

CHAPTER 9549
DEPARTMENT OF HUMAN SERVICES
NURSING FACILITY PAYMENT RATES

9549 0051 DEFINITIONS

9549 0059 RESIDENT ASSESSMENT

9549.0051 DEFINITIONS.*[For text of subps 1 to 11, see M R]*

Subp 12 **Resident plan of care.** "Resident plan of care" for residents of nursing facilities means the comprehensive care plan as set forth in Code of Federal Regulations, title 42, section 483 20, paragraph (d), as amended through October 1, 1992

*[For text of subps 13 and 14, see M R]***Statutory Authority:** *MS s 256B 41***History:** *18 SR 2584***9549.0059 RESIDENT ASSESSMENT.**

Subpart 1 **Assessment of nursing facility applicants and newly admitted residents.** Each nursing facility applicant or newly admitted resident must be assessed for the purpose of determining the applicant's or newly admitted resident's class. The assessment must be conducted according to the procedures in items A to I

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

H Except as provided in item D, each assessment completed under items A to G and a completed medical plan of care or interagency transfer form must be submitted to the Department of Health by the nursing facility as a request for classification within ten working days after admission or after the assessment, whichever is later

[For text of item I, see M R]

Subp 2 **Semiannual assessment by nursing facilities.** Semiannual assessments of residents by the nursing facility must be completed in accordance with items A to D

[For text of item A, see M R]

B A registered nurse shall assess each resident according to QA&R procedures established by the Department of Health including physical observation of the resident, review of the medical plan of care, and review of the resident's plan of care, and shall record the assessment on the assessment form. The Physician's Statement of General Condition (item 10), Individual Dependencies (items 21 to 24 and 28), Medications (items 31 to 34), and Primary, Secondary, and Tertiary Diagnoses (on the back of the form) do not require completion. The registered nurse performing the assessment shall sign the assessment form on the day the assessment is completed

[For text of items C and D, see M R]

Subp 3 **Change in classification due to annual assessment by Department of Health.** Any change in resident class due to an annual assessment by the Department of Health's QA&R team will be effective as of the first day of the month following the date of completion of the Department of Health's assessments. QA&R shall not establish classifications for residents who experience an admission, transfer, hospital return, or discharge occurring during the QA&R team visit

Subp 4 **Assessment upon return to the nursing facility from a hospital.** Residents returning to a nursing facility after hospitalization must be assessed according to items A to D

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

C A registered nurse shall perform the assessment on each resident according to QA&R procedures established by the Department of Health, including physical observation of the resident, review of the medical plan of care, and review of the resident's plan of care, and shall record the assessment on the assessment form. The registered nurse who performs the assessment shall sign the assessment form. Within five working days of the completion of the assessment, the nursing facility must forward to the Department of Health a request for a

MINNESOTA RULES 1994

9549.0059 NURSING FACILITY PAYMENT RATES

176

classification for any resident assessed upon return to the nursing facility after a hospital admission. This request must include the assessment form and the resident's medical plan of care or interagency transfer form. Upon request, the nursing facility must furnish the Department of Health with additional information needed to determine a resident's classification.

[For text of item D, see M R]

[For text of subps 5 to 9, see M.R]

Statutory Authority: *MS s 256B 41*

History: *18 SR 2584*