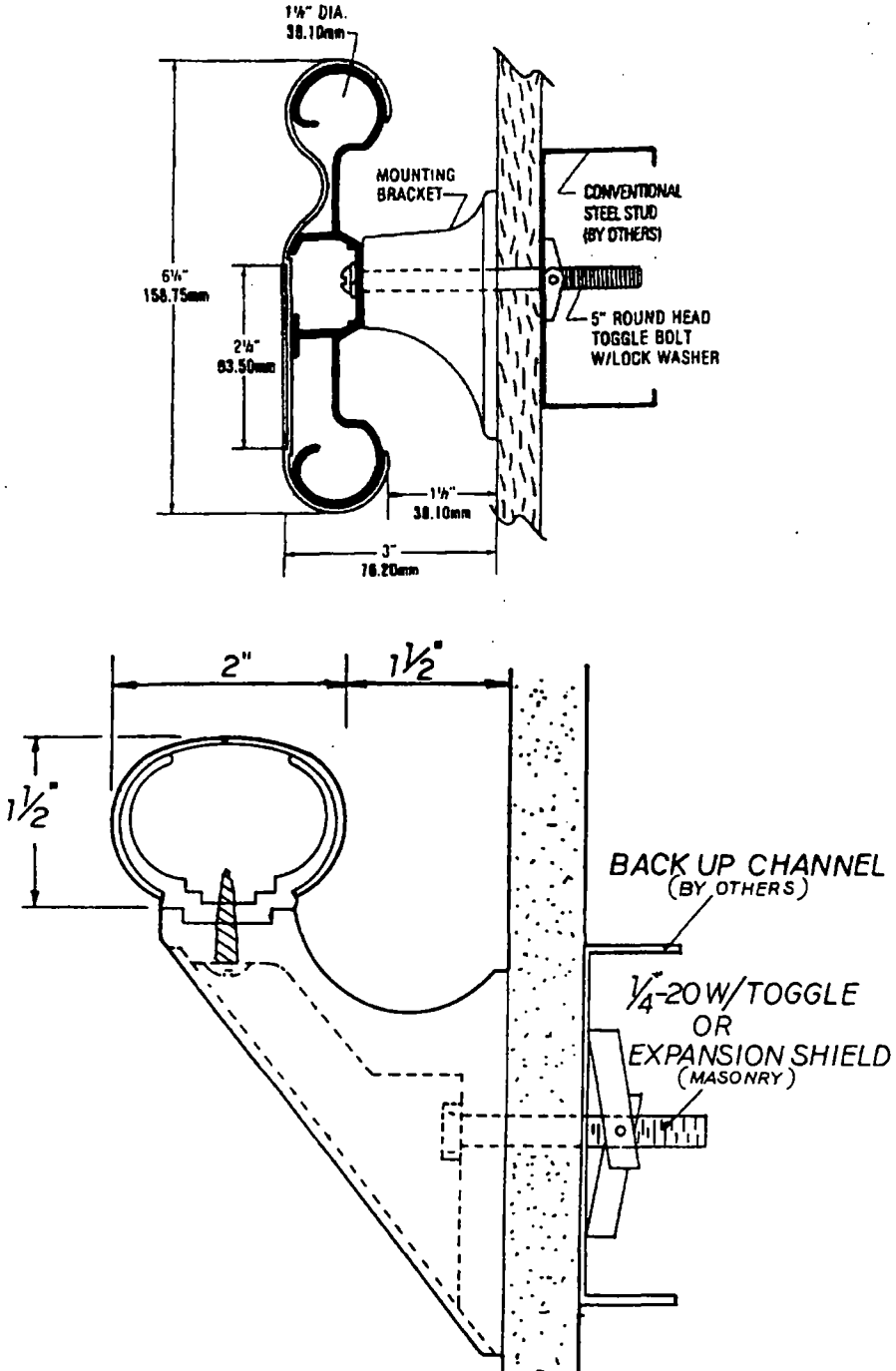
A nursing home must provide each resident with individual wardrobe or closet space in the resident's bedroom with clothes racks and shelves accessible to the resident. Locks may be provided, with keys for the residents when a pass key is available at the nurses' station.

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

History: *21 SR 196*

4658.4120 HANDRAILS AND CORRIDORS; NEW CONSTRUCTION.

Subpart 1. **Handrails.** Securely anchored, durable handrails must be provided on both sides of corridors used by residents. If a length of corridor space between doorways is 60 inches or less, a handrail is not necessary for that portion of the corridor. The handrails must be mounted at a height of 32 to 34 inches to the top of the handrail. The handrail must be a round or oval section, 1-1/2 to two inches in diameter, and the clear distance between the handrail and wall must be 1-1/2 inches. The handrail must be designed to provide the means for a full hand grip around the handrail. Wall bracket supports must be provided at least six feet on center, and the mounted brackets must be capable of supporting a load of not less than 250 pounds. The following two diagrams illustrate two acceptable handrails.



Subp. 2. **Corridor width.** The unobstructed width of all corridors in resident areas must be at least eight feet. All exits must comply with the Minnesota State Building Code.

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

History: *21 SR 196*

4658.4125 NURSING AREA; NEW CONSTRUCTION.

Subpart 1. **Nurses' station.** At least one nurses' station must be provided per resident floor. A nurses' station may serve more than one nursing area on the same floor if the maximum distance from resident bedrooms does not exceed that required in part 4658.4105, subpart 8. The nurses' station must be equipped to receive resident calls through a communication system from resident rooms and toilet and bathing facilities.

Subp. 2. **Location.** Each nursing station must be located to provide for observation of corridors, residents, and resident calls. Private space must be provided for charting, storage of charts and supplies, and medicine preparation. The medication preparation area may be within the nurses' station or the clean utility room. Each nurses' station must contain facilities for cleanup and handwashing.

Subp. 3. **Staff toilet.** A separate staff toilet room must be provided near the nurses' station.

Subp. 4. **Clean utility room.** A clean utility room must be provided within each nursing area. The clean utility room must contain a sink with institutional fittings. Cabinets and shelving must be provided for the storage of materials and supplies.

Subp. 5. **Soiled utility room.** A separate soiled utility room must be provided within each nursing area. It must contain handwashing facilities and a clinical service sink for disposal of waste materials and the cleanup of soiled linen and utensils. Cabinets and shelving must be provided for the storage of materials and supplies.

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

History: *21 SR 196*

4658.4130 NOURISHMENT AREA; NEW CONSTRUCTION.

Subpart 1. **Equipment.** A nourishment area must be provided for serving between-meal refreshments. It may serve more than one nursing area, and may be located contiguous to a dayroom. The nourishment area must be provided with a work counter and sink, storage cabinets, and a refrigerator. The equipment may be residential-type equipment as long as the nourishment area is not used as part of the dietary department.

Subp. 2. **Range disconnect switch.** If the nourishment area includes an electric range that is accessible to the residents, a key-operated disconnect switch, with indicator light, must be provided for that range. The disconnect switch and indicator light must be readily accessible for staff.

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

History: *21 SR 196*

4658.4135 TOILET ROOMS AND SANITARY FIXTURES; NEW CONSTRUCTION.

Subpart 1. **Design and equipment.** Toilet rooms for residents, personnel, and the public must be designed and equipped according to part 4658.4145, except as noted in this part. A nursing home must have at least one toilet and one sink for four beds, and at least one shower or tub for 20 beds, excluding toilets for personnel or the public, and toilets in central bathing and other service areas. At least one toilet room must be designed and equipped according to part 4658.4150 and available for public use. Each toilet room must include a sink. All sinks must be provided with hot and cold water.

Subp. 2. **Showers and tubs.** There must be at least one shower and one tub in each nursing home.

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

History: *21 SR 196*

4658.4140 PROVISION OF RESIDENT TOILET ROOMS; NEW CONSTRUCTION.

Each resident toilet room must be directly accessible from the bedroom. A toilet room may serve two bedrooms, but no more than four beds, if residents are of the same sex. Hinged doors must swing out, or must be double acting and provided with an emergency-type re-

lease stop. Privacy door locks must be of a type which can be opened by staff in an emergency. Sliding doors must be surface mounted. Folding doors and pocket doors are prohibited.

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

History: *21 SR 196*

4658.4145 TOILET ROOM LAYOUT; NEW CONSTRUCTION.

Layout:

A. The door opening must have a clear opening of at least 32 inches. Hinged doors must swing out, or must be double acting and provided with an emergency-type release stop.

B. The center of the toilet must be located 18 inches from the side wall and there must be at least three feet of unobstructed space in front of the bowl. No basic interior room dimension may be less than 42 inches.

C. The toilet must be mounted at a height of not less than 17 inches nor more than 19 inches above the floor, measured to the top of the seat. The bowl must be elongated with an open-front seat.

D. Flush valves must be a quiet operating type.

E. The paper holder must be securely anchored on the side wall near the toilet, six inches above the seat, and six to 12 inches in front of the seat with both dimensions measured to the center of the holder.

F. A vertical grab bar, at least 18 inches long, must be provided on the side wall near the toilet. The low end must be mounted at a height of ten inches above the toilet seat and at a distance of 12 inches in front of the seat. A grab bar on each side of the toilet is recommended.

G. Grab bars must have an outside diameter of 1-1/4 to 1-1/2 inches, and must provide a clearance of 1-1/2 inches between the grab bar and the wall. Grab bars must be securely anchored to sustain a load of 250 pounds for five minutes.

H. The sink, with or without a counter top, must be mounted at a height of 32 to 34 inches above the floor, measured to the top edge.

I. A towel bar must be provided at a height of 42 to 44 inches above the floor. It must be a horizontal grab bar.

J. A shelf large enough to accommodate a resident's personal toilet accessories must be provided, unless space is provided by a suitable sink or a counter.

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

History: *21 SR 196*

4658.4150 HANDICAPPED ACCESSIBLE TOILET ROOMS; NEW CONSTRUCTION.

Layout:

A. Toilet rooms for wheelchair users must be arranged to allow movement for the frontal, oblique, and lateral angle approach.

B. The door opening must have a clear opening of at least 32 inches, and must be located within an area in front of the toilet. Hinged doors must swing out, or must be double acting and be provided with an emergency-type release stop. Privacy door locks must be of a type which can be opened by staff in an emergency.

C. The center of the toilet must be located 18 inches from the side wall and there must be at least four feet of unobstructed space in front of the bowl. All basic interior room dimensions must be at least 66 inches.

D. The toilet must be mounted at a height of 17 to 19 inches above the floor, measured to the top of the seat. The bowl must be elongated with an open front seat.

E. Flush valves must be a quiet operating type.

F. The paper holder must be securely anchored on the side wall near the toilet, 19 to 25 inches above the floor, and six to 12 inches in front of the seat with both dimensions measured to the center of the holder.

G. An L-shaped grab bar, each leg at least 18 inches long, must be provided, securely anchored on the side wall near the toilet. The low end of the vertical leg must be

mounted at a height of ten inches above the toilet seat and at a distance of 12 inches in front of the seat, and the horizontal grab bar must extend toward the back wall.

H. A horizontal grab bar must be mounted on the wall at the rear of the toilet at a height of 33 to 36 inches above the floor. The grab bar must be at least 36 inches long.

I. Grab bars must have an outside diameter of 1-1/4 to 1-1/2 inches, and must provide a clearance of 1-1/2 inches between the grab bar and the wall. Grab bars must be securely anchored to sustain a load of 250 pounds for five minutes.

J. The sink, with or without a counter top, must be accessible and must not interfere with general wheelchair movements. It must be mounted at a height of 34 inches above the floor, measured to the top edge, and must provide a vertical clearance of at least 27 inches for knee space. A standard-type sink which meets these conditions is acceptable.

K. A towel bar must be provided at a height of 42 to 44 inches. It must be a horizontal grab bar.

L. If a mirror is provided, and is mounted flush to the wall, the bottom of the mirror must be placed at a height of 36 inches and the top at a height of at least 66 inches. Tilting mirrors are allowed provided they are mounted to meet the needs of the residents.

M. A shelf large enough to accommodate a resident's personal toilet accessories must be provided at a height of 32 to 36 inches, unless space is provided by a suitable sink or a counter.

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

History: *21 SR 196*

4658.4155 CENTRAL BATHING AREA; NEW CONSTRUCTION.

Subpart 1. **Fixtures.** Bathing fixtures must be provided in accordance with part 4658.4135.

Subp. 2. General requirements.

A. In bathing areas with more than one fixture, each bathtub or shower area must be provided with privacy curtains or wall dividers.

B. If a toilet is located within an open area with multiple bathing fixtures, the toilet area must be provided with privacy curtains or stall partitions.

C. All bathtub and shower areas must be designed for assisted bathing.

D. The bathing area must have direct access to a toilet room or space without going through the general corridor, and the toilet room or space must allow space for assistance of residents according to part 4658.4150.

E. Bathtubs and showers must be provided with a nonslip bottom or floor surface and at least one grab bar, securely anchored, must be provided at each fixture.

F. If towel bars are provided, they must be horizontal grab bars, securely anchored.

G. A bar soap holder, if provided, must be without handles and recessed.

H. The door or doors to the bathing area must have privacy door locks. Hinged doors must swing out, or they must be double acting and be provided with an emergency-type release stop.

Subp. 3. Shower areas.

A. Central showers must not be less than 48 inches by 48 inches, or 54 inches by 42 inches with the long side open, without a curb, and with a 32-inch high splash protection.

B. The shower area must have controls located near the splash protection for easy reach by both resident and attendant. A flexible hose hand shower must be provided.

C. A vertical, nonslip grab bar, 24 inches long, must be provided at the shower and at the shower entrance location. The low end of the grab bar must be 36 inches above the floor. Horizontal grab bars inside the wet areas must be mounted at a height of 54 inches above the floor.

Subp. 4. Bathtub areas.

A. The location of the tub and the design of the central bathing area must allow a minimum of four feet of clearance around the working areas of the tub.

B. A pedestal used to elevate a standard-type bathtub must be provided with a finished cleanable surface, and include a toe space.

C. A flexible hose hand shower must be provided.

D. Horizontal or vertical grab bars must be located in proximity to the tub in order to accommodate safe use of the tub and the requirements of the bathing program, including drying of residents. These grab bars must be either wall-mounted or part of the tub design and construction.

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

History: *21 SR 196*

4658.4160 DRINKING FOUNTAINS; NEW CONSTRUCTION.

Refrigerated drinking fountains must be provided in resident areas, the recreational or activities area, and in or near the dining area.

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

History: *21 SR 196*

4658.4165 HANDWASHING FACILITIES; NEW CONSTRUCTION.

Handwashing facilities must be available for persons providing services to residents. Single-service towels must be available at all times. Use of a common towel is prohibited.

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

History: *21 SR 196*

4658.4170 STORAGE; NEW CONSTRUCTION.

Subpart 1. Equipment and supplies.

A. A storage room or rooms must be provided in each nursing area.

B. Total storage area within the nursing home for the storage of equipment and supplies must be provided in the amount of at least 15 square feet per bed including space for the storage of:

- (1) clean items and supplies in a clean utility room;
- (2) supplies and equipment for the activities program;
- (3) supplies and equipment in the barber and beauty shop room;
- (4) wheelchairs, walkers, and other adaptive equipment; and
- (5) bulk paper products.

C. Space for storage of food and linens must be provided in addition to the required storage area in item B.

Subp. 2. Housekeeping supplies. An area for the storage of housekeeping supplies and equipment must be provided in each janitor's closet.

Subp. 3. Yard maintenance equipment and supplies. Separate enclosed storage space for the storage of yard maintenance equipment and supplies must be provided outside the nursing home.

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

History: *21 SR 196*

4658.4175 JANITOR'S CLOSET; NEW CONSTRUCTION.

A janitor's closet must be provided for each resident floor or nursing area.

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

History: *21 SR 196*

4658.4180 ROOM LABELING; NEW CONSTRUCTION.

All bedrooms must be labeled using a system of numbers. All service rooms must be labeled.

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

History: *21 SR 196*

4658.4190 PENALTIES FOR RESIDENT AREAS; NEW CONSTRUCTION RULE VIOLATIONS.

Penalty assessments for violations of parts 4658.4100 to 4658.4180 shall be assessed on a daily basis and are as follows:

- A. part 4658.4100, \$150;
- B. part 4658.4105, subpart 1, \$200;
- C. part 4658.4105, subpart 2, \$150;
- D. part 4658.4105, subparts 3 to 5, \$200;
- E. part 4658.4105, subpart 6, \$150;
- F. part 4658.4105, subpart 7, \$200;
- G. part 4658.4105, subpart 8, \$150;
- H. part 4658.4110, subpart 1, item A, \$100;
- I. part 4658.4110, subpart 1, item B, \$500;
- J. part 4658.4110, subpart 2, \$200;
- K. part 4658.4115, \$150;
- L. part 4658.4120, \$200;
- M. part 4658.4125, subpart 1, \$150;
- N. part 4658.4125, subparts 2 and 3, \$200;
- O. part 4658.4130, subpart 1, \$150;
- P. part 4658.4130, subpart 2, \$200;
- Q. part 4658.4135, \$150;
- R. part 4658.4140, \$150;
- S. part 4658.4145, items A to E, \$150;
- T. part 4658.4145, items F and G, \$200;
- U. part 4658.4145, items H to J, \$150;
- V. part 4658.4150, items A to F, \$150;
- W. part 4658.4150, items G to I, \$200;
- X. part 4658.4150, items J to M, \$150;
- Y. part 4658.4155, subpart 2, items A to D, \$150;
- Z. part 4658.4155, subpart 2, items E and F, \$200;
- AA. part 4658.4155, subpart 2, items G and H, \$150;
- BB. part 4658.4155, subpart 3, items A and B, \$150;
- CC. part 4658.4155, subpart 3, item C, \$200;
- DD. part 4658.4155, subpart 4, items A to C, \$150;
- EE. part 4658.4155, subpart 4, item D, \$200;
- FF. part 4658.4160, \$150;
- GG. part 4658.4165, \$150;
- HH. part 4658.4170, \$150;
- II. part 4658.4175, \$150; and
- JJ. part 4658.4180, \$50.

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

History: *21 SR 196*

SUPPORTIVE SERVICES; NEW CONSTRUCTION

4658.4200 DINING, DAYROOM, AND ACTIVITY AREAS, REQUIRED FLOOR AREA; NEW CONSTRUCTION.

Subpart 1. **Total area.** The total area set aside for dining, dayroom, and activities must be at least 40 square feet per bed, with a minimum of five square feet per bed for each type of area.

Subp. 2. **Space for adult day care.** Additional space must be provided, according to part 9555.9730, for dining, dayroom, and activities areas if the nursing home is offering a day care program.

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

History: *21 SR 196*

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4658.4205 DAYROOM; NEW CONSTRUCTION.

Dayroom space must not include areas used for corridor traffic or chapels with fixed pews. Dayrooms must be located convenient to the bedroom areas and there must be at least one on each bedroom floor in multistory construction. Dayrooms must be provided with natural lighting.

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

History: *21 SR 196*

4658.4210 DINING AREA; NEW CONSTRUCTION.

The dining area must be separate from the kitchen. The dining area or areas must have windows facing the outdoors.

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

History: *21 SR 196*

4658.4215 ACTIVITIES AREA; NEW CONSTRUCTION.

Display space for individual resident's projects must be provided. A counter, hand-capped accessible handwashing facility, and a single-service towel dispenser must be provided within an activities area. If provided, a ceramic kiln must be installed in accordance with the Uniform Mechanical Code.

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

History: *21 SR 196*

4658.4290 PENALTIES FOR SUPPORTIVE SERVICES; NEW CONSTRUCTION RULE VIOLATIONS.

A \$150 penalty shall be assessed on a daily basis for violations of parts 4658.4200 to 4658.4215.

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

History: *21 SR 196*

DIETARY, LAUNDRY, AND OTHER FACILITIES; NEW CONSTRUCTION**4658.4300 KITCHEN AREA; NEW CONSTRUCTION.**

Subpart 1. **In general.** The kitchen must be located conveniently to the service entrance, food storage areas, and dining area. Door openings to food preparation areas must be located away from entrances to soiled linen or utility rooms, trash rooms, or a laundry. The kitchen area must be arranged for efficient operation and must contain sufficient space and equipment for the type of food service selected. If a commercial food service is used, or if meals are provided by another facility, the kitchen areas and equipment must be designed to provide for the safe and sanitary storage, processing, and handling of such food. The kitchen area must be subjected only to that traffic which is directly related to the functions of the food service. Food storage areas must be located to avoid delivery traffic through the kitchen area.

A kitchen and food storage area designed for limited food preparation should be arranged for possible future expansion in case a nursing home reverts to a standard-type food service at a later date. Doors with locks must be provided to secure the kitchen and food storage areas during off-hours.

Subp. 2. **Storage for nonperishable food.** A well-ventilated storeroom must be provided for day storage and for the reserve food supply. The maximum temperature of the storeroom must not exceed 85 degrees Fahrenheit. The storeroom must have storage capacity for at least one week's supplies. Shelving must be finished with a washable surface, and the bottom shelf must be at least six inches above the floor. Floor drains must not be provided.

Subp. 3. **Storage facilities.** Mechanical refrigeration or hot food storage facilities must be provided to ensure the maintenance of potentially hazardous food at required temperatures. Each storage facility must be provided with a numerically scaled-temperature indicating device accurate to plus or minus three degrees Fahrenheit (plus or minus two degrees centigrade) located to measure the air temperature in the warmest part of the refrigeration

facility or the coldest part of the hot holding facility. Temperature-indicating devices must be securely fastened and located to be easily readable. Where it is impractical to install fixed temperature-indicating devices on equipment such as cold table tops, steam tables, processing lines, kettles, heat lamps, or portable transport carriers, a product thermometer of metal stem type construction, numerically scaled, and accurate to plus or minus two degrees Fahrenheit (plus or minus one degree centigrade) must be provided and used to check internal food temperatures. Floor drains, directly connected to the building sewer system, must not be provided inside the room.

Subp. 4. Storage for dishes and utensils. Enclosed storage must be provided for all china, glasses, flatware, and other food service utensils, including cooking utensils, pots, and pans. Dishes and utensils must not be stored in the dishwashing area.

Subp. 5. Janitor's closet. The dietary department must be provided with its own janitor's closet with a floor receptor or service sink, and storage for housekeeping supplies and equipment.

Subp. 6. Sinks. At least one sink with a single-service towel dispenser must be provided in the food preparation area and in the clean end of the dishwashing area. Mirrors must not be installed in food preparation areas. The use of a common towel is prohibited.

Subp. 7. Toilet room. A toilet room must be accessible for the dietary staff. It must not open directly into any food service area. It must contain a toilet, sink, mirror, and a single-service towel dispenser. The use of a common towel is prohibited.

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

History: *21 SR 196*

4658.4305 FOOD SERVICE EQUIPMENT; NEW CONSTRUCTION.

Subpart 1. In general. All food service equipment, including ice makers, drinking fountains, and dishwashers, must comply with part 4658.3500, subpart 3. Food storage equipment must be designed and constructed according to NSF International Standard No. 2. Materials used on the interior and exterior exposed surfaces of the food storage equipment must be NSF International approved. Counter tops for all food service cabinets must be NSF International approved. The complete food storage equipment does not require NSF International approval. Sufficient separation must be provided between each piece of equipment and between equipment and walls to permit easy and effective cleaning, or the equipment must be placed with a tight fit and the joints sealed. Equipment which is not sealed at the floor must have casters or be installed on sanitary legs that provide at least six inches clearance between the equipment and the floor. Aisles between equipment must have a minimum width of four feet to allow room for traffic in work areas and to permit movement of mobile equipment.

Subp. 2. Food carts. Floor space designated for the storage of all food carts must be provided within the kitchen area.

Subp. 3. Cutting boards. Cutting boards or similar use table tops must be constructed of nonporous, smooth, and cleanable material, and be free of cracks, crevices, and open seams.

Subp. 4. Scullery sink. For manual washing, rinsing, and sanitizing of utensils and equipment, a sink with at least three compartments must be provided and used. Sink compartments must be large enough to permit the accommodation of the equipment and utensils and each compartment of the sink must be supplied with hot and cold potable running water. Drain boards must be provided at each end for proper handling of soiled utensils before washing and for cleaned utensils following sanitizing and must be located so as not to interfere with the proper use of the utensil washing facilities. If a mechanical dishwasher or a mechanical utensil washer is used for the sanitizing of pots and pans, a sanitizing compartment is not required and a two-compartment scullery sink is acceptable as used according to parts 4658.0675 and 4658.0680.

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

History: *21 SR 196*

4658.4310 DISHWASHING AREA; NEW CONSTRUCTION.

The dishwashing area must be separate from the food preparation area, and must be arranged and equipped as follows:

A. Soiled dishes must arrive at the soiled dish counter without passing through the clean dish side of the dishwashing area or through the food preparation area of the kitchen. The soiled dish counter must include provisions for prerinse of dishes and disposal of garbage.

B. Facilities with more than 30 beds must provide a commercial hood-type or conveyor dishwasher. The area containing the dishwasher and the soiled dish spray rinse must be separated from the food preparation area and the clean dish storage area by a wall protection.

C. Facilities with 30 or fewer beds must be equipped with a minimum of an under-counter-type dishwasher that complies with NSF International Standard No. 3.

D. Clean dishes must be returned directly from the clean dish counter to a clean area for storage. The clean dish counter must be at least four feet long in facilities with pass-through type dishwashers. If necessary, provision must be made for the return of empty dish racks to the dishwasher area.

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

History: *21 SR 196*

4658.4315 WASHING OF FOOD CARTS; NEW CONSTRUCTION.

A separate area, equipped with a floor drain, must be provided for the cleaning of food carts.

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

History: *21 SR 196*

4658.4320 WASHING OF GARBAGE CANS; NEW CONSTRUCTION.

An area, separated from the dietary area, equipped with a floor drain, must be provided for the washing of garbage cans.

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

History: *21 SR 196*

4658.4325 LAUNDRY, SIZE AND LOCATION; NEW CONSTRUCTION.

Subpart 1. **Laundry.** The laundry, if provided in the facility, must be sized and equipped to handle the laundering of all linen and personal clothing to be processed in the facility.

Subp. 2. **Entrance.** The entrance to a soiled linen collection room or to a laundry processing room must be located away from resident living areas and the entrance to the kitchen. Door widths to laundry areas must allow for movement of equipment and linen carts.

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

History: *21 SR 196*

4658.4330 SOILED LINEN COLLECTION ROOM; NEW CONSTRUCTION.

Subpart 1. **Soiled linen collection room.** A separate, enclosed soiled linen collection room must be provided for the collection, storage, and sorting of soiled linen to be processed in the laundry processing room or by an outside laundry service.

Subp. 2. **Location.** The soiled linen collection room must be located at the soiled side of the laundry processing room. A soiled linen collection room for facilities with outside laundry service must be located near the service entrance.

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

History: *21 SR 196*

4658.4335 LAUNDRY PROCESSING ROOM; NEW CONSTRUCTION.

The laundry processing room must be arranged and equipped to allow for the orderly, progressive flow of work from the soiled area to the clean area. The layout of the processing

area must minimize linen transportation and avoid cross-traffic between clean and soiled operations. Laundry operations must be physically separated by a floor area. The processing room must provide space for the storage of supplies and equipment. Space for storage of laundry carts must be provided within the laundry area. Handwashing facilities must be available for the area. A two-compartment laundry tub must be provided and must be of a material with a nonabsorbent, smooth, permanent finish. A laundry tub may be provided with fittings for the required handwashing facilities.

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

History: *21 SR 196*

4658.4340 LAUNDRY EQUIPMENT; NEW CONSTRUCTION.

The laundry equipment must be of commercial type and must be of sufficient size and quantity for the size of the facility. The washer installation must be constructed of materials capable of meeting the operating requirements in part 4658.1410. The washer must be capable of measuring and displaying internal water temperatures.

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

History: *21 SR 196*

4658.4345 CLEAN LINEN STORAGE; NEW CONSTRUCTION.

Rooms, closets, or enclosed carts must be provided for the storage of clean linen.

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

History: *21 SR 196*

4658.4350 LAUNDRY FOR PERSONAL CLOTHING; NEW CONSTRUCTION.

Provision must be made for the washing of personal clothing either within or outside the facility. Residential-grade equipment may be used for the washing of personal clothing.

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

History: *21 SR 196*

4658.4355 REFUSE; NEW CONSTRUCTION.

Subpart 1. **Refuse area.** An outside, fenced area or a separate room must be provided for holding trash and garbage prior to disposal. It must be located convenient to the service entrance and be sized to accommodate the refuse volume and the chosen type of disposal system.

Subp. 2. **Incinerator.** An incinerator, if provided, must be in a separate room, or in a designated area within the boiler or heater room, or outdoors. An incinerator, if provided, must comply with parts 7011.1201 to 7011.1285.

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

History: *21 SR 196*

4658.4360 COVERED ENTRANCE AREA; NEW CONSTRUCTION.

At least one covered entrance area must be provided to protect residents from weather. The covered entrance must extend from the curb line to the building.

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

History: *21 SR 196*

4658.4365 FACILITIES FOR PERSONNEL; NEW CONSTRUCTION.

Locker and toilet facilities must be provided for personnel.

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

History: *21 SR 196*

4658.4370 REHABILITATIVE SERVICES AREAS; NEW CONSTRUCTION.

Subpart 1. **Specialized rehabilitative services area.** Each specialized rehabilitative therapy service provided must be provided space and equipment for exercise and treatment

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which meets the needs of a medically directed therapy program and of the residents receiving services. Each treatment area must be designed and equipped to protect residents' visual privacy. A lavatory or sink must be conveniently located to all rehabilitative services areas. Space for administrative activities and storage of supplies and equipment must be provided for any rehabilitative service provided.

Subp. 2. **Physical therapy area.** The physical therapy area must be provided with a lavatory or sink with institutional fittings and a single-service towel dispenser.

Subp. 3. **Physical therapy area toilet room.** A toilet room must be located within or adjacent to the physical therapy area. Access to this toilet room must be provided from within the physical therapy area. This toilet room may also serve the general corridor. The toilet room must comply with the requirements for handicapped accessible toilet rooms in part 4658.4150.

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

History: *21 SR 196*

4658.4375 BARBER AND BEAUTY SHOP SERVICES; NEW CONSTRUCTION.

A room must be provided and equipped for barber and beauty shop services.

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

History: *21 SR 196*

4658.4390 PENALTIES FOR DIETARY, LAUNDRY, AND OTHER SERVICES; NEW CONSTRUCTION RULE VIOLATIONS.

Penalty assessments for violations of parts 4658.4300 to 4658.4375 shall be assessed on a daily basis and are as follows:

- A. parts 4658.4300 to 4658.4345, \$200;
- B. part 4658.4350, \$100;
- C. part 4658.4355, \$150;
- D. part 4658.4360, \$200; and
- E. parts 4658.4365 to 4658.4375, \$150.

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

History: *21 SR 196*

CONSTRUCTION DETAILS

4658.4400 AREA HEAT PROTECTION; NEW CONSTRUCTION.

Floors and walls for resident living areas which are overheated due to adjoining heat sources must be insulated or otherwise protected to prevent the surface from exceeding a temperature of 85 degrees Fahrenheit.

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

History: *21 SR 196*

4658.4405 DOOR HANDLES; NEW CONSTRUCTION.

Lever-type door handles must be provided on all hinged doors to resident areas.

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

History: *21 SR 196*

4658.4410 DUMBWAITERS AND CONVEYORS; NEW CONSTRUCTION.

Enclosed dumbwaiter pits and conveyor spaces must be provided with access for cleaning. Operation of dumbwaiters must comply with parts 5205.0400 to 5205.0490.

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

History: *21 SR 196*

4658.4415 ELEVATORS; NEW CONSTRUCTION.

Subpart 1. **Elevators.** Shaft enclosures and elevator installations must be provided in accordance with part 4658.3500, subpart 5. Elevators must be provided in all facilities where residents occupy or use more than the entrance or first floor level.

Subp. 2. **Elevator cab size.** At least one elevator must have an inside cab dimension of at least five feet wide and seven feet deep. The car doors must have a clear opening of at least three feet, eight inches.

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

History: *21 SR 196*

4658.4420 EXTERIOR MECHANICAL SHAFTS; NEW CONSTRUCTION.

Exterior shafts serving equipment for resident areas must be constructed to prevent accumulation of dirt, leaves, or snow.

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

History: *21 SR 196*

4658.4425 FLOOR JOINTS; NEW CONSTRUCTION.

Thresholds and expansion joint covers must be flush with the floor, except at exterior doors. Adjacent dissimilar floor materials must be flush with each other to provide an unbroken surface.

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

History: *21 SR 196*

4658.4430 NONSKID SURFACES; NEW CONSTRUCTION.

Stairways, ramps, bathtubs, and showers must be provided with nonslip surfaces.

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

History: *21 SR 196*

4658.4435 GLASS PROTECTION; NEW CONSTRUCTION.

Any full height window or glass partition of clear glass which has the sill placed at or up to 18 inches above floor level must be constructed of safety glass and must be provided with a railing or some other structural safety barrier at a height of at least 30 inches above the floor. Glass doors must be constructed of safety glass and must be provided with a push bar or with decals or markings.

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

History: *21 SR 196*

4658.4440 LINEN AND TRASH CHUTES; NEW CONSTRUCTION.

The minimum diameter of a gravity-type chute must be two feet. The ceiling space between shaft walls and the discharge end of the chute must be sealed to prevent odors from leaking into the enclosing shaft space.

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

History: *21 SR 196*

4658.4445 OVERHEAD PIPING; NEW CONSTRUCTION.

Overhead piping must not be exposed in dietary areas, clean storage, and clean linen areas. Waste lines over food preparation areas, food storage areas, clean storage areas, and electrical panels are prohibited. Plumbing waste lines and vents must not be located within ventilation plenums.

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

History: *21 SR 196*

4658.4450 PROTECTION RAILINGS; NEW CONSTRUCTION.

Protection railings, 42 inches high, must be provided for top landings of stairs, window wells, and open air shafts in areas accessible to residents.

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

History: *21 SR 196*

4658.4455 CEILING HEIGHTS; NEW CONSTRUCTION.

Minimum ceiling heights must be provided as follows:

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A. Boiler room ceilings must be at least five feet higher than the top of the boiler unit and at least two feet, six inches above the main boiler head and connecting piping with a minimum total height of nine feet.

B. Ceilings in corridors, storage rooms, resident toilet rooms, and other minor rooms must not be less than seven feet, six inches.

C. Ceilings in all other rooms must not be less than eight feet.

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

History: *21 SR 196*

4658.4460 CEILINGS, WALLS, AND FLOORS; NEW CONSTRUCTION.

Ceilings, walls, and floors must be of a type or finish to permit good maintenance including frequent washing, cleaning, or painting. Walls in areas subject to local wetting must be provided with a hard, nonabsorbent surface. Floors in areas subject to local wetting must be finished with a smooth, hard, nonslip, nonabsorbent surface. In dietary areas, floor surfaces must be grease resistant. Carpeting in resident areas must be of high density, low-pile construction which is cleanable and facilitates wheeled traffic.

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

History: *21 SR 196*

4658.4490 PENALTIES FOR CONSTRUCTION DETAILS, CHUTES, AND ELEVATORS; NEW CONSTRUCTION RULE VIOLATIONS.

Penalty assessments for violations of parts 4658.4400 to 4658.4460 shall be assessed on a daily basis and are as follows:

- A. part 4658.4400, \$200;
- B. part 4658.4405, \$150;
- C. part 4658.4410, \$200;
- D. part 4658.4415, \$200;
- E. part 4658.4420, \$150;
- F. parts 4658.4425 to 4658.4450, \$200;
- G. part 4658.4455, \$150; and
- H. part 4658.4460, \$200.

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

History: *21 SR 196*

MECHANICAL SYSTEMS; NEW CONSTRUCTION

4658.4500 PLUMBING SYSTEMS; NEW CONSTRUCTION.

Subpart 1. **Installation.** All plumbing systems must be installed and tested according to this chapter and chapter 4715, the Minnesota Plumbing Code.

Subp. 2. **Area drainage.** Roofs, basements, tunnels, pits, shafts, areaways, courts, yards, and drives must be properly drained to eliminate intrusion of rain water or groundwater into the building. Floor drains in exterior areaways and similar installations must be provided with a running trap located inside the building to prevent freeze-up in the winter.

Subp. 3. **Pipe insulation.** Sufficient insulation must be provided for all water and steam piping to assure proper functioning of the systems, provide safety against burns, and to prevent undesirable condensation or heat transfer in areas for residents.

Subp. 4. **Hot water supply.** Circulating hot water must be provided in all hot water mains and in risers more than three stories high to assure hot water at the fixtures. The domestic hot water heating equipment must be installed, operated, and maintained according to chapter 4715, the Minnesota Plumbing Code. The domestic hot water heating equipment must have sufficient capacity and recovery to supply water at minimum temperatures at the point of use as follows:

A. resident bedrooms and service areas, 105 degrees Fahrenheit, with a maximum temperature at the point of use of 115 degrees Fahrenheit;

- B. mechanical dishwashing, 180 degrees Fahrenheit;
- C. washers in the laundry, 160 degrees Fahrenheit; and
- D. mechanical sanitizing of nursing utensils, 180 degrees Fahrenheit.

If a thermostatically controlled mixing valve is used, it must be of the "fail-safe" type which prevents flow of hot water in case the cold water supply fails. Heaters must be insulated and provided with a thermometer.

Subp. 5. Dishwashing machine. The dishwashing machine must be of a commercial type equal to the standards established by NSF International Standard No. 3, and must be of a size that can accommodate food trays. The water supply line at the machine must be provided with a pressure-reducing valve, pressure gauge, and vacuum breaker. The rinse water flow pressure must be maintained between 15 and 25 pounds per square inch at the machine by the use of a pressure reducing valve. A pressure gauge must be installed immediately after the reducing valve. A recirculation system and pump must be provided if the final rinse water heater is located more than five feet from the dishwasher. The drain must be an indirect waste connection to a trapped floor drain, or it must be a trapped connection to a branch with a floor drain without a backwater valve in the horizontal branch.

Subp. 6. Floor drains. Floor drains must not be installed in areas for food storage. Floor drains must not be directly connected to ventilation equipment or air supply plenums.

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

History: *21 SR 196*

4658.4505 PLUMBING; NEW CONSTRUCTION.

Subpart 1. Institutional fittings. Institutional fittings must include a mixing faucet, gooseneck spout or other approved spout, wrist-action controls, and an open grid strainer on the waste in the sinks.

The spout must provide a minimum vertical distance of five inches from its discharge point to the rim of the fixture, and a minimum horizontal bowl clearance of seven inches between the discharge point and the inside face of the rim.

The blades on wrist-action controls must not exceed 4-1/2 inches in length, except that handles on clinical sinks must not be less than six inches long.

Subp. 2. Flushing rim service sinks or clinical sinks. Flushing rim service sinks or clinical sinks must have an integral trap in which the upper portion of a visible trap seal provides a water surface. A bedpan cleaning device must be included at the clinical sink in soiled utility rooms. If a spray nozzle is included, there must be a way to control the water flow and pressure from the nozzle to minimize aerosolization.

Subp. 3. Sterilizer vent systems. All sterilizers requiring vapor vents must be connected with a vapor venting system extending up through the roof independent of the plumbing fixture vent system. The vertical riser pipe must be provided with a drip line which discharges into the drainage system through an air gap or open waste fixture. The connection between the fixture and the vertical vent riser pipe must be made by means of a horizontal offset. Vent material must be erosion and corrosion resistant.

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

History: *21 SR 196*

4658.4510 HEATING AND COOLING; NEW CONSTRUCTION.

Subpart 1. Design and installation. Heating and cooling systems must be capable of maintaining a temperature of 71 degrees Fahrenheit to 81 degrees Fahrenheit in all resident areas. Areas must be zoned according to use and exposure, and must be provided with thermostatic temperature controls. The humidification system must be capable of maintaining a space humidity between 25 percent relative humidity and 50 percent relative humidity.

Subp. 2. Isolation of major components. A means of isolating major sections or components in the heating and cooling systems must be provided. Supply and return mains, and risers of space heating and cooling systems must be valved to isolate the various sections of each system. Each piece of equipment must be valved at the supply and return ends. Any pump on which the heating and cooling systems are dependent should be installed in duplicate for standby service in a nursing home.

Subp. 3. **Controls and gauges.** All valves and controls must be placed for convenient access and use, and thermometers and gauges must be mounted for easy observation.

Subp. 4. **Heating and cooling elements.** Heating and cooling elements must be located so as not to interfere with beds in residents' rooms. Tubing and casing of gravity-type heating and cooling convectors must be mounted at least four inches above the floor and be provided with removable sturdy covers in order to facilitate cleaning.

Subp. 5. **Forced flow room units.** Cabinets for forced flow heating or cooling units must be sturdy and must be mounted either continuously along the floor with a tight fit or at least four inches above the floor. Outside air must be filtered. The interior air grill for recirculation must be located not less than four inches above the floor, on floor mounted units. Fans or blowers must be of a quiet operating type, and the fan or blower housing must not be directly connected to the metal of the unit cabinet. Recirculated air must be passed through the filter. The filter must be replaceable from within the room.

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

History: *21 SR 196*

4658.4515 VENTILATION REQUIREMENTS; NEW CONSTRUCTION.

Mechanical supply and exhaust ventilation must be provided for all areas according to part 4658.4520. The systems must be designed and balanced to provide the pressure relationships described in part 4658.4520. Areas not covered in part 4658.4520 must be ventilated according to the Minnesota State Building Code. Areas requiring an equal or positive pressure relationship to adjacent areas according to part 4658.4520 must be provided with tempered makeup air. All air-supply and air-exhaust systems must be mechanically operated. Required exhaust ventilation must not be activated by a light switch. All fans serving exhaust systems must be located at the discharge end of the system. The ventilation rates shown in part 4658.4520 are minimum acceptable rates, and do not preclude the use of higher ventilation rates if the rates do not result in undesirable velocities in resident areas.

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

History: *21 SR 196*

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4658.4520 VENTILATION PRESSURE RELATIONSHIPS AND VENTILATION FOR CERTAIN AREAS IN NURSING HOMES; EXISTING AND NEW CONSTRUCTION.

Area Designation	Pressure ¹ Relationship to Adjacent Areas	All Supply Air From Outdoors	Minimum Air Changes of Outdoor Air Per Hour	Minimum Total Air Changes Per Hour	All Exhaust Directly To Outdoors	Recirculated Within Room
Resident Bedroom	0	-	2	2	-	NO
Dayroom, Activity Area	0	-	2	2	-	NO
Resident Corridor	0	-	2	4	-	NO
Dining Room, Therapy	-	-	2	6	-	NO
Medication Room	+	-	2	4	-	NO
Clean Utility Room	+	-	2	4	-	NO
Soiled Utility Room	-	-	-	10	YES	NO
Toilet Room	-	-	-	10	YES	NO
Bathing Area	-	-	-	10	YES	NO
Barber and Beauty Room	-	-	-	10	YES	NO
Janitor's Closet	-	-	-	10	YES	NO
Sterilizer Equip. Room	-	-	-	10	YES	NO
Garbage Room, Can Washing	-	-	-	10	YES	NO
Trash Collection Room	-	-	-	10	YES	NO
Food Preparation, Nourishment	0	-	2	10	YES	NO
Dishwashing, Food Cart Cleaning Area	-	-	-	10	YES	NO
Dietary Storage	0	-	-	2	-	NO
Laundry Processing Room	0	-	2	10	YES	NO
Soiled Linen Collection Room	-	-	2	10	YES	NO
Clean Linen Storage Room	+	-	2	2	-	NO
Isolation Room	-	-	2	6	YES	NO
Smoking Room	-	-	2	10	YES	NO

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Symbols:

Air Pressure Relationships:

+ = Positive;

- = Negative;

0 = Neutral

Air Changes, Supply, Exhaust:

- = Optional

¹ Areas with equal or positive pressure relationships to adjacent areas must be provided with tempered make-up air.

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

History: *21 SR 196*

4658.4525 FRESH AIR INTAKES; NEW CONSTRUCTION.

Fresh air intakes for ventilation systems must be located at least 25 feet away from a ventilation exhaust, combustion exhaust, or driveway or parking area. The bottom of fresh air intakes serving central air systems must be located as high as possible, but at least four feet above grade, or, if installed through the roof, at least two feet above roof level. Air intakes for individual room units must be at least one foot, six inches above outside grade. Any exhaust system or waste chute vent must terminate at least 25 feet away from windows that can be opened.

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

History: *21 SR 196*

4658.4530 HEIGHT OF REGISTERS; NEW CONSTRUCTION.

Wall openings for air supply or return must be located at least four inches above the floor.

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

History: *21 SR 196*

4658.4535 DIETARY AREA; NEW CONSTRUCTION.

Subpart 1. **Food preparation areas.** The minimum ventilation requirements of part 4658.4520 for food preparation areas must be provided by either a combination of general ventilation and the range hood, or by general room ventilation. If hood ventilation is needed to meet the minimum air changes per hour, the hood must be operating at all times that the food preparation area is in use.

Subp. 2. **Dishwashing area.** The minimum exhaust requirements of part 4658.4520 for the dishwashing area must be provided by either a combination of general ventilation and the exhaust from the mechanical dishwasher or by general ventilation. If dishwasher hood ventilation is needed to meet the minimum air changes per hour, the hood must be operating at all times that the dishwashing area is in use.

Subp. 3. **Exhaust ducts.** All exhaust ducts must be provided with access panels for cleaning.

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

History: *21 SR 196*

4658.4540 LAUNDRY AREA; NEW CONSTRUCTION.

Air in the laundry must be vented away from the finishing and ironing area and toward the extracting and washing area. The general air movement must be from the clean area to the soiled area, and must be of sufficient volume to remove steam, odors, and excessive heat. Dryers must be provided with a lint collector. Horizontal exhaust ducts must exhaust to the outside. The ducts must be provided with access panels for cleaning.

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

History: *21 SR 196*

4658.4545 MECHANICAL ROOMS; NEW CONSTRUCTION.

Mechanical rooms with equipment using liquefied petroleum gas (LPG) or flammable liquid fuels producing vapors heavier than air must be provided with continuous mechanical

outdoor air ventilation that provide a pressure which is equal to or greater than atmospheric, to remove accumulations of gas or vapor at the floor level. A relief or exhaust vent must be located within 12 inches below the ceiling, and a relief or exhaust vent must be located within 12 inches above the floor.

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

History: *21 SR 196*

4658.4550 FILTERS; NEW CONSTRUCTION.

Subpart 1. **Air supply.** All air supplied to the nursing home must be free from harmful particulate matter, any type of combustion products or contaminants, obnoxious odors, or exhausted air from the building or adjoining property.

Subp. 2. **Filters.** All outside air introduced into living and service areas of a nursing home must be filtered. Return air to central ventilation systems must be filtered. All central ventilation or air conditioning systems must be equipped with a minimum of one filter bed. The filter bed must be located upstream of the air conditioning equipment, unless a prefilter is employed. If a prefilter is employed, the prefilter must be upstream of the equipment and the main filter may be located further downstream. Filter frames must be durable and proportioned to provide an airtight fit with the enclosing ductwork.

Subp. 3. **Filter efficiencies.** Filters installed in all central ventilation or air conditioning systems must have a minimum efficiency of 25 percent. All filter efficiencies must be average atmospheric dust spot efficiencies tested according to the American Society of Heating, Refrigerating, and Air-Conditioning Engineers, Inc. (ASHRAE) Standard No. 52.1-1992.

Subp. 4. **Autoclave room.** If there is a large autoclave in the nursing home, it must be located in a separate room provided with supply and exhaust ventilation. If an autoclave is built into a separate equipment room, the equipment room must be provided with exhaust ventilation.

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

History: *21 SR 196*

4658.4590 PENALTIES FOR MECHANICAL SYSTEMS; NEW CONSTRUCTION RULE VIOLATIONS.

A \$200 penalty shall be assessed on a daily basis for violations of parts 4658.4500 to 4658.4550.

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

History: *21 SR 196*

ELECTRICAL SYSTEMS; NEW CONSTRUCTION

4658.4600 DISTRIBUTION PANEL BOARDS; NEW CONSTRUCTION.

Subpart 1. **Circuit index.** All circuits in light and power panels must be identified with a typewritten index. Doors on electrical panel boards accessible to residents must be equipped with a lock.

Subp. 2. **Panel boards.** Lighting and appliance panel boards must be provided for the circuits on each floor, except for emergency system circuits.

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

History: *21 SR 196*

4658.4605 CORRIDOR RECEPTACLES; NEW CONSTRUCTION.

Single receptacles on a separate circuit for equipment such as floor cleaning machines must be installed approximately 50 feet apart in all corridors and within 25 feet of ends of corridors.

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

History: *21 SR 196*

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4658.4610 SWITCHES AND RECEPTACLES; NEW CONSTRUCTION.

Switches must be placed between 42 inches and 48 inches above the floor. Convenience outlets for electrical appliances must be located to avoid danger in wet areas.

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

History: *21 SR 196*

4658.4615 INTERIOR LIGHTING; NEW CONSTRUCTION.

A source of lighting must be provided in every room in the nursing home. Lighting levels in all areas of the nursing home must be adequate and comfortable. "Adequate lighting" means levels of illumination suitable to tasks the resident chooses to perform or the nursing home staff must perform. The installation of rheostats to provide varying levels of illumination in resident areas deemed appropriate by the nursing home is acceptable. "Comfortable lighting" means lighting that minimizes glare and provides maximum resident control, where feasible, of the intensity, location, and direction of illuminations so that visually impaired residents can maintain or enhance independent functioning.

The design of the lighting system must:

- A. minimize direct, reflected, and contrast glare;
- B. provide consistent and even illumination of wall surfaces and floors;
- C. be residential in appearance;
- D. incorporate lamp colors that do not distort the true color of people, objects, or architectural elements; and
- E. be energy efficient.

Where feasible, indirect lighting by fluorescent lamps concealed by architectural molding or wall sconces is preferred. Electronic ballasts must be used for all fluorescent light fixtures. Full spectrum fluorescent and halogen lamps must not be used for task lighting. The lighting system must use natural light to the fullest extent possible in conjunction with artificial lighting. Illumination levels at transitions between outside daylight and interior light levels at entry ways must be equalized.

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

History: *21 SR 196*

4658.4620 FIRE ALARM SYSTEMS; NEW CONSTRUCTION.

Fire alarm systems and sprinkler systems must be provided in accordance with chapter 1305.

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

History: *21 SR 196*

4658.4625 BEDROOM RECEPTACLES; NEW CONSTRUCTION.

Each resident bedroom must have a minimum of two duplex receptacles mounted on the wall at the head of the bed, and one receptacle mounted on each side of the bed, for a total of four electrical outlets per bed. In addition to the receptacles at the head and side of each bed, each resident bedroom must be provided with two additional duplex receptacles, conveniently located on adjacent walls for resident use. At least one receptacle must be located between 16 inches and 20 inches above the floor, and be accessible for resident use.

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

History: *21 SR 196*

4658.4630 NIGHT LIGHTS; NEW CONSTRUCTION.

Each resident bedroom must be provided with a night light.

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

History: *21 SR 196*

4658.4635 NURSE CALL SYSTEM; NEW CONSTRUCTION.

The nurses' station must be equipped with a communication system designed to receive calls from the resident and nursing service areas required by this part. The communication

system, if electrically powered, must be connected to the emergency power supply. Nurse calls and emergency calls must be capable of being inactivated only at the points of origin. A central annunciator must be provided where the door is not visible from the nurses' station.

A. A nurse call must be provided for each resident's bed. Call cords, buttons, or other communication devices must be placed where they are within reach of each resident. A call from a resident must register at the nurses' station, activate a light outside the resident bedroom, and activate a duty signal in the medication room, nourishment area, clean utility room, soiled utility room, and sterilizing room. In multicorridor nursing units, visible signal lights must be provided at corridor intersections.

B. An emergency call must be provided in each resident toilet room, in all areas used for resident bathing, dayrooms, therapy areas, and activity areas. If a pull cord is provided it must extend to within six inches above the floor. A push-button type emergency call must be installed at a height of 24 inches. An emergency call must register a call from a resident at the nurses' station, activate a duty signal in the medication room, nourishment area, clean utility room, soiled utility room, and sterilizing room, and activate a signal light by the bedroom door. The emergency duty signal must provide a visual signal light and an audible alarm.

C. If a nurse call system provides two-way voice communication, it must be equipped with an indicator light at each call station which lights and remains lighted as long as the voice circuit is operating. Nurse calls of this type may be capable of being inactivated at the nurses' station.

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

History: *21 SR 196*

4658.4640 EMERGENCY ELECTRIC SERVICE; NEW CONSTRUCTION.

To provide electricity during an interruption of the normal electrical power supply that affects medical care, or safety of the occupants, an emergency source of electrical power must be provided and connected to certain circuits for lighting and the nurse call system. The emergency system must provide lighting for the nurses' station, telephone switchboard, resident corridors, exits, the boiler or heating system room, and, if provided, the emergency generator room. The emergency electrical service must assure functioning of the fire detection, alarm, and suppression systems, and the life support systems. Emergency electrical service must be provided by one of the following methods:

A. a battery-operated system with automatic controls and recharging if effective for four or more hours; or

B. an on-site emergency generator.

The emergency generator, if provided, must be operated and tested in accordance with the manufacturer's instructions. It is recommended that the emergency generator system include all items necessary for the functioning of the heating system. An automatic transfer switch is recommended.

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

History: *21 SR 196*

4658.4690 PENALTIES FOR ELECTRICAL SYSTEMS; NEW CONSTRUCTION RULE VIOLATIONS.

Penalty assessments for violations of parts 4658.4600 to 4658.4640 shall be assessed on a daily basis and are as follows:

- A. part 4658.4600, subpart 1, \$50;
- B. part 4658.4600, subpart 2, \$200;
- C. parts 4658.4605 to 4658.4630, \$200; and
- D. parts 4658.4635 and 4658.4640, \$350.

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

History: *21 SR 196*

RESIDENT AREAS; EXISTING CONSTRUCTION**4658.5000 BEDROOM DESIGN, EXISTING CONSTRUCTION.**

Subpart 1. **Design.** Each resident bedroom must be designed and equipped for adequate nursing care, comfort, and privacy of residents, including full visual privacy of residents.

Subp. 2. **Usable floor area.** The usable floor area per bed must be at least 70 square feet for three- or four-bed rooms, at least 80 square feet for two-bed rooms, and at least 100 square feet for single bedrooms. The usable floor area and the arrangement and shape of the bedroom must provide space for furnishings, for the free movement of residents with physical handicaps, and for nursing procedures. "Usable floor area" does not include spaces occupied by toilet rooms, vestibules, permanently installed wardrobes, lockers, closets, or heating units.

Subp. 3. **Access to exit.** Each bedroom must have direct access to an exit corridor.

Subp. 4. **Bedroom shape.** The shape of the bedroom must allow for the capability of a bed arrangement which provides at least three feet of floor space at both sides and the foot end of each bed.

Subp. 5. **Distance from nurses' station.** Resident bedrooms must be located within 140 feet from the nurses' station.

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

History: *21 SR 196*

4658.5005 BEDROOM DOOR LOCKS; EXISTING CONSTRUCTION.

Subpart 1. **Written policy.** A nursing home must develop a written policy regarding the use of locks on resident bedroom doors. The policy must address whether or not doors can be locked while the resident is in the room.

Subp. 2. **Door locks.** Door locks must permit exit from the room by a simple operation without the use of a key. Door locks must be openable with a master key which is located at each nurses' station.

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

History: *21 SR 196*

4658.5010 CLOTHES WARDROBE OR CLOSET; EXISTING CONSTRUCTION.

A nursing home must provide each resident with individual wardrobe or closet space in the resident's bedroom with clothes racks and shelves accessible to the resident. Locks may be provided, with keys for the residents, when a pass key is provided at the nurses' station.

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

History: *21 SR 196*

4658.5015 CORRIDOR HANDRAILS; EXISTING CONSTRUCTION.

Securely anchored, durable handrails must be provided on both sides of corridors used by residents. If a length of corridor space between doorways is 60 inches or less, a handrail is not necessary for that portion of the corridor.

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

History: *21 SR 196*

4658.5020 NURSING AREA; EXISTING CONSTRUCTION.

Subpart 1. **Nurses' station.** At least one nurses' station must be provided per resident floor. A nurses' station may serve more than one nursing area on the same floor if the maximum distance from resident bedrooms does not exceed that required in part 4658.5000, subpart 5. The nurses' station must be equipped to receive resident calls through a communication system from resident rooms and toilet and bathing facilities.

Subp. 2. **Clean utility room.** A clean utility room must be provided within each nursing area.

Subp. 3. **Soiled utility room.** A separate soiled utility room must be provided within each nursing area. It must contain handwashing facilities and a clinical service sink for dis-

posal of waste materials and the cleanup of soiled linen and utensils. Cabinets and shelving must be provided for the storage of materials and supplies.

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

History: *21 SR 196*

4658.5025 TOILET ROOMS AND SANITARY FIXTURES; EXISTING CONSTRUCTION.

A nursing home must have at least one toilet and one sink for eight beds, and at least one shower or tub for 20 beds. When the licensed bed capacity is increased, the requirements under part 4658.4135 apply to the new addition. In resident toilet rooms where grab bars or towel bars are not provided, bars must be installed according to part 4658.4145 to the extent that the room arrangements will permit. A toilet room must have a sink and all sinks must be provided with hot and cold water.

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

History: *21 SR 196*

4658.5030 CENTRAL BATHING AREA; EXISTING CONSTRUCTION.

Subpart 1. **Fixtures.** Bathing fixtures must be provided in accordance with part 4658.5025.

Subp. 2. **Bathing areas.**

A. In bathing areas with more than one fixture, each bathtub or shower area must have privacy curtains or wall dividers.

B. Bathtubs and showers must have a nonslip bottom or floor surface, and at least one grab bar, securely anchored, must be provided at each fixture.

C. If a toilet is located within an open area with multiple bathing fixtures, the toilet area must have privacy curtains or stall partitions.

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

History: *21 SR 196*

4658.5035 HANDWASHING FACILITIES; EXISTING CONSTRUCTION.

Handwashing facilities must be available for persons providing services to residents. Single-service towels must be available. Use of a common towel is prohibited.

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

History: *21 SR 196*

4658.5040 ROOM LABELING; EXISTING CONSTRUCTION.

All bedrooms must be labeled using a system of numbers. All service rooms must be labeled.

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

History: *21 SR 196*

4658.5090 PENALTIES FOR RESIDENT AREAS; EXISTING CONSTRUCTION RULE VIOLATIONS.

Penalty assessments for violations of parts 4658.5000 to 4658.5040 shall be assessed on a daily basis and are as follows:

- A. part 4658.5000, subpart 1, \$200;
- B. part 4658.5000, subpart 2, \$150;
- C. part 4658.5000, subpart 3, \$200;
- D. part 4658.5000, subpart 4, \$200;
- E. part 4658.5000, subpart 5, \$150;
- F. part 4658.5005, subpart 1, \$100;
- G. part 4658.5005, subpart 2, \$500;
- H. part 4658.5010, \$150;

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- I. part 4658.5015, \$200;
- J. part 4658.5020, subpart 1, \$150;
- K. part 4658.5020, subparts 2 and 3, \$200;
- L. part 4658.5025, \$150;
- M. part 4658.5030, subpart 2, item A, \$150;
- N. part 4658.5030, subpart 2, item B, \$200;
- O. part 4658.5030, subpart 2, item C, \$150;
- P. part 4658.5035, \$200; and
- Q. part 4658.5040, \$50.

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

History: *21 SR 196*

SUPPORTIVE SERVICES; EXISTING CONSTRUCTION**4658.5100 DINING, DAYROOM, AND ACTIVITY AREAS; EXISTING CONSTRUCTION.**

Subpart 1. **Area.** A nursing home must provide areas for dining, dayroom, and activities.

Subp. 2. **Space for adult day care.** Additional space must be provided, in accordance with part 9555.9730, for dining, dayroom, and activity areas if the nursing home is offering an adult day care program.

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

History: *21 SR 196*

4658.5190 PENALTIES FOR SUPPORTIVE SERVICES; EXISTING CONSTRUCTION RULE VIOLATIONS.

A \$150 penalty shall be assessed on a daily basis for violations of part 4658.5100.

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

History: *21 SR 196*

**DIETARY, LAUNDRY, AND OTHER FACILITIES;
EXISTING CONSTRUCTION****4658.5200 FOOD SERVICE EQUIPMENT; EXISTING CONSTRUCTION.**

Subpart 1. **Food service equipment.** All food service equipment being replaced must be of a type that complies with the requirements of part 4658.3500, subpart 3.

Subp. 2. **Cutting boards.** Cutting boards or similar use table tops must be constructed of nonporous, smooth, and cleanable material, and be free of cracks, crevices, and open seams.

Subp. 3. **Scullery sink.** For manual washing, rinsing, and sanitizing of utensils and equipment, a sink with at least three compartments must be provided and used. Sink compartments must be large enough to permit the accommodation of the equipment and utensils, and each compartment of the sink must be supplied with hot and cold potable running water. Drain boards must be provided at each end for proper handling of soiled utensils before washing and for cleaned utensils following sanitizing and must be located so as not to interfere with the proper use of the utensil washing facilities. If the mechanical dishwasher or a mechanical utensil washer is used for the sanitizing of pots and pans, a sanitizing compartment is not required and a two-compartment scullery sink is acceptable if used according to parts 4658.0675 and 4658.0680.

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

History: *21 SR 196*

4658.5205 LAUNDRY; EXISTING CONSTRUCTION.

A laundry, if provided in the nursing home, must be sized and equipped to handle the laundering of all linen and personal clothing to be processed in the nursing home.

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

History: *21 SR 196*

4658.5210 SOILED LINEN COLLECTION ROOM; EXISTING CONSTRUCTION.

A separate, enclosed soiled linen room must be provided for the collection, storage, and sorting of soiled linen to be processed in the laundry processing room or by an outside laundry service.

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

History: *21 SR 196*

4658.5215 LAUNDRY EQUIPMENT; EXISTING CONSTRUCTION.

Laundry equipment must be of commercial type and must be of sufficient size and quantity for the size of the facility. The washer installation must be constructed of materials capable of meeting the operating requirements in part 4658.1410. Any new or replacement washer must be capable of measuring and displaying internal water temperatures.

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

History: *21 SR 196*

4658.5220 CLEAN LINEN STORAGE; EXISTING CONSTRUCTION.

Rooms, closets, or enclosed carts must be provided for the storage of clean linen.

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

History: *21 SR 196*

4658.5225 LAUNDRY FOR PERSONAL CLOTHING; EXISTING CONSTRUCTION.

Provision must be made for the washing of personal clothing either within or outside the facility. Residential-grade equipment may be used for the washing of personal clothing.

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

History: *21 SR 196*

4658.5230 REFUSE; EXISTING CONSTRUCTION.

Subpart 1. **Refuse area.** An outside, fenced area or a separate room must be provided for holding trash and garbage prior to disposal. It must be located conveniently to the service entrance and be sized to accommodate the refuse volume and the chosen type of disposal system.

Subp. 2. **Incinerator.** An incinerator, if provided, must be in a separate room, or in a designated area within the boiler or heater room, or outdoors. An incinerator, if provided, must comply with parts 7011.1201 to 7011.1285.

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

History: *21 SR 196*

4658.5235 FACILITIES FOR PERSONNEL; EXISTING CONSTRUCTION.

Locker and toilet facilities must be provided for personnel.

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

History: *21 SR 196*

4658.5240 REHABILITATIVE SERVICES AREAS; EXISTING CONSTRUCTION.

Subpart 1. **Specialized rehabilitative therapy area.** A specialized rehabilitative therapy service, if provided, must be provided space and equipment for exercise and treatment which meets the needs of a medically directed therapy program and of the residents receiving services. Each treatment area must be designed and equipped to protect residents' visual privacy. A lavatory or sink must be conveniently located to all rehabilitative service areas. Space for administrative activities and storage of supplies and equipment must be provided for any rehabilitative service provided.

Subp. 2. **Physical therapy area.** A physical therapy area, if provided, must have a lavatory or sink with institutional fittings and a single-service towel dispenser. A toilet room must be located convenient to the physical therapy area.

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

History: *21 SR 196*

4658.5245 NURSING HOMES

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4658.5245 BARBER AND BEAUTY SHOP SERVICES ROOM; EXISTING CONSTRUCTION.

In buildings constructed after 1972, a room must be provided and equipped for barber and beauty shop services.

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

History: *21 SR 196*

4658.5290 PENALTIES FOR DIETARY, LAUNDRY, AND OTHER SERVICES; EXISTING CONSTRUCTION RULE VIOLATIONS.

Penalty assessments for violations of parts 4658.5200 to 4658.5245 shall be assessed on a daily basis and are as follows:

A. parts 4658.5200 to 4658.5220, \$200;

B. part 4658.5225, \$100; and

C. parts 4658.5230 to 4658.5245, \$150.

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

History: *21 SR 196*

CONSTRUCTION DETAILS; EXISTING CONSTRUCTION**4658.5300 AREA HEAT PROTECTION; EXISTING CONSTRUCTION.**

Floors and walls for resident living areas which are overheated due to adjoining heat sources must be insulated or otherwise protected to prevent the surface from exceeding a temperature of 85 degrees Fahrenheit.

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

History: *21 SR 196*

4658.5305 NONSKID SURFACES; EXISTING CONSTRUCTION.

Stairways, ramps, bathtubs, and showers must have nonslip surfaces.

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

History: *21 SR 196*

4658.5310 GLASS PROTECTION; EXISTING CONSTRUCTION.

All full height windows, glass partitions, or glass doors must have decals or markings.

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

History: *21 SR 196*

4658.5315 CEILINGS, WALLS, AND FLOORS; EXISTING CONSTRUCTION.

Ceilings, walls, and floors must be of a type or finish to permit good maintenance including frequent washing, cleaning, or painting. Walls in areas subject to local wetting must have a hard, nonabsorbent surface. Floors in areas subject to local wetting must be finished with a smooth, hard, nonslip, nonabsorbent surface. In dietary areas, floor surfaces must be grease resistant. Carpeting in resident areas must be of high density, low-pile construction which is cleanable and facilitates wheeled traffic.

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

History: *21 SR 196*

4658.5390 PENALTIES FOR CONSTRUCTION DETAILS; EXISTING CONSTRUCTION RULE VIOLATIONS.

A \$200 penalty shall be assessed on a daily basis for violations of part 4658.5300.

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

History: *21 SR 196*

MECHANICAL SYSTEMS; EXISTING CONSTRUCTION**4658.5400 HEATING SYSTEM; EXISTING CONSTRUCTION.**

The heating system must be capable of maintaining a minimum temperature of 71 degrees Fahrenheit in all resident areas during the heating season.

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

History: *21 SR 196*

4658.5405 VENTILATION REQUIREMENTS; EXISTING CONSTRUCTION.

Existing facilities must have mechanical exhaust ventilation in the kitchen, laundry, soiled linen collection room, soiled utility rooms, and toilet areas, except if the toilet area is private or semiprivate, and is provided with window ventilation. Ventilation must be provided according to part 4658.4520.

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

History: *21 SR 196*

4658.5410 MECHANICAL ROOMS; EXISTING CONSTRUCTION.

Mechanical rooms below grade, located in buildings constructed after 1972, with equipment using liquefied petroleum gas, must have continuous mechanical ventilation providing a pressure which is equal to or greater than atmospheric.

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

History: *21 SR 196*

4658.5415 FILTERS; EXISTING CONSTRUCTION.

All air supplied to the nursing home must be free from harmful particulate matter, any type of combustion products or contaminants, obnoxious odors, or exhausted air from the building or adjoining property.

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

History: *21 SR 196*

4658.5490 PENALTIES FOR HEATING AND VENTILATION SYSTEMS; EXISTING CONSTRUCTION RULE VIOLATIONS.

A \$200 penalty shall be assessed on a daily basis for violations of parts 4658.5400 to 4658.5415.

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

History: *21 SR 196*

ELECTRICAL SYSTEMS; EXISTING CONSTRUCTION**4658.5500 DISTRIBUTION PANEL BOARDS; EXISTING CONSTRUCTION.**

All circuits in light and power panels must be identified with a typewritten index. Doors on electrical panel boards accessible to residents must be equipped with a lock.

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

History: *21 SR 196*

4658.5505 INTERIOR LIGHTING; EXISTING CONSTRUCTION.

A source of interior lighting must be provided in every room in the nursing home. Each resident bedroom must be provided with a reading light for each occupant. Lighting levels in all areas of the nursing home must be suitable to tasks the resident chooses to perform or the nursing home staff must perform. A nursing home may install rheostats to provide varying levels of illumination in resident areas.

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

History: *21 SR 196*

4658.5510 FIRE ALARM SYSTEMS; EXISTING CONSTRUCTION.

Fire alarm systems and sprinkler systems must be provided according to chapter 1305.

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

History: *21 SR 196*

4658.5515 NURSE CALL SYSTEM; EXISTING CONSTRUCTION.

A communication system must be provided in a nursing home. It must register a call from the resident at the nursing station and activate a signal light by the bedroom door.

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

History: *21 SR 196*

4658.5520 EMERGENCY ELECTRIC SERVICE; EXISTING CONSTRUCTION.

To provide electricity during an interruption of the normal electrical power supply that affects medical care, or safety of the occupants, an emergency source of electrical power must be provided and connected to certain circuits for lighting and the nurse call system. The emergency system must provide lighting for the nurses' station, telephone switchboard, resident corridors, exits, the boiler or heating system room, and, if provided, the emergency generator room. The emergency electrical service must assure functioning of the fire detection, alarm, and suppression systems, and the life support systems. Emergency electrical service must be provided by one of the following methods:

A. a battery-operated system with automatic controls and recharging if effective for four or more hours; or

B. an on-site emergency generator.

The emergency generator, if provided, must be operated and tested according to the manufacturer's instructions. It is recommended that the emergency generator system include all items necessary for the functioning of the heating system. An automatic transfer switch is recommended.

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

History: *21 SR 196*

4658.5590 PENALTIES FOR ELECTRICAL SYSTEMS; EXISTING CONSTRUCTION RULE VIOLATIONS.

Penalty assessments for violations of parts 4658.5500 to 4658.5520 shall be assessed on a daily basis and are as follows:

A. part 4658.5500, \$50;

B. parts 4658.5505 and 4658.5510, \$200; and

C. parts 4658.5515 and 4658.5520, \$350.

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

History: *21 SR 196*