CHAPTER 9050
DEPARTMENT OF VETERANS AFFAIRS
VETERANS HOMES

9050.0020 APPLICABILITY.

Chapter 9050 governs the operation of the Minnesota veterans homes and establishes the standards used to determine:

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

Chapter 9050 must be interpreted to give effect to Minnesota Statutes, chapters 196, 197, and 198.

Statutory Authority: *MS s 198.003*

History: *16 SR 1801*

9050.0040 DEFINITIONS.

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

[For text of subps 2 to 19, see M.R.]

Subp. 20. **Campus.** "Campus" means the property owned or controlled by the state of Minnesota on which a Minnesota veterans home facility is located, except the part of the property leased by the state of Minnesota to any party.

Subp. 21. **Care plan review.** "Care plan review" means an assessment of a resident's physical and mental condition and treatment needs by the care plan team. Care plan review includes:

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

[For text of subps 22 to 40, see M.R.]

Subp. 40a. **Equivalent chemical dependency program.** "Equivalent chemical dependency program" means an unlicensed chemical dependency program that meets the program design requirements of parts 9530.4100 to 9530.4450 and 9530.6620 to 9530.6650.

[For text of subps 41 to 72, see M.R.]

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

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

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

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

Statutory Authority: *MS s 198.003*

History: *16 SR 1801; 16 SR 1945*

9050.0070 TYPES OF ADMISSIONS.

[For text of subps 1 and 2, see M.R.]

Subp. 3. **Criteria for admission to and continued stay in a boarding care facility.** The decision about admission to or continued stay in a board-operated facility licensed to provide boarding care must be based on the facility's ability to meet the care needs of the applicant or resident. A person whose care needs can be met by the board-operated facility must be admitted, placed on the waiting list, or retained as a resident if the admissions committee determines the person meets the criteria in items A to N. A person whose care needs cannot be met must be denied admission or continued stay if the admissions committee determines the person does not meet the criteria in items A to N.

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

F. The person has the right to participate in establishing the person's individual care plan. Residents must be advised that exercising their right to refuse care may lead to their discharge if the facility is unable to care for them under part 4655.1500, subpart 2. Continuing cooperation must be measured as specified in the care plan review process in part 9050.0300.

G. A person must be physically and mentally capable of providing personal care and hygiene including dressing, grooming, eating, toileting, and washing other than bathing. A person who has a diagnosis of mental illness must be assessed by a staff psychiatrist or psychologist.

[For text of items H and I, see M.R.]

J. A staff psychiatrist or psychologist must assess persons with a history of violent or self-abusive behavior and determine if significant risk factors currently exist which suggest that the individual poses a threat of harm to self or others to determine the facility's ability to meet the safety needs of the person and other persons at the facility.

[For text of item K, see M.R.]

L. A person with a diagnosis of chemical abuse within the past six months or a diagnosis of chemical dependency, excluding a chemical dependency diagnosis of "in remission," must have successfully completed a chemical dependency treatment program as prescribed in parts 9050.0040, subparts 25 and 99, and 9530.6620 to 9530.6650, or an equivalent chemical dependency program, or must be chemically free. For the purposes of this item, a person is chemically free if the person has three months of nonuse or use with no symptoms of dependency prior to admission and demonstrates no symptoms of abuse or dependency during residence. The current list of accepted equivalent chemical dependency programs as defined in part 9050.0040, subpart 40, item A, must be kept at the board office.

M. The person must be able to comply with Minnesota veterans homes rules in chapter 9050. Ability to comply may be demonstrated by a documented history of compliance in a prior placement, if any, or other relevant evidence that demonstrates ability to comply. Continuing compliance must be measured as specified in the care plan process in part 9050.0300.

[For text of item N, see M.R.]

Subp. 4. **Criteria for admission to and continued stay in a nursing home facility.** The decision about admission or continued stay in a board-operated facility licensed as a nursing home must be based on the facility's ability to meet the care needs of the person. A person whose care needs can be met by the facility must be admitted, placed on the waiting list, or retained as a resident if the admissions committee determines that the person meets all of the criteria in items A to G. A person whose care needs cannot be met must not be admitted or retained as a resident if the admissions committee determines the person fails to meet all of the criteria in items A to G.

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

D. The person must demonstrate a history of cooperation with an individual treatment or care plan or with the medical treatment plan prescribed by the attending physician. Cooperation may be demonstrated by a documented history of cooperation in a prior placement, if any, or other relevant evidence which demonstrates cooperation. Continuing cooperation must be measured as specified in the care plan review process in part 9050.0300.

[For text of item E, see M.R.]

F. A staff psychiatrist or psychologist must assess persons with a history of violent or self-abusive behavior and determine if significant risk factors currently exist that suggest that the individual poses a threat of harm to self or others to determine the facility's ability to meet the safety needs of the person and other persons at the facility.

G. A person with a diagnosis of chemical abuse within the past six months or a diagnosis of chemical dependency, excluding a chemical dependency diagnosis of "in remission," must have successfully completed a chemical dependency treatment program as described in parts 9050.0040, subparts 25 and 99, and 9530.6620 to 9530.6650, or an equivalent chemical dependency program, or must be chemically free. For the purpose of this item, a person is chemically free if the person has three months of nonuse or use with no symptoms of dependency before admission and demonstrates no symptoms of abuse or dependency during residence. The current list of accepted equivalent chemical dependency programs as defined in part 9050.0040, subpart 40, item A, shall be kept at the board office. Persons whose long-term medical condition is assessed as precluding continued chemical abuse may be accepted for nursing care.

Statutory Authority: *MS s 198.003*

History: *16 SR 1801*

9050.0080 ADMISSION DECISION; NOTICE AND REVIEW.

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

Subp. 2. **Review.** An applicant or the applicant's legal representative may request a review of a decision of the admissions committee to deny the applicant's admission. The applicant or applicant's legal representative desiring the review shall forward the request, in writing, to the administrator of the facility within 30 days of the applicant's receipt of a notice of denial. The review must be completed within 30 days of receipt of the request. The administrator may request that the admissions committee reconsider its decision or the administrator may review the existing minutes to determine the basis for a negative decision. If a reconsideration is requested, it must be conducted at the next scheduled admissions committee meeting. The decision resulting from the reconsideration and the reasons for the decision must be forwarded to the administrator in writing. The administrator shall conduct a final review of the admissions committee's decision, based on the admissions criteria in part 9050.0070, subpart 3 or 4, and shall issue a final decision. The decision of the administrator shall constitute final agency action.

Statutory Authority: *MS s 198.003*

History: *16 SR 1801*

9050.0100 TRANSFER.

Subpart 1. **Generally.** A resident may be transferred from a board-operated facility to another health care facility or rehabilitation program or detoxification program if:

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

A resident may be transferred only with the resident's consent or the consent of the legal representative, if any, except in an emergency when obtaining consent before transfer is not possible. A resident who refuses consent for transfer to another health care facility or rehabilitation program or detoxification program on recommendation of the attending physician or the utilization review committee, or both, may be subject to discharge for noncompliance with the resident's individual care plan. The utilization review committee's decision to recommend discharge of a resident for refusing consent for transfer is limited by the Patient's Bill of Rights established in Minnesota Statutes, section 144.651, and must be based on the facility's ability to meet the person's care needs as determined by the criteria in part 9050.0070, subparts 3 and 4. A resident transferred from another facility back to the board-operated facility does not need to reapply for admission.

Subp. 2. **Notice.** Unless a situation occurs that is outside the board-operated facility's control, such as a utilization review, the accommodation of newly admitted residents, a change in the resident's medical or treatment program, or the resident's own or another resident's welfare, a resident for whom the utilization review committee or the attending physician recommends a transfer must be notified of the recommendation at least:

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

[For text of subps 3 to 5, see M R.]

Statutory Authority: *MS s 198.003*

History: *16 SR 1801*

9050.0150 BED HOLD.

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

Subp. 7. **Monitoring of bed hold status.** The appropriateness of continued bed hold must be reviewed by the utilization review committee of the board-operated facility at least once every 30 days during the resident's ongoing absence. A decision about approval of continued bed hold must be based on the resident's satisfactory progress toward recovery from the condition for which the resident was hospitalized or completion of the treatment program or rehabilitation program, and the existence of a reasonable expectation that the facility will be able to care for the resident upon return to the board-operated facility and the resident's compliance with subpart 5 if applicable. Continued bed hold or continued residency with personal absences exceeding 36 cumulative days per year must be reviewed by the utilization review committee. Continued bed hold or continued residency with personal absences that are contraindicated in the resident's care plan may, upon the recommendation of the direct care staff, be reviewed by the utilization review committee. The decision about continued residence must be based on the resident's continuing need for care as determined by the utilization review committee. The determination must be according to the criteria in part 9050.0070, subparts 3 and 4.

Statutory Authority: *MS s 198.003*

History: *16 SR 1801*

9050.0200 DISCHARGE.

[For text of subps 1 to 5, see M.R.]

Subp. 6. **Exceptions.** A resident's discharge under subpart 3, item D, is subject to reconsideration if the resident reports his or her whereabouts to the administrator of the facility and requests reconsideration within 30 days from the resident's departure from the facility without notice. A notice of involuntary discharge must be sent to the resident's address, if it is known, or to the resident's last known address, and to the address of a person listed by the resident as the person to be contacted during an emergency. The notice of discharge must be signed by the administrator and sent by certified mail within a reasonable amount of time, following the determination that the resident is absent without notice.

Statutory Authority: *MS s 198.003*

History: *16 SR 1801*

9050.0220 INVOLUNTARY DISCHARGE PROCEDURES.

Subpart 1. **Generally, recommendations.** Involuntary discharge for a reason specified in part 9050.0200, subpart 3, item C, must be based on the recommendation of the utilization review committee. Involuntary discharge under part 9050.0200, subpart 3, item A, D, or E, must be based on the recommendation of the facility financial staff or social services staff.

[For text of subps 2 to 5, see M.R.]

Subp. 6. **Appeals process.** An applicant or resident, or legal representative, may appeal a discharge or transfer order. Appeals must be in accordance with contested case procedures under the Administrative Procedure Act, Minnesota Statutes, section 14.48 et. seq., until rules are adopted under Minnesota Statutes, section 144A.135, by the commissioner of health. Once the rules adopted under Minnesota Statutes, section 144A.135, have taken effect, all appeals must be in accordance with those rules. The administrator shall inform the resident or applicant of the rules that govern the appeal in the notice provided under part 9050.0100, subpart 2, or 9050.0200, subpart 4. A final discharge order issued by the administrator following the Office of Administrative Hearings' review remains in effect pending any appeal. Notwithstanding this provision, the administrator may, for good cause shown, waive imposition of the discharge order until all appeals have been concluded.

Nothing in this part may be construed to limit, change, or restrict other appeal or review procedures available to a resident under law.

Statutory Authority: *MS s 198.003*

History: *16 SR 1801*

9050.0300 CARE PLANNING.

Subpart 1. **Generally.** A board-operated facility must have and implement a care planning procedure. Under the procedure, a resident's care plan is initiated and reviewed by the care plan team to ensure that the resident's needs are addressed and the facility has the ability to competently and safely care for the resident according to the criteria in part 9050.0070, subparts 3 and 4. The care plan team is comprised of the facility staff members who are directly involved with the resident's care, including a physician, licensed nurse, social worker, and other staff as indicated by the patient's condition.

Subp. 2. **Requirements of procedure.** A care planning procedure must provide for:

A. the resident's right to participation by the resident, a resident's advocates, legal representatives, and, with the resident's consent, the resident's family members, in the care plan review;

B. notice to the resident that a care plan review is scheduled;

C. discussion with the resident regarding methods to assist the resident to attain the care plan goals;

D. differentiated reviews and actions consistent with the frequency and seriousness of the resident's medical, psychiatric, or behavioral status to ensure that the resident's care needs are met according to part 9050.0070, subpart 3 or 4;

E. an accelerated review procedure to be used when the seriousness of the resident's behavior endangers the health and safety of the resident, other residents, or staff members of the board-operated facility;

F. consideration of the resident's ability to comprehend and cooperate with chapter 9050 and with the goals contained in the resident's individual care plan; and

G. notice to the resident that a recommendation for discharge may occur if the board-operated facility is unable to meet the care needs of the resident according to part 9050.0070, subparts 3 and 4.

Subp. 3. **Responsibilities of the care plan team.** Care plan review must be conducted by the care plan team. Recommendations as to restrictions or discharges must be made to the utilization review committee. Decisions must be based on the facility's ability to care for the resident according to part 9050.0070, subpart 3 or 4.

Statutory Authority: *MS s 198.003*

History: *16 SR 1801*

9050.0500 COST OF CARE; BASIS FOR MAINTENANCE CHARGE; BILLING.

[For text of subps 1 to 5, see M.R.]

Subp. 6. **Billing.** Billing for maintenance charges must be as specified in items A to F.

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

D. A billing for one month's service must be issued no later than the tenth of the month following the month in which the service was provided, except for billings occasioned by a maintenance recalculation based on retroactive income received according to part 9050.0550, subpart 4.

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

Statutory Authority: *MS s 198.003*

History: *16 SR 1801*

9050.0550 MAINTENANCE CHARGE; RESOURCES CONSIDERED.

[For text of subps 1 to 3, see M.R.]

Subp. 4. **Chargeable income.** The applicant's or resident's chargeable income is the income remaining after deductions from gross income have been made according to part 9050.0720 and after deductions from net income have been made according to part 9050.0755. The applicant's or resident's entire chargeable income must be considered available to pay the cost of care. If an applicant or resident qualifies for governmental benefits or reimbursements or other benefits, the benefits must be included as income in determining the maintenance charge

payable by or on behalf of a resident, unless an assignment of benefits naming the board-operated facility as representative payee has been executed in favor of the board-operated facility. Residents not paying the maximum maintenance fee who receive retroactive increases in income must have their maintenance fee recalculated and the part of the increase owed to the home must be paid. The maintenance fee must be recalculated for the period of the resident's stay that coincides with the period for retroactive payment of income to the resident.

[For text of subp 5, see M.R.]

Statutory Authority: *MS s 198.003*

History: *16 SR 1801*

9050.0700 INCOME.

Subpart 1. **Evaluation of income.** The facility financial staff shall evaluate only income received by or on behalf of an applicant or resident when determining the maintenance charge payable by or on behalf of an applicant or resident. All payments, unless specifically excluded in subpart 3, must be counted as income. All income must be counted in the calendar month received, except for lump sum retroactive benefit payments calculated according to part 9050.0550, subpart 4. Income becomes property if retained after the month in which it is received, unless this part specifically states otherwise.

[For text of subps 2 and 3, see M.R.]

Statutory Authority: *MS s 198.003*

History: *16 SR 1801*

9050.1000 RESIDENT CARE PLANNING.

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

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

Residents may be involved in their individual care plans according to part 9050.1070, subpart 4.

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

Statutory Authority: *MS s 198.03*

History: *16 SR 1945*

9050.1030 RESIDENT CARE SERVICES.

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

Care services are provided according to Department of Health licensure reg-

ulations and the certification requirements of the United States Department of Veterans Affairs. Laws pertaining to resident care services include chapter 4655; Minnesota Statutes, chapters 144 and 144A; and United States Department of Veterans Affairs Code M-1, part 1, chapter 3.

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

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

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

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

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

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

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

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

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

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

Subp. 4. **Recreational therapy.** At each board-operated facility, a recreational therapy program must be provided according to part 4655.5200 and United States Department of Veterans Affairs Code M-1, part 1, chapter 3. Recreational therapy programs must be appropriate to the needs and interests of residents to maximize individual residents' physical and psychosocial levels.

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

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

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

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

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

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

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

Subp. 8. **Attending physician.** Each resident must be assigned an attending physician who is responsible for overall medical care of the resident. A resident may choose a private attending physician at the resident's own expense if the physician agrees to comply with regulatory standards governing the home. Regulatory standards include parts 4655.4600 and 4655.4700 and United States Department of Veterans Affairs Code M-1, part 1, chapter 3.

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

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

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

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

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

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

These services must include, but are not limited to, assessment, diagnosis, supportive counseling or self-help groups for residents presenting behavioral problems, psychiatric disorders, and chemical dependency or chemical abuse disorders. These services must be provided through disciplines such as psychology, psychiatry, and chemical dependency.

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

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

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

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

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

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

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

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

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

Documentation of optometric care provided must be maintained in the resident's chart.

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

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

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

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

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

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

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

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

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

Subp. 18. **Maintenance.** Maintenance services must be maintained at each board-operated facility to ensure that the physical plant is kept in a continuous state of good repair and operation with regard to the health, comfort, safety, and

well-being of residents and others according to chapter 4660 and United States Department of Veterans Affairs Code M-1, part 1, chapter 3.

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

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

Statutory Authority: *MS s 198.03*

History: *16 SR 1945*

9050.1070 RESIDENT RIGHTS AND RESPONSIBILITIES.

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

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

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

The Patient's and Resident's Bill of Rights must be posted in a conspicuous place in each board-operated facility.

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

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

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

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

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

Subp. 5. **Resident handbook.** On admission, a resident must be given a resi-

dent handbook. The handbook must be reviewed by social services staff or nursing staff with the resident or the resident's representative.

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

The resident handbook must contain:

A. general information about the facility and resident care;

B. rules and regulations of the facility;

C. services available at the facility;

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

E. grievance procedures.

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

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

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

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

Minutes of resident council meetings must be kept and made available to residents and other persons as the resident council determines. Minutes of resident council meetings must also be made available to the Department of Health and the United States Department of Veterans Affairs to show that resident council meetings are being held at each facility.

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

A. resident rights and responsibilities;

B. resident council organization and maintenance;

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

D. resident care in the facility;

E. human relations; and

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

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

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

Minutes of family council meetings must be kept and made available to fam-

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

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

The opportunity for private communication between the resident and the resident's representative must be provided at the board-operated facility.

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

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

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

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

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

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

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

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

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

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

Subp. 10. **Restraints.** A resident has the right to be free from physical and chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical condition according to part 4655.6600.

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

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

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

Subp. 11. **Right to associate; visitors.** A resident may meet with or refuse to meet with visitors and participate in activities of commercial, religious, political,

and community groups without interference, unless the activities infringe on the rights of other residents. This subpart complies with Minnesota Statutes, section 144.651, subdivisions 21 and 26.

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

Residents may receive private visits at any time from the resident's personal physician, religious advisor, or attorney. Residents diagnosed as critically ill may have visits from relatives, guardians, conservators, legal representatives, and persons designated by the resident at any time according to part 4655.1910.

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

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

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

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

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

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

Subp. 15. **Privacy of resident records.** A resident has a right to confidential treatment of personal and medical records and may approve or refuse release of the records to any individual outside the board-operated facility.

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

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

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

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

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

B. information released does not identify the individual resident;

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

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

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

The facility staff shall supply to a resident complete and current information concerning diagnosis and treatment of the resident in terms and language the resident can reasonably be expected to understand. If it is medically inadvisable that the information be given to the resident, as documented by the attending physician in the resident's medical record, the information may be given to the resident's guardian, representative, or appropriate third party as specified in Minnesota Statutes, section 144.335, subdivision 2. The resident, guardian, or appropriate third party must be shown the data without any charge.

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

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

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

Subp. 18. **Telephone access and use.** Residents must have access to a pay telephone, at a convenient location within the board-operated facility, where residents can make and receive calls. There must be at least one non-coin-operated telephone accessible at all times in case of an emergency according to part 4655.1910, subpart 4. "Emergency" has the meaning given in part 9050.0040, subpart 39.

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

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

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

A resident who wants to maintain a vehicle on the grounds of the facility shall register the make, model, color, year, and license number of the vehicle with

the transportation service of the facility. The resident shall comply with applicable state statutes, including Minnesota Statutes, chapter 169, regarding payment of taxes, registration of vehicles, and safety standards; Minnesota Statutes, chapter 171, regarding operators' licenses and driving privileges; Minnesota Statutes, chapter 65B, regarding insurance coverage; and relevant rules.

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

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

Subp. 20. **Pets.** The administrator at each board-operated facility, after consultation with facility staff and residents, shall determine whether pets, such as dogs and cats, will be allowed in the facility and whether individual residents will be permitted to keep the pets.

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

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

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

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

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

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

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

The labor performed by the resident must be other than labor of a housekeeping nature with respect to the resident's own living area and the resident must be compensated appropriately and in compliance with Minnesota law and the Federal Fair Labor Standards Act.

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

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

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

B. Residents may keep money in a personal fund account at the

board-operated facility, as defined in part 9050.0040, subpart 90, and according to Minnesota Statutes, section 198.265, or in fund accounts off facility premises.

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

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

C. The cashier at the facility shall have regular posted hours during which residents may deposit or withdraw funds. The cashier shall give a receipt to persons depositing funds and ensure that withdrawal forms are signed when funds are withdrawn.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Personal property of deceased residents must be handled according to Minnesota Statutes, section 198.23. Personal property of discharged residents must be handled according to Mmnesota Statutes, section 198.231.

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

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

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

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

Cash may not be placed into storage.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Subp. 39. **Photographs, voice recordings, or videotapes.** Informed written consent is required before a resident may be photographed, voice recorded, or videotaped. Consent is not needed for identification photographs of the resident that are kept in the resident's chart at the board-operated facility.

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