

CHAPTER 4665
DEPARTMENT OF HEALTH
SUPERVISED LIVING FACILITIES

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4665.0100 DEFINITIONS.

Subpart 1. **Ambulatory.** "Ambulatory" means the ability to walk independently and at least negotiate any barriers such as ramps, doors, stairs, corridors, etc., without assistance as may be necessary to get in and out of the facility.

Subp. 2. **Department.** The term "department" means the Minnesota Department of Health.

Subp. 3. **Health and safety component.** "Health and safety component" means those elements of a facility which influence all residents including, but not limited to, physical plant design, general sanitation, nutritional requirements, medication handling procedures and practices relating to health, such as provisions for health care arrangements, emergency medical care and physician's orders.

Subp. 4. **Mobile.** "Mobile" means the ability to move from place to place with the use of devices such as walkers, crutches, wheelchairs, wheeled platforms, etc.

Subp. 5. **New construction.** "New construction" as used in parts 4665.0100 to 4665.5600 means the erection of new buildings or the alterations of or additions to existing buildings commenced on or after the effective date of parts 4665.0100 to 4665.5600.

Subp. 6. **Nonambulatory.** "Nonambulatory" means the inability to walk independently.

Subp. 7. **Nonmobile.** "Nonmobile" means the inability to move independently from place to place.

Subp. 8. **Physically handicapped.** "Physically handicapped" encompasses

those orthopedic, incoordinative, sight and hearing disabilities that result in the significant reduction of mobility, flexibility, coordination, or perceptiveness and that, singly or in combination, interfere with the individual's ability to live independently; that are not the result of the normal aging process that are considered to be chronic conditions.

Subp. 9. Resident. "Resident" means an individual who receives service from a supervised living facility.

Subp. 10. Supervised living facility. "Supervised living facility" means a facility in which there is provided supervision, lodging, meals and in accordance with provisions of rules of the Department of Human Services, counseling and developmental habilitative or rehabilitative services to five or more persons who are mentally retarded, chemically dependent, adult mentally ill, or physically handicapped.

Statutory Authority: *MS s 144.56*

History: *L 1984 c 654 art 5 s 58*

4665.0200 AUTHORITY AND PURPOSE.

Subpart 1. Authority. Minnesota Statutes 1971, sections 245.78, 252.28, and 257.081 to 257.123 provide for regulation by the Department of Human Services of residential facilities and services for persons with certain disabilities. The statute permits the incorporation of rules suggested by the commissioner of health.

These rules have been developed pursuant to a cooperative agreement with the Minnesota Department of Human Services, under which the Department of Human Services regulates the habilitative, rehabilitative, and social service programs provided to residents of these facilities and the commissioner of health, under provisions of Minnesota Statutes 1971, section 144.56 (Standards), establishes a supervised living facility (SLF) as a facility, licensed by both the Minnesota Department of Health and the Minnesota Department of Human Services, in which appropriate programs and services are provided. These rules establish minimum standards as to the construction, equipment, maintenance, and operation of supervised living facilities insofar as they relate to sanitation and safety of the buildings, and to the health, treatment, comfort, safety, and well-being of the persons accommodated for care, except for standards of the Department of Public Safety, which has the exclusive jurisdiction to enforce state fire and safety standards.

Subp. 2. Purpose. The purpose of a supervised living facility is to provide a residential, home-like setting for persons who are mentally retarded, adult mentally ill, chemically dependent, or physically handicapped and who are able to live safely under supervision provided through programs licensed by the Department of Human Services.

Supervised living facilities are facilities in which certain services are provided. Among these services are the provision of meals, lodging, housekeeping services, health services, and other services, provided either by staff or by residents under supervision, but in all cases, in accordance with sanitary standards which must be observed in a group situation to prevent the creation of unsanitary conditions which endanger the health of individual residents and staff.

Subp. 3. Evaluation. Of concern to the commissioner of health is that residents are provided appropriate services in a safe, sanitary, and healthful setting. Germane to this concern is the necessity for a procedure which will effectively ascertain at the time of admission of the resident and periodically thereafter, that persons admitted to a supervised living facility are persons who have handicaps that prevent or limit independent living, but who are not in need of continuing medical or nursing care. This procedure is implemented through program licensure by the Minnesota Department of Human Services.

Individualized ongoing evaluation is provided through licensed programs to help each resident reach his maximum level of functional capabilities. Periodic evaluation of residents by representatives of the commissioner of health are made to assure that the needs of the residents do not exceed these services which the licensee is authorized to provide.

Subp. 4. Services. Supervised living facilities may, but are not required to provide treatment, educational training, personal care, or sheltered workshop services on a 24 hour-a-day basis. Some of these services may be provided to residents either by having the service brought into the facility or by assuring that the resident receives appropriate services elsewhere.

The range of services required by residents of supervised living facilities includes services for persons who are dependent for reasons other than degenerative processes of aging as well as services for persons young or old, who are living and working in the community or are in transition from residential to independent community life.

Subp. 5. Licensure. In all cases, only those facilities will receive and retain licensure as supervised living facilities that can demonstrate to the satisfaction of the commissioner of health that:

A. functional services are provided in safe, healthful, and sanitarily operated and maintained buildings; and

B. only those persons are accepted as residents whose needs can be met by the facility directly or in cooperation with other resources with which there is evidence of acceptable agreements or arrangements.

Statutory Authority: *MS s 144.56*

History: *L 1977 c 305 s 39; L 1984 c 654 art 5 s 58*

4665.0300 FACILITY LICENSE.

A license shall be issued by the commissioner of health to an applicant who satisfactorily meets all requirements contained in these regulations. The license is valid for one year.

Separate licenses are required for facilities maintained on separate premises, even though operated by the same ownership.

A separate license shall not be required for separate buildings maintained by the same owner on the same premises, unless such buildings represent different classifications.

Each license shall be conspicuously posted in the facility.

Facilities which have been determined by the state fire marshal to be out of compliance with fire safety requirements of the state fire marshal are not eligible for licensure by the commissioner of health.

Each license shall specify the maximum allowable number of residents that may be lodged in the facility.

Statutory Authority: *MS s 144.56*

History: *L 1977 c 305 s 39*

4665.0400 LICENSURE PROCEDURE.

Subpart 1. Application. Application for a facility license to establish or operate a supervised living facility shall be made in writing and submitted on forms provided by the department. The application for a new facility or for a change in classification shall include a copy of the proposed program or other acceptable indication from the Department of Human Services pertaining to the types of residents who are to be served by the facility.

Subp. 2. Documents required. If the applicant is a corporation, the applicant shall furnish the department names and addresses of the governing body and names of current officers of the corporation.

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Subp. 3. **Out-of-state corporations.** In addition to the documents required in subpart 2, out-of-state corporations shall furnish the department with a copy of the certificate of authority to do business in Minnesota.

Subp. 4. **Review of buildings.** Existing buildings and new construction shall be reviewed and approved by the department prior to licensure. Review includes submission of construction drawings and specifications for new construction and alterations.

Subp. 5. **Fees.** Each application for either an initial or renewal license to operate a supervised living facility within the meaning of Minnesota Statutes, sections 144.50 to 144.56 and parts 4665.0100 to 4665.5600 shall be accompanied by a fee based upon the formula established in part 4735.0200. A bed must be licensed if it is available for use by residents. If the number of licensed beds is increased during the term of the license, \$12 for each additional bed shall be paid. There shall be no refund for a decrease in licensed beds.

Subp. 6. **Expiration.** Initial and renewal licenses issued pursuant to Minnesota Statutes, sections 144.50 to 144.56 and these regulations shall be issued for the calendar year for which application is made and shall expire on December 31 of such year. License renewals shall be applied for on an annual basis. Applications for license renewal shall be submitted no later than December 31 of the year preceding the year for which application is made. Any application for an initial license submitted after November 1 shall be considered as an application for the following year; provided, however, that a license may be issued and be effective prior to January 1 of the year for which application is made without payment of fees for two years.

Statutory Authority: *MS s 144.56*

History: *L 1984 c 654 art 5 s 58*

4665.0500 BUILDING CLASSIFICATION.

For considerations of licensure, construction and major renovation, supervised living facilities are classified as follows:

A. Class A supervised living facilities include homes for ambulatory and mobile persons who are capable of taking appropriate action for self-preservation under emergency conditions as determined by program licensure provisions. Class A supervised living facilities shall be in conformance with provisions of chapter 13 of the 1973 edition of the Uniform Building Code, as amended for Group H Occupancies. Physically handicapped persons shall be housed at the street level.

B. Class B supervised living facilities include homes for ambulatory, non-ambulatory, mobile, or non-mobile persons who are not mentally or physically capable of taking appropriate action for self-preservation under emergency conditions as determined by program licensure provisions. Class B supervised living facilities shall be in conformance with provisions of chapter 9 of the 1973 edition of the Uniform Building Code, as amended for Group D Occupancies.

Statutory Authority: *MS s 144.56*

4665.0600 WAIVERS.

A supervised living facility may request in writing a waiver of a specific rule. The request for a waiver must cite the regulation in question, reasons for requesting the waiver, the period of time the licensee wishes to have the regulation waived, and the equivalent measures planned for protecting the health and safety of residents and staff. Waivers granted by the commissioner of health shall specify in writing the time limitation and required equivalent measures to be taken to protect the health and safety of residents and staff.

Statutory Authority: *MS s 144.56*

History: *L 1977 c 305 s 39*

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4665.0700 PROGRAM LICENSE.

All applicants for licensure must have received or have applied for a program license from the Minnesota Department of Human Services under provisions of parts 9525.0210 to 9525.0430; 9530.2500 to 9530.4000; 9520.0500 to 9520.0690; or 9570.2000 to 9570.3600; before the supervised living facility license is issued by the commissioner of health.

Statutory Authority: *MS s 144.56*

History: *L 1977 c 305 s 39; L 1984 c 654 art 5 s 58*

4665.0800 STAFF.

At all times that residents are up and about in the facility, there shall be at least one responsible person awake, dressed, and up and about in the facility. The responsible person shall be at least 18 years of age and capable of performing required duties in supervision of residents. This person shall be immediately accessible to all residents in the facility and shall be the person to whom residents can report injuries, symptoms of illness, and emergency situations. Facilities that accept persons who are not capable of adequate judgment in taking action for self-preservation, must assure that there is, additional to the requirement above, adequate staff on duty on a 24-hour-a-day basis to provide:

A. necessary physical services for activities of daily living;

B. maintenance of an appropriate personal hygiene program for each resident; and

C. for appropriate movement of residents to safe harborage within the facility, or evacuation from the facility, in the case of fire or other emergency situation.

Statutory Authority: *MS s 144.56*

4665.0900 RESIDENTS.

Supervised living facilities may accept as residents such persons as are described in part 4665.0100, subpart 10, but may not accept as residents, nor provide lodging to any of the following persons:

A. persons who have or are suspected of having a communicable disease or a disease endangering the health of other residents;

B. persons who require nursing care as defined in commissioner of health rules, part 4655.0100, subpart 8, except for brief episodic periods.

Examples of nursing care: bedside care, including administration of medications, irrigations and catheterizations, applications of dressings or bandages; rehabilitative nursing techniques; and other treatments prescribed by a physician which require technical knowledge, skill, and judgment as possessed by a registered nurse.

Statutory Authority: *MS s 144.56*

History: *L 1977 c 305 s 39*

4665.1000 RESIDENT REGISTER.

A register shall be kept in a separate bound book, listing in chronological order the dates and names of all persons admitted to and discharged from the facility. This register shall be available to department employees for inspection.

Statutory Authority: *MS s 144.56*

4665.1100 CENSUS DATA.

Records shall be kept of admissions, discharges, deaths, and transfers of residents and shall be available for inspection by department employees.

Statutory Authority: *MS s 144.56*

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4665.1200 STAFF HEALTH.

The licensee shall assure that:

A. all staff shall, prior to employment and annually thereafter, show freedom from tuberculosis by a report of either a standard Mantoux tuberculin test or a chest X ray. If the Mantoux test is positive or contraindicated, a chest X ray shall be taken. The results of these tests shall be reported in writing and made a part of the staff member's personnel record;

B. any staff member with a communicable disease shall not be permitted to work in the facility until such time that a physician certifies that the staff member's condition will permit his return to work without endangering the health of other staff and residents;

C. the facility administrator may require that a staff member have a medical examination when a reasonable suspicion of communicable disease exists; and

D. personnel records shall be available for inspection by department employees.

Statutory Authority: *MS s 144.56*

4665.1300 RESIDENT DEATH.

When a resident dies:

A. the date, time and circumstances of the resident's death shall be recorded in the resident's record;

B. if the resident dies in the facility, the coroner's office shall be notified;

C. personal belongings shall be handled in a responsible and legal manner; and

D. records of a deceased individual shall be retained for a period of three years following death.

Statutory Authority: *MS s 144.56*

4665.1310 PET ANIMALS.

Pet animals may be kept on the premises of a supervised living facility only in accordance with the provisions of part 4638.0200.

Statutory Authority: *MS s 144.56*

4665.1320 SCHEDULE OF FINES FOR UNCORRECTED DEFICIENCIES.

Subpart 1. **\$50 penalty assessment.** A \$50 penalty assessment will be issued to a supervised living facility under Minnesota Statutes, section 144.653, subdivision 6, for noncompliance with correction orders relating to part 4638.0200, subpart 2.

Subp. 2. **\$250 penalty assessment.** A \$250 penalty assessment will be issued to a supervised living facility under Minnesota Statutes, section 144.653, subdivision 6, for noncompliance with correction orders relating to part 4638.0200, subpart 3.

Statutory Authority: *MS s 144.56*

PHYSICAL PLANT

4665.1400 BUILDING.

Every building, structure, or enclosure utilized by the supervised living facility shall be kept in good repair and so maintained as to protect the health, comfort, safety, and well-being of persons accommodated. Buildings housing physically disabled residents shall have a plan acceptable to the commissioner of health with reasonable target dates for the removal of or the reduction of architectural barriers consistent with the resident program.

Statutory Authority: *MS s 144.56*

History: *L 1977 c 305 s 39*

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4665.1500 FLOORS, WALLS, AND CEILINGS.

The floors of all rooms, hallways, bathrooms, store rooms, and all other spaces used or traversed by residents and staff shall be of such construction as to be easily cleaned, shall be smooth, and shall be kept clean and in good repair. Cleaning of floors shall be so done as to minimize the raising of dust and the exposure of residents thereto. The safe use of rugs, carpets, or natural stone, which can be kept clean, is permitted. Abrasive strips to reduce or prevent slipping shall be used where slippery surfaces present a hazard.

The walls and ceilings of all rooms, halls and stairways shall be kept clean and in good repair.

Statutory Authority: *MS s 144.56*

4665.1600 LIGHTING.

Lighting levels, measured 30 inches above the floor, shall not be less than 20 footcandles for all resident use areas, and not less than five footcandles for exit stairways, mechanical equipment, and storage areas.

Statutory Authority: *MS s 144.56*

4665.1700 VENTILATION.

An area shall be considered well ventilated when excessive heat, odors, fumes, vapors, smoke, or condensation is reduced to a level barely perceptible to the normal senses. Air replacement vents shall be designed to permit the entrance of an equal volume of displaced air and to prevent the entrance of insects, dust or other contaminating materials.

Toilet rooms shall be well ventilated by natural or mechanical methods. Interior toilet rooms, central toilets serving more than four persons, and soiled utility rooms shall be provided with mechanical exhaust ventilation.

During seasons when weather conditions require tempering of makeup air, adequate equipment shall be provided to temper the makeup air. Every gas-fired or oil-fired room heater and water heater and other heating appliance shall be vented to the outside air.

Statutory Authority: *MS s 144.56*

4665.1800 SPACE ARRANGEMENTS AND REQUIREMENTS.

Subpart 1. Space to meet needs of residents and program licensure requirements. Provision of appropriate space and arrangements thereof for sleeping, dining, recreation, and other common use areas for activities or training shall be in conformance with the residents' mobility needs and with the program licensure requirements of the Department of Human Services.

Subp. 2. Dining and living areas. Minimum areas for residents' dining and living areas shall be ten and 20 square feet respectively per resident, or 30 square feet total per resident when the area is used for a combination thereof. Common use areas for use by nonambulatory mobile residents require an increase of 50 percent. This increase applies also to dining areas serving disabled residents who require assistance with eating.

Subp. 3. Single bedrooms for ambulatory residents. Single bedrooms for ambulatory residents shall provide at least 70 square feet of useable floor space with a side dimension of not less than seven feet.

Subp. 4. Multi-bedrooms for ambulatory residents. Multi-bedrooms for ambulatory residents shall provide at least 60 square feet per person of useable floor space for each resident. There shall be at least three feet between beds placed side by side and at least one foot between beds placed end to end. In each case, there shall be at least three feet of unobstructed space between ends of beds where such space is used for resident or staff access.

Subp. 5. Single bedrooms for nonambulatory residents. Single bedrooms for

nonambulatory residents shall provide at least 100 square feet of useable floor area with a side dimension of not less than nine feet. Mobility space at the end and one side of each bed shall be not less than four feet.

Subp. 6. **Multi-bedrooms for nonambulatory residents.** Multi-bedrooms for nonambulatory, nonmobile residents shall provide at least 80 square feet of useable floor space for each resident. Multi-bedrooms for active, nonambulatory, mobile residents, shall provide at least 100 square feet per adult resident. Mobility space at the end and one side of each bed shall be not less than four feet.

Subp. 7. **Storage in bedrooms for nonambulatory residents.** Bedrooms for nonambulatory, mobile residents shall have adequate accessible space for storage of wheelchairs and other prosthetic or adaptive equipment for daily out-of-bed activity or acceptable similar storage space shall be provided outside the bedroom readily and handily accessible to the resident.

Subp. 8. **Bed arrangements.** Bed arrangements shall be compatible with the physical and programmatic needs of the residents. Beds shall be located so as to avoid drafts from windows and excessive heat from heat sources.

Subp. 9. **Ceilings.** Level ceilings in sleeping rooms shall not be less than seven feet in height. In sleeping rooms with sloped ceilings only the areas with vertical wall heights of five feet or more shall be included in the required useable floor areas. At least one-half of the useable floor area must have a ceiling of the required height.

Subp. 10. **Storage.** Bedrooms shall be provided with a private enclosed space for each resident's belongings, preferably built-in. Such space shall be accessible and adjustable for use by each resident in conformance with program requirements.

Subp. 11. **Bedroom window.** Bedrooms shall be exterior rooms with at least one window which is easily opened to the outside. In existing construction, the bedroom window area shall be at least one-tenth of the floor area and not less than nine square feet. The window sill shall not be more than three feet above the floor. Bedrooms with floor level located below the grade at the outside wall shall have floors and walls adequately sealed to prevent leakage or dampness from underground and surface runoff water. In new construction, the floors shall be located at or above the outside grade level.

Statutory Authority: *MS s 144.56*

History: *L 1984 c 654 art 5 s 58*

4665.1900 BEDS.

Each resident shall have an individual bed. Adult beds shall be at least 36 inches wide. Each bed shall have good springs and a clean, firm, comfortable mattress. Beds shall be of suitable construction and dimensions to accommodate persons using them, and shall be able to accommodate siderails if necessary.

Statutory Authority: *MS s 144.56*

4665.2000 BEDDING AND LINEN.

All beds provided for residents shall be supplied with suitable pillowcases and under and top sheets. All bedding, including mattresses, mattress pads, quilts, blankets, pillows, sheets, spreads and all bath linen shall be kept clean. Bedding, including mattresses, mattress pads, quilts, blankets, pillows, bed and bath linen which is worn out or unfit for further use shall not be used. Bedding shall be appropriate to the season. Pillowcases, sheets and bath linen, after being used by one resident, shall be washed before they are used by another resident.

Clean bed linen shall be furnished at least once each week, or more frequently to maintain cleanliness, and at least a clean washcloth and a clean towel or appropriate paper service shall be available each day to each resident.

Statutory Authority: *MS s 144.56*

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4665.2100 ROOM FURNISHINGS.

All equipment, fixtures, furniture and furnishings, including windows, draperies, curtains and carpets, shall be kept clean and free of dust, dirt, vermin, and other contaminants and shall be maintained in good order and repair. Each resident shall be provided with appropriate individual furniture, including a chest of drawers, an individual closet with clothes racks and shelves, unless built in, a mirror, and table or desk, where appropriate. Tilted mirrors or equivalent provisions shall be available to mobile nonambulatory residents. There shall be accessible private storage space for clothing in the bedroom area for each resident. Each resident shall have individual racks or other drying space for washcloths and towels.

Statutory Authority: *MS s 144.56*

4665.2200 TOILETS AND BATHS.

Every facility shall be equipped with adequate and conveniently located toilet rooms for its employees and residents. Water closets, lavatories, and bath tubs or showers for residents shall be available on each inhabited floor or in each resident unit when not provided for each individual bedroom.

Water closets and lavatories shall be provided in the ratio of at least one toilet and at least one lavatory for every eight residents, or fraction thereof. Additional water closets or space for commodes may be required by specific programs. At least one bath tub or shower shall be available for every eight residents, or fraction thereof. Toilets, bath tubs, and showers used by residents shall provide for individual privacy unless specifically contraindicated by program needs. Toilet and bathing areas and fixtures shall approximate normal patterns found in residential construction, except where special requirements are applicable for handicapped persons or for special program needs. All toilet and bathing areas, facilities, and fixtures shall be kept clean and in good repair and shall be well lighted. Toilet rooms shall be well ventilated by natural or mechanical methods.

Statutory Authority: *MS s 144.56*

4665.2300 INSECT AND RODENT CONTROL.

Every facility shall be so constructed or equipped as to prevent the entrance, harborage, or breeding of flies, roaches, bedbugs, rats, mice, and all other insects and vermin. Cleaning, renovation, or fumigation by licensed pest control operators for the elimination of such pests shall be used when necessary.

Statutory Authority: *MS s 144.56*

4665.2400 WATER SUPPLY.

A safe and adequate supply of water shall be provided. The water supply system shall be located, constructed, and operated in accordance with the standards of the commissioner of health. For information, contact Division of Environmental Health, Minnesota Department of Health, 717 Delaware Street SE, Minneapolis, Minnesota, 55440.

Statutory Authority: *MS s 144.56*

History: *L 1977 c 305 s 39*

4665.2500 PLUMBING.

All systems of plumbing shall be installed in accordance with the provisions of the Minnesota Plumbing Code, chapter 4715. For information on compliance, contact the Division of Environmental Health, Minnesota Department of Health.

Statutory Authority: *MS s 144.56*

4665.2600 SEWAGE DISPOSAL.

All liquid waste shall be disposed of in an approved public sewage system

or in a sewage system which is designed, constructed, installed and operated in accordance with the standards and rules of the commissioner of health and the Minnesota Pollution Control Agency.

Statutory Authority: *MS s 144.56*

History: *L 1977 c 305 s 39*

4665.2700 FOOD HANDLING PRACTICES.

Any food service provided in a supervised living facility shall be in accordance with the provisions of the Minnesota commissioner of health rules, parts 4625.2500 to 4625.5000 governing food and beverage service establishments. Wherever the food service in a supervised living facility is limited to serving ten residents or less, or where the main meals of the day are not prepared in the facility, certain variances from the requirements may be granted by the commissioner of health. These variances may include, but not be limited to, substitution of certain domestic type equipment for commercial type. When food is catered into a supervised living facility, it shall be obtained from a source acceptable to the commissioner of health and transported, handled, and served in accordance with provisions of applicable rules of the commissioner of health. It is recommended that the department's food handling guide entitled "Information for Food Service Personnel in Hospitals and Related Care Facilities" be made readily available for reference by all food service personnel.

Statutory Authority: *MS s 144.56*

History: *L 1977 c 305 s 39*

NUTRITION

4665.2800 FREQUENCY OF MEALS.

There shall be not more than 14 hours between a substantial evening meal and breakfast. Where residents are not routinely absent from the facility for work or other purposes, at least three meals shall be made available at regular times during each 24 hour period.

Statutory Authority: *MS s 144.56*

4665.2900 QUALITY AND VARIETY.

Foods and beverages shall be palatable, of adequate quantity and variety, attractively served at appropriate temperatures and prepared by methods which conserve nutritional value. It is recommended that dishes be used rather than compartment trays. Food services shall recognize and provide for the physiological, cultural, emotional, and developmental needs of each resident. All meals provided shall be planned, prepared, and served by persons who have received instruction in food-handling techniques and practices.

Statutory Authority: *MS s 144.56*

4665.3000 DIETARY SERVICE.

The food and nutritional needs of residents shall be met in accordance with their needs and shall meet the dietary allowances, as stated in the Recommended Dietary Allowances, National Academy of Sciences, seventh edition, 1968. Providing each resident the specified servings per day from each of the following five food groups will satisfy this requirement.

A. Meat or protein group. Two or more servings per day. A serving of meat or protein is defined as:

- (1) two to three ounces cooked (equivalent to three to four ounces raw) of any meat without bone, such as beef, pork, lamb, poultry, or variety meats such as liver, heart, and kidney;
- (2) two slices prepared luncheon meat;
- (3) two eggs;

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(4) two ounces of fresh or frozen cooked fish, shellfish, or one-half cup canned fish; or

(5) one cup cooked navy beans;

B. Milk group. Two or more servings per day. A serving is defined as eight ounces (one cup) of milk. A portion of this amount may be served in cooked form, such as cream soups, desserts, etc.

(1) one ounce of cheese for three-fourths cup milk;

(2) three-fourths cup cottage cheese for one-third cup milk; or

(3) one-half cup ice cream for one-fourth cup milk;

C. Vegetable group. Three or more servings per day, one of which is deep green or yellow. A serving is defined as one-half cup.

D. Fruit group. Two or more servings per day, one of which is citrus (i.e. orange, grapefruit) or tomato. A serving of citrus fruit or tomato is defined as:

(1) one medium orange or four ounces of orange juice;

(2) one-half grapefruit or four ounces of grapefruit juice; or

(3) one large tomato or eight ounces of tomato juice;

E. Cereal and bread group. Three to four servings per day of whole grain or enriched products. A serving is defined as:

(1) one slice bread;

(2) one-half cup cooked cereal;

(3) three-fourths cup dry cereal; or

(4) one-half cup macaroni, rice, or noodles.

Statutory Authority: *MS s 144.56*

4665.3100 MENU PLANNING.

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

Statutory Authority: *MS s 144.56*

4665.3200 MODIFIED DIETS.

If the facility accepts or retains individuals in need of medically prescribed therapeutic diets, there shall be evidence that such diets are provided as ordered by the attending physician.

Statutory Authority: *MS s 144.56*

HEALTH SERVICES

4665.3300 PURPOSE OF HEALTH SERVICES.

Health services shall be utilized to maintain an optimal general level of health and to maximize function, prevent disability, and promote optimal development of each resident.

Statutory Authority: *MS s 144.56*

4665.3400 EMERGENCY MEDICAL SERVICES.

The licensee shall make arrangements for appropriate medical services for medical emergencies.

Statutory Authority: *MS s 144.56*

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4665.3500 ADMISSION HEALTH ASSESSMENT.

Applicant residents shall have a general medical history and physical examination by a physician within 30 days preceding admission or within three days after admission. The licensee shall require a statement from the examining physician that the applicant, at the time of admission, is free of communicable disease. A report of the physical examination and the statement from the physician shall be provided to the licensee and shall be kept in the resident's health record. The report shall include appropriate instructions for meeting special needs, such as diet or medications.

Statutory Authority: *MS s 144.56*

4665.3600 CHILD HEALTH ASSESSMENT.

Resident children (infancy through 17 years) shall have health assessments periodically as recommended by the Council on Pediatric Practice, American Academy of Pediatrics, Standards of Child Health Care (Evanston, Illinois: 1972.) Periodic assessment shall include an evaluation of speech, vision, hearing, and special dietary needs. Records of these assessments shall be maintained in the resident health record.

Statutory Authority: *MS s 144.56*

4665.3700 PERSONAL HYGIENE.

Supervised living facilities shall develop and implement a plan for attainment of personal hygiene practices of all residents, with special assistance for those residents who are unable to care for themselves. Personal hygiene shall include provision for, where appropriate, and instruction in: hand washing, brushing teeth after meals, regular bathing, hair combing, brushing and shampooing, shaving, caring for toenails and fingernails, and immediate cleaning of incontinent residents, unless specifically contraindicated by a plan for toilet training. Persons shall wash their hands after handling an incontinent resident. Each resident shall be assisted in learning normal grooming practices with individual toilet articles.

Statutory Authority: *MS s 144.56*

4665.3800 DENTAL ASSESSMENT.

Dental assessment shall be performed at least annually. Dental examinations for children shall begin by three years of age.

Statutory Authority: *MS s 144.56*

4665.3900 BED REST.

Orders prescribing bed rest for residents shall be self-terminating in three days unless renewed by a physician.

Statutory Authority: *MS s 144.56*

4665.4000 REPORTING ILLNESS.

Any occurrence of sickness or communicable disease, listed in part 4665.9900, incurred by staff or residents shall be promptly reported to the local health officer and the department.

Statutory Authority: *MS s 144.56*

4665.4100 RESIDENT'S HEALTH RECORD.

Subpart 1. **Maintaining a record.** Supervised living facilities shall maintain a resident's health record for each resident. It may be contained in a general resident record.

Subp. 2. **Required data.** Basic health information to be maintained in each resident's health record shall include:

A. identifying information: name, previous address, date of admission and discharge, person to contact in an emergency;

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B. the physician responsible for his/her medical care as designated by the resident or guardian;

C. the name of the resident's dentist as designated by the resident, parent, or guardian; dates of dental examinations and treatments; special instructions for care and oral hygiene as recommended;

D. adverse reactions to drugs recorded and prominently posted as a precaution;

E. where professional therapy services are provided to the resident, regular notations regarding the resident's progress in such therapies;

F. dates and descriptions of all illnesses, accidents, treatments thereof, and immunizations, including examinations required in parts 4665.3300 to 4665.4000;

G. summary of hospitalizations, to include recommendations for follow-up and treatment; and

H. where the resident is being treated through a special diet, a copy of the diet, length of time to be used, prescription signed by the supervising physician, and the dates of review of the diet.

Subp. 3. Nature of health record. Upon request, a resident or parent or guardian shall be provided with a summary of the resident's health record within a reasonable period of time following discharge. All information contained in the resident's health records shall be considered privileged and confidential, and written consent of the resident or his parent shall be required for the release of information to persons not otherwise authorized to receive it. The resident shall have access to the health record upon request. All entries in the resident's health record shall be legible, dated, and authenticated by the signature and other identifying designation of the individual making the entry.

Subp. 4. Retention of health record. All resident health records shall be kept by the facility for at least three years following discharge or death. Employees of the department may review such records for accuracy and completeness.

Statutory Authority: *MS s 144.56*

MEDICATION HANDLING PROCEDURES

4665.4200 CONTROL OF MEDICATIONS.

Facilities shall develop and adhere to a written medication control plan acceptable to the commissioner of health. The plan shall be on file and available for inspection. The plan shall contain at least the following provisions:

A. a statement of: whether the staff will administer medications, how the staff will supervise self administration of medications, whether medications will be self-administered, or a combination of the above systems;

B. how the distribution and storage of medications will be handled, including a description of suitable storage facilities;

C. if the facility has both staff-administered and self-administered medications, the plan shall specify who will determine which system each resident will use;

D. procedures for recording medications that residents are taking;

E. procedures for periodic examination and review of medication regimens;

F. procedures for storage of prescription and non-prescription medications; and

G. method of refrigeration of biologicals.

Statutory Authority: *MS s 144.56*

History: *L 1977 c 305 s 39*

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4665.4300 HANDLING OF MEDICATIONS.

Stock supplies of prescription medications shall not be maintained in a supervised living facility. Staff may administer prescription medications which can be safely self-administered only to residents for whom the medication is ordered by a physician. In no case shall such medications be maintained, distributed, or administered from containers other than individual prescription containers bearing appropriate labels.

Statutory Authority: *MS s 144.56*

4665.4400 MEDICATION CONTAINERS.

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

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

The contents of any drug container having no label or with an illegible label shall be destroyed immediately.

Medications having a specific expiration date shall not be used after the date of expiration.

Statutory Authority: *MS s 144.56*

4665.4500 RECORD OF MEDICATIONS.

All prescribed medications and comfort drugs used by each resident shall be recorded on the resident's health record. This information shall include the name and quantity of the drug prescribed. Special notations shall be made whenever medications are started or discontinued. Adverse reaction to a medication and the report to the physician of the same shall be recorded.

Statutory Authority: *MS s 144.56*

4665.4600 DISPOSITION OF MEDICATIONS.

If authorized by the attending physician or the resident's physician, medications belonging to residents shall be given to them when discharged or transferred. This shall be recorded in the resident's health record. Unused portions of controlled substances shall be handled by contacting the Minnesota Board of Pharmacy, which will furnish the necessary instructions and appropriate forms, a copy of which shall be kept on file in the facility for two years. Any other unused portions of prescription drugs remaining in the facility after the death or discharge of the resident for whom they were prescribed, or any prescriptions discontinued permanently, shall be destroyed by the licensee or designee by flushing them into the sewer system and removing and destroying the labels from the containers. A notation of such destruction giving date, quantity, name of medication, and prescription number shall be recorded on the resident's chart. Such destruction shall be witnessed and the notation signed by both persons.

Statutory Authority: *MS s 144.56*

SAFETY**4665.4700 FIRST AID.**

Every facility shall have on the premises a suitable first aid kit approved in writing by a physician for use for residents and staff. Tourniquets shall not be stored in the kit. The kit shall be maintained in a place known to and readily

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available to all personnel responsible for the health or well-being of residents, and such personnel shall be instructed in acceptable emergency first aid procedures.

Statutory Authority: *MS s 144.56*

4665.4800 EMERGENCY PLAN.

There shall be a written plan on file which specifies action and procedures for meeting emergency situations such as fire, serious illness, severe weather, and missing persons. The procedures shall be clearly communicated to and reviewed with staff and residents. The plan shall be developed with the assistance and advice of at least the local fire and/or rescue authority and any other appropriate resource persons. The plan shall specify responsibilities assumed by the licensee for assisting residents who require emergency care or special assistance to residents in emergencies. An accident or incident report form shall be provided by and used by the staff of the facility.

Statutory Authority: *MS s 144.56*

4665.4900 EMERGENCY PROCEDURES MEETING.

There shall be a meeting of all employees on each shift at least once every three months to discuss emergency procedures used in the facility. Business of the meetings shall cover:

- A. assignment of persons to specific tasks and responsibilities in case of emergency situation;
 - B. instructions relating to the use of alarm systems and signals;
 - C. systems for notification of appropriate persons outside the facility;
 - D. information on the location of emergency equipment in the facility;
- and
- E. specification of evacuation routes and procedures.

Statutory Authority: *MS s 144.56*

4665.5000 TELEPHONES.

There shall be at least one non-coin-operated telephone which is accessible to staff, residents, and visitors at all times for use in emergency. A list of the following telephone numbers shall be posted at this telephone: police, fire, ambulance, hospital, and emergency physician.

Statutory Authority: *MS s 144.56*

4665.5100 KEYS.

The person in charge of the facility on each work shift shall have keys to all locks on exits and egresses in the facility in his possession.

Statutory Authority: *MS s 144.56*

4665.5200 SMOKING.

If smoking is permitted, it shall be permitted only in designated areas. Bedfast residents may be allowed to smoke only while under the direct supervision of a staff member.

Statutory Authority: *MS s 144.56*

4665.5300 STAFF TRAINING PROGRAM.

There shall be a staff training program that is appropriate to the size and nature of the facility. The program shall include, but not be limited to, plans for assignment of staff and residents to specific tasks and responsibilities.

Statutory Authority: *MS s 144.56*

4665.5400 EMERGENCY AND UNUSUAL OCCURRENCE.

In the event of an emergency or unusual occurrence, such as hospitalization,

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serious illness, accident, imminent death, or death, the resident's parent or others who maintain a close relationship with him shall be notified. The wishes of the resident and his parent about religious matters shall be determined and followed as closely as possible. In case of accident:

A. appropriate measures for the care and safety of the resident shall be undertaken; and

B. an accident report shall be made for use by the facility, and in case of injury, all relevant legal requirements shall be complied with.

This includes Minnesota Statutes, section 626.554 relating to reporting of possible child abuse or neglect, as well as Minnesota Statutes, section 626.555, relating to abuse or neglect of residents of facilities licensed pursuant to Minnesota Statutes, sections 144.50 to 144.58.

Statutory Authority: *MS s 144.56*

NOTE: Minnesota Statutes, section 626.554, was repealed by Laws of Minnesota 1975, chapter 221, section 2; Minnesota Statutes, section 626.555, was repealed by Laws of Minnesota 1980, chapter 542, section 2.

4665.5500 CLOTHING AND LAUNDRY SERVICES.

Subpart 1. **Clothing.** Each resident shall have neat, clean clothing appropriate for the season. Each resident should have his own clothing, which is, when necessary, properly and inconspicuously marked with his name. Washable, specially designed clothing should be utilized as needed for multiple handicapped and incontinent residents.

Subp. 2. **Laundry services.** Laundry services are to be managed so that daily clothing and linen needs are met without delay and there is a minimum loss and damage to clothing.

Statutory Authority: *MS s 144.56*

4665.5600 HOUSEKEEPING SERVICES.

The licensee shall be responsible for or shall supervise the cleaning and maintenance of all areas in the supervised living facility.

Such responsibility shall assure cleanliness and orderliness of the residents' rooms, furnishings, and equipment through regularly scheduled cleaning, which shall be provided at least weekly. Such responsibility shall provide for security of the residents' rooms and their personal belongings.

Statutory Authority: *MS s 144.56*

4665.9900 REPORTABLE DISEASES.

When called to a case, suspected case, or death from any of the following diseases, the attending physician, within 24 hours, shall notify the local health officer by means of the regular reporting post card or special blank provided for such reports. Diseases marked by asterisk shall also be reported directly to the Division of Personal Health Services, Minnesota Department of Health.

When no physician is in attendance, it shall be the duty of the head of the household, or other person in charge of any institution, school, hotel, boarding house, camp, dairy farm, or pasteurization plant, or any other person having knowledge of any individual believed to have or suspected of having any disease, presumably communicable, to report immediately the name and address of any such person to the local health officer. Until official action on such has been taken, strict isolation shall be maintained.

Within 24 hours of the receipt of such notification or other knowledge of a case, the local health officer shall forward same to the Minnesota Department of Health, Division of Personal Health Services, 717 Delaware Street SE, Minneapolis, Minnesota 55440 (612-296-5201) after transcribing essential information for permanent local record.

- * Actinomycosis
- * Anthrax

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- *Botulism
- Brucellosis (Undulant Fever)
- Chickenpox (Over 16 years of age)
- *Cholera, Asiatic
- Conjunctivitis, Epidemic
- Diarrhea, Epidemic
- Diphtheria
- Dysentery
 - (a) Amebic
 - (b) Bacillary
- Encephalitis (all types)
- German Measles (rubella)
- Food infection and poisoning
- *Glanders
- Hepatitis, Infectious
- Hepatitis, Serum
- Influenza
- *Leprosy
- Leptospirosis
- Malaria
- Measles
- Meningitis (all types)
- Mononucleosis, Infectious
- *Ophthalmia, Neonatorum
- Paratyphoid Fever
- *Plague
- Pneumonia
- Poliomyelitis
- *Psittacosis
- *Rabies (cases and exposed persons)
- Rheumatic Fever
- Ringworm of the Scalp
- *Rocky Mountain Spotted Fever
- Scarlet Fever and Epidemic Sore Throat
- *Smallpox
- *Tetanus
- Trachoma
- *Trichinosis
- Tuberculosis
- Tularemia
- Typhoid Fever
- *Typhus Fever
- Whooping Cough (Pertussis)
- Yellow Fever

Statutory Authority: *MS s 144.56*

History: *L 1977 c 305 s 39*